

**TOWNSHIP OF FRANKLIN
APPLICATION FOR FY 2019 CDBG FUNDS
COVER SHEET**

Applications for the Township of Franklin Community Development Block Grant (CDBG) Program must be complete and all the attached forms must be included. May be submitted online to deborah.mitchell@twp.franklin.nj.us or CDBG Grants C/O Township Clerk, Township of Franklin 475 DeMott La. Somerset, NJ 08873.

THE APPLICATION DEADLINE IS March 14 at 4:00 PM; NO EXCEPTIONS

Agency Name: _____

DUNS Number: _____ **Tax ID # (EIN):** _____

Address, City & Zip Code: _____

Executive Director: _____ **Title:** _____
(If different than Executive Director)

Who do we contact if we have questions regarding the application?

Name: _____ **Title:** _____

Telephone: _____ **e-mail:** _____

Project Title: _____ **Priority:** _____
(If more than one Application)

Amount of CDBG Funds Requested: \$ _____ **Total Project Cost: \$** _____
(Totals must match budget sheet)

Description of Project: *(Not history of organization or project, or statement of need - Examples: We are requesting \$20,000 for salaries for a staff person to oversee the intake process or requesting \$70,000 to rehabilitate our community resource room).*

Location and/or service area of Proposed Project:
(Include Franklin Township census tracts/block group for "Area Benefit")

6. Describe what efforts have been made to collaborate with other agencies in order to avoid duplication of services and to maximize available resources.

7. Please select one appropriate **unit of service** measurement you plan to utilize for this project.
___ people, ___ households, ___ businesses/jobs, ___ housing units, ___ construction project/facilities
8. How many of the above **units of service** do you propose to deliver?

9. Please provide a **measurable outcome statement** for your project (be sure you address an outcome, not input and that the outcome is measurable). How will you evaluate the project & measure the outcomes? What follow-up tracking will be conducted to ensure outcomes are met?

10. What percentage or how many of the above described units of service will be in or from Franklin Township?

11. What major tasks are necessary for the clients to receive a benefit? What are the inputs? (Example: Clients must attend 10 group sessions over a 4-month period.)

II. CONSTRUCTION ACTIVITIES

If the project includes construction activities, please address the following additional questions:

1. Provide a description of the proposed construction activity. Describe the size and scope of the project, and indicate if this is a completely new project or an expansion or upgrade of an existing project.
2. Describe the intended direct beneficiaries of this project (e.g. groups, neighborhoods, number of persons).
3. Describe any financial or other interest your organization has in the parcel, land, or property contemplated in this construction activity.
4. Will the project involve relocation of households and/or businesses?

III. APPLICANT NARRATIVE

APPLICANT NARRATIVE SHALL BE LIMITED TO TWO (2) PAGES.

Include a brief narrative describing the following characteristics of the applicant:

1. Length of time applicant's organization has been in operation.
2. If this is not a new project/program, how long has the applicant operated the proposed project/program?
3. Other services provided by the applicant's organization.
4. Description of the category or categories of clients served by the applicant's organization.
5. What are the qualifications of the personnel who will operate and manage the proposed project or program?

IV. FINANCIAL INFORMATION

1. Describe your agency's financial management capabilities including a description of the applicant's accounting system or arrangement. (Must meet the fund accounting requirements of OMB Circular A-133, if applicable.)

2. Explain how the applicant plans to continue funding this program in future years.

3. If your agency does not receive CDBG funds, how would this affect your program operation?
Is your program reliant on Township of Franklin funding for survival and, if so, for how long will the program be reliant on these funds?

4. Should your agency not receive full funding, please tell us if it is practical to continue program operations, and how many units of service will be provided if you only receive 75 percent, 50 percent, and 25 percent of the current request?

5. Have you ever had any funds recaptured (returned) or removed from your agency? This includes CDBG, HOME, HOPWA, State, Federal or other funds. Yes__No___If "Yes", please explain.
(This does not mean funds returned for projects that came in under budget/or CAP restrictions)

6. Have you, or will you, apply for a FY 2015 CDBG grant from:
Somerset County? Yes _____ No _____ Amount _____
Another Entity? Yes _____ No _____ Amount _____
Name of Agency:

7. Has this project received a prior CDBG grant from any other source? Yes___No___
If "Yes", please explain:

V. PROPOSED PROJECT BUDGET

Complete the attached project budget, specifying line item costs such as personnel, supplies, equipment, construction, land acquisition, etc. Column (2) represents the Township of Franklin CDBG requested portion of the project budget and column (5) is the total project budget.

Line Item Description	CDBG Budget	Name of Additional Funding Source	Amount of Additional Funding	Total Project Budget
Administration				
Salaries				
Benefits				
Operating Expense				
Office Supplies/Postage				
Utilities/Rent/Insurance				
Training/Travel				
Professional Fees				
Other (explain)				
Capital Expense				
Equipment Purchase				
Land Acquisition				
Engineering/Design				
Construction				
Rehabilitation				
Other(explain)				
Grand Total				

- (1) Column 1 is the line item description. If “other” is chosen, please describe in the row immediately following.
- (2) Column 2 is the amount that you are applying for Franklin Township CDBG funds.
- (3) Column 3 is the name of the additional funding source, i.e. Somerset County, Ronald McDonald House, other CDBG funds, etc. This could even be your own agency if you are providing a match.
- (4) Column 4 is the amount of additional funding you are anticipating to receive from the funding source in column 3.
- (5) Column 5 is the total project budget or column (2) + column (4).

Entries in the **GRAND TOTAL line** (columns 2 & 5) must match the totals on the first page of application.

VI. CONFLICT OF INTEREST

1. Is there any member(s) of the applicant's staff, or any member(s) of the applicant's Board of Directors or other governing body, who is/are currently, or has/have been within one year of the date of this questionnaire, a City employee?
Yes **No**

2. Will the CDBG funds requested be used to pay the salaries of any of applicant's staff person(s) who is/are currently, or has/have been within one year of the date of the questionnaire, employed by the Township of Franklin?
Yes **No**

3. Will the CDBG funds requested be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently, or has/have been within one year of the date of this questionnaire, a City employee?
Yes **No**

4. Is any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or other governing body, related to a City employee by blood, adoption, or marriage?
Yes **No**

5. Does any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or other governing body reside in the same household as a City employee.
Yes **No**

If any of the questions above were answered with "Yes," please explain the answer in the space provided below:

Signature _____

Title _____

Name (print or type) _____

Date _____

II. SECTION 504 CERTIFICATION

Federal regulations require CDBG service providers to perform a self-assessment of current policies and practices to determine that requirements of Section 504 of the Rehabilitation Act of 1973 are met (24 CFR Part 8). The purpose of Section 504 is to provide that persons with disabilities will not be excluded from participation in, or denied the benefits of, or be discriminated against participation in federally funded programs or activities, solely by reason of a person's disabilities. The applicant certifies that a Section 504 self-assessment has been performed and is on file or a Section 504 self-assessment will be performed during the CDBG grant period.

Signature

Name (print or type)

Title

Date

VIII. CERTIFICATION OF NON-DEBARRED STATUS

The undersigned acknowledges and certifies that they are in compliance with 24 CFR Part 5 and 24 CFR Part 570.609, use of debarred, suspended or ineligible contractors or subrecipients. Assistance under these parts shall not be used directly or indirectly to employ award contracts to, or otherwise engage the services of, or fund any contractor, subcontractor or subrecipient during any period of debarment, or placement in ineligibility status under the provision of 24 CFR Part 24. Further, in the case of construction projects, the prime contractor certifies same for self and all subcontractors on any federally funded project.

Signature	Name (print or type)
Title	Date

IX. BOARD OF DIRECTORS

Board or Principal Member Name	Position

CERTIFICATION

The undersigned certifies that the information contained in this application is true and correct, and that he/she is authorized to submit this application for CDBG funding.

Signature	Name (print or type)
Title	Date

Failure to respond to any of the information requested in the application package may be reason to deny and return the application. Additional financial information may be requested upon review of the application.

X. REQUIRED DOCUMENTS LIST

Submit **ONE** original, bound with a binder clip, not stapled or in a binder.

- I. Narrative data on project and applicant (not to exceed three (3) pages)
- II. Construction activities
- III. Applicant narrative (not to exceed two(2) pages)
- IV. Financial information
- V. Proposed project budget
- VI. Conflict of Interest questionnaire
- VII. Applicant Section 504 Certification
- VIII. Debarred List Certification
- IX. List of current Board of Directors
- X. Required documents*
 - 1. Financial statement and most recent Audit
 - 2. Proof of timely filing of your IRS Form 990 (Return of Organization Exempt from Income Tax)
 - 3. Resume of the Executive Director and/or person running the program
 - 4. Current Articles of Incorporation and By-laws
 - 5. State and Federal Income Tax Exemption Determination Letters

* If your agency has received prior year CDBG funding through the Township of Franklin resubmission of items 4 or 5 is not required with your application, unless there have been changes to these documents.