

**Hudson County**  
Division of Housing and  
Community Development



**Community Development Block Grant  
(CDBG)**

**REQUEST FOR FUNDING  
APPLICATION**

**Project Name:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_



**Section 1: Application**

(1) Name of Organization: \_\_\_\_\_

(2) Address: \_\_\_\_\_  
\_\_\_\_\_

(3) Contact Person: \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

(4) Type of Application:  
 Not-for-Profit     Municipality     Other Public Agency  
Please Specify: \_\_\_\_\_

(5) Federal ID Number: \_\_\_\_\_

(6) Proposed Activity (check applicable box)  
 Economic Development     Housing     Housing for Homeless/HIV-AIDS  
 Public Facilities     Public Improvements     Public Services  
 Youth (Public Services)     Seniors (Public Services)     Anti-Crime (Public Services)

(7) Requested CDBG Funds: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

(8) Terms of Assistance:     Grant     Loan (if Loan, specify term) \_\_\_\_\_

(9) Name of Proposal: \_\_\_\_\_

Primary address of proposed activity: \_\_\_\_\_

Census Tract: \_\_\_\_\_

Block Group: \_\_\_\_\_

- Refer to Exhibit 1 (Census Tract and Block Group Information) pg. 13.

(10) Proposal Description (Please be brief, and use only the space provided).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(11) Has this project received CDBG funding in the past?     Yes     No







**Section 4:  
Limited Clientele Ethnic Breakdown**

*To be completed **only** by Public Service project Applicants, serving 'Limited Clientele'*

<b><u>Ethnicity</u></b>	<b><u># Total</u></b>	<b><u>Hispanic or Latino</u></b>
White		
Black / African American		
Native Hawaiian / Other Pacific Islander		
American Indian / Alaskan Native & White		
Asian		
American Indian / Alaskan Native		
Asian & White		
Black / African American & White		
American Indian / Alaskan Native & Black / African American		
Other Multi-Racial		
<b>Total</b>		

*\* Provide your best estimates. This information is mandated for purposes of project set-up with HUD.*







**Section 7: Leveraging (Budgets)**

**PROPOSED BUDGET FOR CONSTRUCTION PROJECTS**

*Complete the following proposed budget, timetable and expenditures projection*

<b>Budget Line Items</b>	<b>Total Budget</b>	<b>CDBG Budget*</b>
<b>Uses of Funds</b>		
<b>Construction Fees and Charges</b>		
Architectural/Engineering Fees	\$ _____	\$ _____
Consultant Fees	\$ _____	\$ _____
Financing Fees	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>Construction</b>		
Demolition Costs	\$ _____	\$ _____
Construction Costs	\$ _____	\$ _____
A/E Supervision Fees During Construction	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
<b>Contingencies</b>		
<b>Other</b> (specify) _____	\$ _____	\$ _____
<b>Total Uses</b>	\$ _____	\$ _____

\*Note: Total CDBG funding must equal the Requested CDBG funding.

<b>Sources of Funds</b>	
Requested CDBG*	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____
<b>Total Sources</b>	\$ _____

\*If the full amount of requested CDBG funding is not awarded, are other funding sources available to compensate for those CDBG funds not awarded? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explain:

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**CONSTRUCTION PROJECT TIMETABLE**

<u>Activities</u>	<u>Projected Dates</u>
Advertise for A/E Firm	_____
Award A/E Contract	_____
Advertise for Construction Bids	_____
Award Construction Contract	_____
Preconstruction Meeting	_____
Commence Construction	_____
Complete Construction	_____

**Section 7: Leveraging (Budgets)**

**PROPOSED BUDGET FOR NON - CONSTRUCTION PROJECT**

*Complete the following proposed budget, timetable and expenditures projection*

<b>Budget Line Items</b>	<b>Total Budget</b>	<b>CDBG Budget*</b>
<b>Uses of Funds</b>		
Personnel Costs*	\$ _____	\$ _____
Consultant Services	\$ _____	\$ _____
Contract Services	\$ _____	\$ _____
Office Supplies	\$ _____	\$ _____
Office Rental	\$ _____	\$ _____
Equipment Rental and Purchase	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Copying/Printing	\$ _____	\$ _____
Fuel/Electric	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____
<b>Total Uses</b>	\$ _____	\$ _____

\*Note: Total CDBG funding must equal the Requested CDBG funding.

**Sources of Funds**

Requested CDBG*	\$ _____
Other (specify) _____	\$ _____
Other (specify) _____	\$ _____
<b>Total Sources</b>	\$ _____

\*If the full amount of requested CDBG funding is not awarded, are other funding sources available to compensate for those CDBG funds not awarded?    Yes \_\_\_\_\_    No \_\_\_\_\_

Explain:

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**Section 7:**

**Leveraging**

**Program Administration Requirements**

*Complete if funds are being used to cover administrative costs associated with the implementation of the Community Development Block Grant Program.*

Description of Program Administration Expenses (ie. rent, supplies, etc.)

**Job Description**

*To be completed by all applicants proposing to use CDBG funds for salaries*

***•Please make additional copies, as needed per staff member represented.***

Applicant: \_\_\_\_\_

Project Name: \_\_\_\_\_

**Basic Staff Description**

Total staff/personnel costs associated with Hudson County CDBG Funds: \$ \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

Job Description: \_\_\_\_\_

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**Attachment Checklist**

Check all that have been included in your application

*Attachments and other documentation should be included at the end of the application, and noted in the applicable section.*

- Project/Program Location Map
- Letters of Coordination / Participation / Memorandums of Understanding
- Letters of Funding Commitment /Interest
- Articles of Incorporation
- By-Laws
- Mission Statement
- Most Recent Audited Financial Statement
- Current List of Board of Directors, Names, Titles, terms of office, sector represented, organizational affiliation
- Evidence of IRS 501(c)(3) Status
- Evidence of Site Control & Site Plan

**Application Certification**

I hereby certify that all of the above and attached information is accurate to the best of my knowledge and approve the submission of this application for Hudson County Community Development Block Grant Funds.

**Municipal applications must be executed by the Mayor of the Municipality.**

Typed Name	Title
Signature	Date

**Please submit one original and one copy of this application & attachments to:**  
 Hudson County Division of Housing and Community Development,  
 257 Cornelison Avenue, 2<sup>nd</sup> Floor  
 Jersey City, NJ 07302  
 If you have any questions concerning the application contact:  
 Susan Mearns, Division Chief, at (201) 369-4520.

**Exhibit 1**

**Census Data**

- In the County of Hudson a project is eligible under the **low/mod-income area benefit** if at least **47.6%** of the persons residing in an area are low/mod-income persons.

*Listed below are the Census Tracts/Block Groups where at least 47.6% of the residents in a census tract/block group are low/mod-income persons.*

Municipality	Eligible Census Tract	Block Groups	Low/Mod Persons	Low/Mod Universe	Low/Mod Percentage
Guttenberg	015000	2	1586	3277	48.4%
	015100	1	879	1480	59.4%
Harrison	013600	2	602	1266	47.6%
	013700	2	492	972	50.6%
Hoboken	018500	2	411	740	55.5%
	019000	3	2115	2770	76.4%
	019300	2	524	882	59.4%
Kearny	013200	3	629	1189	52.9%
Secaucus	019600	2	442	929	47.6%
Weehawken	018000	1	989	1991	49.7%
	018200	2	893	1706	52.3%
West New York	015200	3	1719	2924	58.8%
	015300	1	797	1299	61.4%
	015300	2	629	1106	56.9%
	015300	3	1137	2093	54.3%
	015500	1	600	1106	54.2%
	015500	2	1125	1764	63.8%
	015500	3	781	1381	56.6%
	015600	1	1051	1681	62.5%
	015600	2	1205	2021	59.6%
	015700	1	805	1677	48.0%
	015700	2	1128	1993	56.6%
	015800	2	4045	6107	66.2%
	015900	1	1124	1627	69.1%
	015900	2	1120	1575	71.1%
	015900	3	984	1593	61.8%
	015900	4	489	947	51.6%
	016000	1	555	1062	52.3%
	016000	2	1260	1974	63.8%
	032400	1	728	1375	52.9%
	032400	2	855	1462	58.5%
032400	3	1183	2083	56.8%	
032400	4	580	992	58.5%	

\* There are no low/mod census tracts in the Borough of East Newark.

\*\* Numbers reported above are based on FY00 census figures on low/moderate income, updated by the Department of Housing and Urban Development (Spring 2007).

**Exhibit 2****CDBG & INFRASTRUCTURE IMPROVEMENT ACTIVITIES**  
**HUDSON COUNTY CDBG PERFORMANCE MEASURE INDICATORS**

*Please note that not all of the questions need to be answered at this time. However, upon the submission of periodic progress reports and/or upon the completion of the project activities this information will be required.*

**FOR INFRASTRUCTURE IMPROVEMENT ACTIVITIES:**

Describe the activities in detail and the number of persons anticipated to be assisted.

Be aware that upon completion of the project the following information will be required:

- Number of persons actually assisted:
  - with new access to service or benefit;
  - with improved access to service or benefit (for existing/on-going activities);
  - where the activity was used to meet a quality standard or measurably improved quality, report number of households that no longer have access to substandard services only.

**For Activities that address the elimination of SLUM AND BLIGHT.**

Describe the activities in detail and the number of parcels/acres anticipated to be involved.

Be aware that upon completion of the project the following information will be required:

- The actual numbers of parcels/acres that were improved;
- A description of the resultant redevelopment.

**For Activities involving COMMERCIAL FACADE IMPROVEMENTS AND BUSINESS BUILDING REHABILITATION.**

Describe the activities in detail and the number of parcels/facades/buildings anticipated to be involved.

Be aware that upon completion of the project the following information will be required:

- The actual number of parcels/facades/buildings involved;
- The amount of private funds leveraged.

**For Activities involving BROWNFIELDS REDEVELOPMENT.**

Describe the activities in detail and the number of parcels/acres anticipated to be involved.

Be aware that upon completion of the project the following information will be required:

- The actual number of parcels/acres that were remediated;
- A description of the resultant redevelopment.

**Exhibit 2****SOCIAL & PUBLIC SERVICE ACTIVITIES**  
**HUDSON COUNTY CDBG PERFORMANCE MEASURE INDICATORS**

*Please note that not all of the questions need to be answered at this time. However, upon the submission of periodic progress reports and/or upon the completion of the project activities this information will be required.*

**FOR SOCIAL & PUBLIC SERVICE ACTIVITIES.**

Describe the activities in detail and estimate the number of persons to be served by the activity

Be aware that upon completion of the project the following information will be required:

- Number of persons actually assisted:
  - with new access to service or benefit;
  - with improved access to service or benefit (for existing/on-going activities);
  - where the activity was used to meet a quality standard or measurably improved quality, report number of households that no longer have access to substandard services only.

**For Activities involving assistance to HOMELESS PERSONS.**

Describe the activities in detail noting specifically the number of homeless persons that are projected to be assisted with access to overnight shelters or other emergency housing support.

Be aware that upon completion of the project the following information will be required:

- The number of homeless persons actually assisted.

**Exhibit 2****HOUSING ACTIVITIES**  
**HUDSON COUNTY CDBG PERFORMANCE MEASURES INDICATORS**

*Please note that not all of the questions need to be answered at this time. However, upon the submission of periodic progress reports and/or upon the completion of the project activities the information will be required.*

**For Activities involving the REHABILITATION of RENTAL UNITS.**

Describe the activities in detail and estimate the total number of rental units anticipated to be rehabilitated.

Be aware that upon completion of the project the following information will be required:

- The total number of housing units rehabilitated and provide the following information:
  - Of the total number of units rehabilitated
    - The number of units that are affordable
    - The number of units that are Section 504 accessible;
    - The number of units brought from substandard to standard condition (HUD's Housing Quality Standards or local code);
    - The number of units meeting International Building Code Energy Standards and of those the number meeting Energy Star standards;
    - The number of units brought into compliance with HUD's lead safe housing rule.
  - Of the Affordable units:
    - The number of units subsidized by Federal, state or local program (specify which Federal program);
    - The number of years of affordability guaranteed.
  - The number of units rehabilitated for persons with HIV/AIDS:
    - Of those, the number of units for the chronically homeless;
    - Of those, the number made Section 504 accessible.
  - Number of units rehabilitated for homeless persons and families:
    - Of those, the number of units for the chronically homeless;
    - Of those, the number of units made Section 504 accessible.

**For Activities involving the REHABILITATION of OWNER OCCUPIED UNITS.**

Describe the activities in detail and estimate the total number of owner occupied units anticipated to be rehabilitated.

Be aware that upon completion of the project the following information will be required:

- The total number of housing units rehabilitated and provide the following information:
  - The number of units brought from substandard to standard condition;
  - The number of units brought to International Building Code Energy Standard and of those, the number meeting Energy Star standards;
  - The number of units brought into compliance with HUD's lead safe housing rule;
  - The number of units subsidized by federal, state or local program (specify which federal program).

**For Activities involving assistance to HOMELESS PERSONS.**

Describe the activities in detail noting specifically the number of homeless persons that are projected to be assisted with access to overnight shelters or other emergency housing support.

Be aware that upon completion of the project the following information will be required:

- The number of homeless persons actually assisted.

**Exhibit 2****ECONOMIC DEVELOPMENT ACTIVITIES**  
**HUDSON COUNTY CDBG PERFORMANCE MEASURE INDICATORS**

*Please note that not all of the questions need to be answered at this time. However, upon the submission of periodic progress reports and/or upon the completion of the project activities the information will be required.*

**For Activities that result in the CREATION of NEW JOBS.**

Describe the activities in detail and the total number of new jobs anticipated to be created.

Be aware that upon completion of the project the following information will be required:

- The actual number of jobs created;
- Employer sponsored health care benefits: Yes/No;
- Type of jobs created (use the Economic Development Administration job classification below);
- Employment status before taking job created;
- Number of unemployed \_\_\_\_ (N/A for projects awarding funding on a “made available to” basis).

**For Activities that result in the RETENTION OR THE SAVING of EXISTING JOBS.**

Describe the activities in detail and the total number of jobs anticipated to be retained or saved.

Be aware that upon completion of the project the following information will be required:

- The actual number of jobs retained or saved;
- Employer sponsored health care benefits: Yes/No;
- Type of job created (use the Economic Development Administration job classification below);
- Prior employment status before taking job created;
- Number of unemployed \_\_\_\_ (N/A for projects awarding funding on a “made available to” basis).

**For Activities that involve ASSISTANCE TO BUSINESSES.**

Describe the activities in detail and the total number of businesses anticipated to be assisted.

Be aware that upon completion of the project the following information will be required:

- Number of new businesses established;
- Number of businesses that expanded;
- Number of businesses that relocated;
- The DUNS number(s) of those businesses;
- The two-digit NAIC industry classification (if needed w/ DUNS).

**For All Activities that assist business, DOES THE BUSINESS PROVIDE A GOOD OR SERVICE TO MEET NEEDS OF A SERVICE AREA OR NEIGHBORHOOD?**

If yes, describe the activities in detail and the goods or services provided.

**Economic Development Administration Job Classifications** are as follow:

- |                          |                             |                              |
|--------------------------|-----------------------------|------------------------------|
| ▶ Officials and Managers | ▶ Office and Clerical       | ▶ Sales Workers              |
| ▶ Professionals          | ▶ Craftsperson (skilled)    | ▶ Service Workers and Others |
| ▶ Technicians            | ▶ Operatives (semi-skilled) |                              |
| ▶ Laborers (unskilled)   |                             |                              |

**Exhibit 3****HUDSON COUNTY - COMMUNITY DEVELOPMENT BLOCK GRANT  
HOUSEHOLD SIZE AND INCOME LIMIT****FY2010 FAMILY INCOME LIMITS**

Effective March 2009

<b>Income Limits</b>	<b>1 Person</b>	<b>2 Persons</b>	<b>3 Persons</b>	<b>4 Persons</b>	<b>5 Persons</b>	<b>6 Persons</b>	<b>7 Persons</b>	<b>8 Persons</b>
<b>30% of Median Family Income Extremely Low</b>	<b>\$ 14,950</b>	<b>\$ 17,100</b>	<b>\$ 19,200</b>	<b>\$ 21,350</b>	<b>\$ 23,050</b>	<b>\$ 24,750</b>	<b>\$ 26,450</b>	<b>\$28,200</b>
<b>50% of Median Family Income Very low-income</b>	<b>\$ 24, 900</b>	<b>\$ 28,450</b>	<b>\$ 32,000</b>	<b>\$ 35,550</b>	<b>\$ 38,400</b>	<b>\$ 41,250</b>	<b>\$ 44,100</b>	<b>\$ 46,950</b>
<b>80% of Median Family Low-income</b>	<b>\$ 39,850</b>	<b>\$ 45,500</b>	<b>\$ 51,200</b>	<b>\$ 56,900</b>	<b>\$ 61,450</b>	<b>\$ 66,000</b>	<b>\$ 70,550</b>	<b>\$ 75,100</b>