

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



**Community Development Block Grant
(CDBG)**

**REQUEST FOR FUNDING
APPLICATION**

Public Service

Project Name: _____

Applicant: _____



Section 1: Project Description

1. Name of Proposal: _____

2. Name of Applicant: _____

3. Address of Applicant

4. Contact Person: _____
 a. Title: _____
 b. Phone Number: _____
 c. Email: _____

5. Primary address of proposed activity:

6. Type of Application
 Not-for-Profit Municipality Other Public Agency Please Specify: _____

7. Federal ID Number: _____

8. Amount of CDBG Funds Requested: _____

9. Total Project Cost: _____

10. Project Objective
 Create a Suitable Living Environment
 Provide Decent Housing
 Create Economic Opportunities

11. Project Outcome (check one):
 Improving the Availability or Accessibility of Units or Services
 Improving the Affordability of Housing and other Services
 Improving sustainability by promoting viable communities

13. Is this activity new, or ongoing? New Expansion of ongoing activity

14. Number of Persons Served:

	Households	Persons
1. Total assisted with all funds		
2. Assisted with CDBG funds		

15. Provide a description of the proposed project or program.

16. Project design justification- Provide clear, detailed information to support that the project design is (a) evidence-based or (b) introduces an innovation that substantially improves the services provided. Please refer to research, third-party program evaluations or other objective data that indicates the service delivery model will achieve the desired results. Indicate whether the service delivery model to be used is considered a best practice. Note the sources for the data.

Section 2: CDBG National Objective

1. How does your project meet and qualify under the CDBG National Objective?

CDBG Public Service projects must meet the CDBG National Objective of principally benefiting low- and moderate-income persons. Please indicate how your proposed project meets and qualifies for this national objective. Check only one.

	A.	Limited Clientele Presumed Benefit Activity
	B.	Limited Clientele Direct Benefit Activity - Project is limited exclusively to low- and moderate-income persons.
	C.	Limited Clientele Direct Benefit Activity - At least 51% of clientele served by project are low- and moderate-income persons.
	D.	Limited Clientele Nature and Location
	E.	Area Benefit Activity – Census Tract/Block Group

2. How will your project document that it meets the CDBG National Objective identified above?

If you checked A above, indicate:

- 1) Which category of persons presumed by HUD to be predominately low- and moderate-income persons the proposed project will exclusively serve;
- 2) How the activity is designed to be used exclusively by this category of persons, and
- 3) How your organization will document the presumed benefit status (ex. client intake form, client homeless verification form).

If you checked B above, provide the following:

- 1) Indicate how your project will limit services exclusively to low- and moderate-income persons;
- 2) Describe the process your organization will use to document income eligibility; and
- 3) Attach a copy of the client intake form, highlighting the questions regarding family size and income.

If you checked C above, indicate:

- 1) Indicate the total number of clients served in the past year;
- 2) Indicate what percentage of those clients were low and moderate income;
- 3) Indicate what income eligibility criteria was used to determine the percentages of low and moderate income persons;
- 4) Describe the process your organization will use to document income eligibility; and
- 5) Attach a copy of the client intake form, highlighting the questions regarding family size and income.

If you checked D above, describe how both the nature and location of the services to be provided demonstrate that the persons served will primarily be low- and moderate-income persons. *Please contact Division staff for technical assistance before applying under this category.*

If you checked E above, please:

- 1) Define the boundaries of your claimed service area;
- 2) Provide the basis for determining the boundaries;
- 3) Attach a map of the service area and list census tracts/block groups in the service area; and;
- 4) Provide the percentage of residents in the service area that are low- and moderate-income based on Census data Projects which cannot document that at least 51% of residents in a service area are low- and moderate-income at the time of application, will not be considered eligible. *Please contact Division staff for technical assistance.*

3. Provide an explanation of how the proposed project/program is not duplicative of other projects/programs in Hudson County, how the proposed project/program will fill current gaps in the system, and any efforts that have been made to coordinate and develop partnerships with projects/programs providing similar services in the targeted area. Given the limited resources available, collaboration, partnership with other providers, and the reduction of duplicated services are encouraged. (MOU's, Letters of Support/Collaboration are encouraged as appropriate)

4. If the proposed project provides services to the homeless, is your agency a member of the Hudson County Alliance to End Homelessness (HCAEH)?
 Yes No

If yes, explain specific collaborative efforts with the HCAEH.

Section 4: Proposed Performance Goals

1. What are the specific outcome goals for the proposed project?

Applicants must identify at least one and no more than three measurable outcomes for the proposed project. Funded projects will be required to report on these outcomes in the semi-annual report. Complete the following information for each outcome:

- A. State the outcome. Outcomes are the benefits or impacts that result from the services provided. Outcomes measure a change in knowledge, attitude, skills, behavior, conditions or status in the persons served. Examples: obtain, maintain or improve housing arrangements; reduce barriers to employment and self-sufficiency; reduce or eliminate emergency need; improve parenting skills, etc.
- B. Indicate the anticipated percentage of persons or families/households served who will achieve the outcome each year.
- C. List the indicators that will be used to show that the persons served achieved the outcome. Examples: obtain GED/high school diploma, receive emergency meal etc.
- D. State the basis for selecting the outcome and how it demonstrates achievement of the overall goals of the project.
- E. Indicate how you are going to measure the outcome. Examples: case notes, pre-test and post-test, client self-assessment survey, client interview or observation, other records (ex. diploma or certificate) or other assessment tools.

Outcome 1:
____% (____ out of ____) of total persons served will achieve outcome each year; or ____% (____ out of ____) of families/households served will achieve outcome each year.
Indicators: 1. 2. 3. (____ out of ____ indicators must be met for each person or family/household in order to achieve outcome)
Basis for selecting outcome:
How outcome will be measured:

Outcome 2:
___% (___ out of ___) of total persons served will achieve outcome each year; or ___% (___ out of ___) of families/households served will achieve outcome each year.
Indicators: 1. 2. 3. (___ out of ___ indicators must be met for each person or family/household in order to achieve outcome)
Basis for selecting outcome:
How outcome will be measured:

Outcome 3:
___% (___ out of ___) of total persons served will achieve outcome each year; or ___% (___ out of ___) of families/households served will achieve outcome each year.
Indicators: 1. 2. 3. (___ out of ___ indicators must be met for each person or family/household in order to achieve outcome)
Basis for selecting outcome:
How outcome will be measured:

Section 5: Applicant Capacity

1. Provide a description of the applicant's experience providing this type of services to the proposed population. Please include the following:
 - Brief history of the organization including length of existence
 - Identify the current services offered by the organization and specific accomplishments and skills that will demonstrate the organization's ability to undertake the proposed project.
 - List prior experience with funding from Hudson County.

2. Identify the staff that will be assigned to this project or program, and answer the items below:

- Are the identified positions currently staffed or will a new staff member be hired?
- Estimate the amount of time that the identified staff will spend on tasks related to this activity on a weekly basis.
- Identify the key staff roles related to this activity, and the expertise they will bring in order to implement this proposal.

Section 6: Feasibility

1. Project Readiness

- a. How quickly will the project begin, once funds are awarded?

2. Regulatory Concerns

To your knowledge, will any of the following State, Federal, and HUD regulations/ licensing requirements be necessary: (Check all applicable)

- | | |
|---|--|
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Endangered Species Act |
| <input type="checkbox"/> Floodplain Management | <input type="checkbox"/> Wild and Scenic Rivers Act |
| <input type="checkbox"/> Wetland Protections | <input type="checkbox"/> Clean Air Act |
| <input type="checkbox"/> Coastal Zone Management | <input type="checkbox"/> Farmland Protection Act |
| <input type="checkbox"/> Sole Source Aquifer | <input type="checkbox"/> Environmental Justice |
| <input type="checkbox"/> Noise Abatement Control | <input type="checkbox"/> Explosive and Flammable Operations |
| <input type="checkbox"/> Airport Clear and Accident Potential Zones | <input type="checkbox"/> Toxic Chemicals and Radioactive Materials |
| <input type="checkbox"/> Other: (Describe) _____ | |

Attachment Checklist

All Applicants:

- Program Budget (**must be in the Excel format provided**)
- Location Map
- Client intake form
- Job Descriptions for positions funded by CDBG funding
- Letters of Coordination /Support and/or Memorandums of Understanding*
- Letters of Funding Commitment /Interest*

Required for Nonprofit Applicants Only

- 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

*If Applicable

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