

BERGEN COUNTY

Division of Community Development

Community Development Block Grant Application FY 2018

I. APPL	LICANT					
Municipality/Ag	gency:	Mayor/Executive Director:				
Address:	City:	State:	Zip Code:			
GRANTS CONT	TACT: TITLE:	EMAIL:	TELEPHONE:			
Fax #:	DUNS #:(Required)	CCR CAGE CODE# AND	EXP. DATE:: Required			
II. PROJE	CT FUNDING	III. CDBG ELIGI	III. CDBG ELIGIBILITY			
CDBG REQUICED CDBG PRIOR LOCAL FUND STATE FUND PROGRAM IN OTHER (For CD Use of AMOUNT AWAIV. PROGRAM OF Project Location County:	RYEARS OS OS OS NCOME INITIAL STATE OF THE	Activity Category Acquisition Public Facilities Imprv. Barrier Free Public Service 1New 2*EXPANDED service w/documentation Housing Rehabilitation New Construction Housing Economic Development City: State:	National Objective L/M Area Benefit L/M Limited Clientele L/M Housing L/M Jobs Zip Code:			
Project Schedule Month Year Plans & Specs Completed Estimated Bid Date Estimated Start Up Estimated Completion V. COMPLETION CHECKLIST		Housing/Land Ac Land Area: Building Area: Dwelling Units: VI. FINANC	quisition Projects Block: Lot: Located in Wetlands Yes No			
Application Con Most Recent and Municipal endor Job descriptions Copy of 501(C) Project Location	npleted & Certification Signed dit attached * rsing resolution attached sattached 3 Certification (Nonprofits)	Authorized Si Name of Bank Address: Account #: Please include financial audit	gnatory: k: le a copy of your most recent t. (Only 1 audit is required for			

VII. FULL PROJECT DESCRIPTION (<u>Detail use of funding</u>)
PROJECT DETAILS: (BE SPECIFIC)
PROJECT PERFORMANCE GOALS / OUTCOMES:
Number of persons project will serve:
PROJECT GOALS:
Public service projects must be NEW or an *EXPANDED service. To qualify as an expanded service, you must
demonstrate that there has been a quantifiable increase in the service that was delivered in the 12 months prior to
the latest Action Plan.
VIII. APPLICANT PROFILE
7.11 2.107.11.11 1.101.12.12.12.12.12.12.12.12.12.12.12.12.12

IX. BUDGET (Complete all columns)

CATEGORY	CDBG	OTHER	TOTAL
(Architect/Engineer Cost Estimate must be submitted)			
TOTAL			

X. LIST PROJECT LEVERAGING (Federal, State, County, Donations ect...)

TYPE OF CONTRIBUTION	SOURCE OF PROVIDER	VALUE	WRITTEN YES	AGREEMENT NO

XI. CERTIFICATION OF ELIGIBILITY (REQUIRED)

Performance Measures:					
Number of Low/Moderate Income persons benefiting from project:	3. Percentage of Low/Moderate Income Persons benefiting from project:%				
Mandatory Information Required) 2. PUBLIC SERVICE PROJECTS ONLY!!!! Income levels of persons benefitting from project: (Per HUD Section 8 Income Limits) Number of persons at the following Income levels: 30%	4. DATA SOURCE: 1 2				

XII. CERTIFICATION (REQUIRED)

I hereby	y certify that all information contained h	erein and attached hereto is accurate to the best of my knowledge.
	NAME	
	TITLE	
	Signature	
	Date	

PAGES 5 & 6 FOR CD OFFICE USE ONLY! DO NOT COMPLETE.

ELIGIBILITY VERIFICATION					
Activity		Claim (ref. Subpart of Regulations)			Verification
HUD Eligibility Review Reg. #	Description (Type of activi HUD Matrix Code	ty)	HUD National Objective Reg.#	Amount Funded (\$)	Description (Clientele project will served) (CHECK ONE)
					Limited Clientele
					Area Benefit
					1. Number in L/M Universe:
					2. Number of L/M Persons :
					3. Percentage- L/M Persons:
Indicate how th	e number and the % o	of the L/N	M were verified,	or any other	type of verification:
Census Track		Block	Group		LOW/MODERATE %
Sources of Verif	ication:				
	<u>PERFOR</u>	RMANC	CE OUTCOM	<u>E MEASU</u>	<u>IREMENT</u>
OBJECTIVES (check one)					
1. Suitable	Living Environment	2.	Decent Affordable	·	3. Creating Economic Opportunities
OUTCOMES (check one)					
1. Accessibility/Availability 2. Affordability 3. Sustainability/Livability Promoting Livable/Viable community					3. Sustainability/Livability Promoting Livable/Viable communities
5.					

CHOOSE PROGRAM ACTIVITY (check one)

CITO COLLINA III (CINCON CINC)					
Acquisition (01)		Youth Services (05D)			
Public Facilities & Improvements (03)		Transportation Services (05E)			
Senior Centers (03A)		Battered & Abused Spouses (05G)			
Handicapped Centers (03B)		Tenant /Landlord Counseling (05K)			
Homeless Facilities (03C)		Child Care Services (05L)			
Youth Centers (03D)		Health Services (05M)			
Neighborhood Facilities (03E)		Mental Health Services (05O)			
Parks, Recreational Facilities (03F)		ED Direct Financial Assistance for Profits (18A)			
Parking Facilities (03G)		ED Technical (18B) Assistance			
Flood Drain Improvements (03I)		General Program Administration (21A)			
Water/Sewer Improvements (03J)		HOUSING ACTIVITIES			
Street Improvements (03K)		Rental Housing Subsidies (05S)			
Sidewalks (03L)		Security Deposits (05T)			
Child Care Centers (03M)		Construction of Housing (12)			
Tree Planting (03N)		Direct Homeownership Assistance (13)			
Fire Station Equipment (03O)		Rehab-Single-Unit Residential (14A)			
Health Facilities (03P)		Rehab-Multi-Unit Residential (14B)			
Operating Cost at Homeless/AIDS patients Program (03T)		Public Housing Modernization (14C)			
		Rehab Other Public- Owned Residential Building (14D)			
Public Services (05)		Fair Housing Activities (21D)			
Senior Services (05A)		HOME Security Deposits (21G)			
Handicapped Services (05B)		HOME CHDO Operating Expenses (21I)			

PROJECT LEVEL ACCOMPLISHMENTS

Accomplishment Type (check one)	Proposed Accomplishments	Actual Accomplishments
PERSONS		
PERSONS		
HOUSEHOLDS		
BUSINESSES		
ORGANIZATIONS		
HOUSING UNITS		
PUBLIC FACILITIES		
JOBS		
COMMUNITIES / NEIGHBORHOODS		
PREPARED BY:	DATE:	REVIEWED BY: