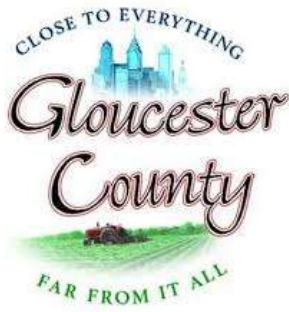


APPLICATION TEMPLATE



Gloucester County COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG-CV) CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT

Gloucester County
Department of Economic Development
Office of Housing & Community
Development
cvelazquez@co.gloucester.nj.us

A. Agency Contact Information

No data saved

Case Id: 30040

Name: sample test - 2020

Address: *No Address Assigned

A. Agency/Organization Information

Please provide the following information.

A.1. Agency Name

A.2. Executive Director

A.3. Telephone Number

A.4. Email Address

A.5. Agency Address

A.6. Federal Tax ID #

A.7. [DUNS](#)

A.8. Primary Contact Name

A.9. Primary Contact Title

A.10. Telephone Number

A.11. Email Address

A.12. Web Address

A.13. Is Agency/Organization:

A.14. Is organization currently registered in the federal System for Award Management [SAM](#) and opted-in for public view?

B. Project Information

No data saved

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Address: *No Address Assigned

B. Project Information

Please provide the following information.

B.1. Project Summary

	Project Name	AMOUNT OF CDBG-CV FUNDS REQUESTED	PROJECT SERVICE AREA

B.2. Please list all project sites where CDBG-CV funding will be utilized.

B.3. Select the type of project proposed to prevent, prepare for, and/or respond to the coronavirus pandemic:

- Senior Services
- Handicapped Services
- Legal Services
- Youth Services
- Transportation Services
- Substance Abuse Services
- Battered and Abused Spouses
- Employment Training
- Fair Housing Activities-Subj.to Pub.Serv.Cap
- Tenant/Landlord Counseling
- Child Care Services
- Health Services
- Abused and Neglected Children
- Mental Health Services
- Housing Counseling
- Food Banks
- Other**

If you selected "Other" above, please explain:

B.4. Which objective does the project qualify under?

- Prevention of the Coronavirus
- Preparation for the Coronavirus
- Response to the Coronavirus

B.5. Program Summary - Briefly summarize the program for which the CDBG-CV funding has been requested.

B.6. Use of Funds - How will the funds be utilized?

B.7. Coronavirus Pandemic Impact - Summarize how the proposed project directly addresses an impact from the current coronavirus pandemic.

B.8. Program Eligibility

- This is a new program.
- This is an existing program.

B.9. Is this program receiving any other funding from the County of Gloucester?

If yes, how much was received and from what source?

Amount Received	Source

C. Performance Measures

No data saved

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Address: *No Address Assigned

C. Performance Measures

Please provide the following information.

C.1. Accomplishments - Once the project is completed, how can its success be measured:

D. Program Beneficiaries

No data saved

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Address: *No Address Assigned

D. Program Beneficiaries

Applicant must be able to document that the program benefits low- and moderate income persons.

D.1. How many low- and moderate-income persons are expected to be assisted?

Low Income	Amount
Moderate Income	

PRESUMED BENEFIT

Activities that exclusively serve a group of persons in any one or a combination of the following categories may be presumed to benefit a population in which at least 51% of the population is low- and moderate-income.

D.2. Will all of the program's beneficiaries be in a Presumed Benefit Category?

D.3. How many persons in each presumed category are proposed to be assisted if funding is received?

Elderly	Amount
Homeless	
Persons Living with AIDS	
Illiterate Adults	
Battered Spouses	
Abused Children	
Severely Disabled Adults	

E. Budget

No data saved

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Address: *No Address Assigned

E. Budget

Please provide the following information.

E.1. Total Cost of Project

\$0.00

E.2. Grant Amount Requested

\$0.00

E.3. Percent Request Total

0.00 %

E.4. Total Other Funding

\$0.00

E.5. Other Agencies Applied to for Funds

Name	Amount	Other Agency Funding Status
	\$0.00	

E.6. Proposed Budget

Budget Category	Amount	Description
PROJECT COST	\$0.00	
STAFF		
TRANSPORTATION		
SUPPLIES		
OTHER		

F. Required Documents

No data saved

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Address: *No Address Assigned

F. Required Documents

Please provide the following information.

Documentation

- RFP APPLICATION CHECKLIST (FORM) *Required
- An Affirmative Action Statement (FORM) *Required
- A completed Non-Collusion Affidavit (FORM) *Required
- A completed Owner Disclosure Statement (FORM) *Required
- A copy of the Proposer's Business Registration Statement *Required
- Bylaws *Required
- Organization Chart *Required
- Certificate of Incorporation *Required
- 501(C)(3) IRS designation letter, listing of your Board of Trustees. *Required
- List of Board Members and Resumes *Required
- Resume of all people assigned to perform service including any necessary professional license or certification from the State of New Jersey. *Required
- Certificates of Liability and Worker's Comp Insurance *Required
- Most Recent Audit *Required
- Evidence of State Charitable Registration
- SAM Registration

Certification of No Supplanted Funding

Case Id: 30040
Name: sample test - 2020
Address: *No Address Assigned

No data saved

Certification of No Supplanted Funding

Please provide the following information.

Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds. Federal funds may not supplant/displace existing funds for a project and its individual sub-activities, including staff costs and general operating costs.

Agency certifies that:

CDBG-CV funds, if awarded, will not supplant or leverage funds received from other federal, state or local government sources, or funds independently generated by the expenditures from other federal, state, or local sources or funds independently generated by the subrecipient agency;

I, the duly authorized representative of the applicant agency/organization, certify that the foregoing statements are true to the best of my knowledge and belief:

Signature

Date

Certification

No data saved

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Address: *No Address Assigned

Certification

Please verify all information is accurate. Once an application is submitted, it can only be "Re-opened" by an Administrator.

The information, exhibits, and schedules contained in this application are true and accurate statements and represent fairly the financial condition of our agency/organization. Our agency/organization is eligible to receive federal funding and has not been placed in a debarred or otherwise ineligible status under the provisions of 24 CFR Part 24 . Our agency/organization prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.

I, the duly authorized representative of the applicant agency/organization, certify that I have read the details of the referenced Request for Proposal, and have uploaded all required information requested therein.

I, the duly authorized representative of the applicant agency/organization, certify that the foregoing statements are true to the best of my knowledge and belief.

Signature