

**2019 BRICK TOWNSHIP  
COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION FOR PUBLIC SERVICE GROUPS**



1. Enter the name, address and telephone number of the Applicant.

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. CDBG Funds Requested:

3. Enter the name, address and telephone number of the Contact Person.

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

4. HUD Matrix Code & Federal Regulation

Code: \_\_\_\_\_

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

Regulation: \_\_\_\_\_

5. Activity Name: \_\_\_\_\_

6. National Objective to Be Met: (please check)

To assist at least 51% low and moderate income persons in area.

Aid in the prevention of slum/blight

Health and Welfare or Urgent Need

7. Site Address of Activity: \_\_\_\_\_

8. Federal Tax ID# of Not-for-Profit: \_\_\_\_\_

9. Will group submit a CDBG application to any other governmental entity?      **YES**      **NO**

*\*The CDBG Subrecipient grants are a reimbursement grant and funding will not be provided until adequate receipts and proof of scope compliance are provided.\**

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**Part I. GENERAL**

1. Enter the name, address and telephone number of the municipality or agency organization:

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Profit or non-profit agencies/organization must submit supporting documentation to indicate status of incorporation according to State Law. (SEE ATTACHED PAGE OF INSTRUCTIONS)**

2. Indicate the total CDBG funds being requested for consideration.

3. Matrix Codes:

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**Part II. REQUIREMENTS FOR NON-PROFIT ORGANIZATIONS**

**PLEASE COMPLETE AND ATTACH ALL NECESSARY DOCUMENTS**

1. Enter the name and telephone number of Fiscal Officer:

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

Telephone: \_\_\_\_\_

2. Federal I.D. Number: \_\_\_\_\_

3. Corporation Type:

Profit

Non-Profit

Other (Specify)

4. Is Agency exempt under Section 501© (3) of the U.S. IRS Code?

**YES**

**NO**

5. Is Agency a Registered Charity?

**YES**

**NO**

If yes, please attach a copy of Charities Registration Form.

6. Please attach a copy of Certificate of Incorporation.

7. Please attach a copy of Current List of Board of Directors.

8. Please attach a copy of IRS Letter granting tax exempt status under 501C (3)

9. Please attach a copy of your Organizational Chart.



**BACKGROUND INFORMATION**

MISSION OF THE AGENCY:

HISTORY OF AGENCY:



**Part III. Project Specifics:**

Please provide a detailed description of the nature and purpose of activity/project:

**Outcome of Project**

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**Part IV. Map**

Please provide a map and show location of activity/project in the Township.

**PART V. OTHER GOVERNMENTAL REQUIREMENTS**

Please respond to the following governmental requirements:

1. Is the project located in a flood plain area of special flood hazard? **YES NO**  
If yes, does municipality participate in a National Flood Insurance Program? **YES NO**  
**Please attach documentation**

2. Will project have any groundwater impacts? **YES NO**

3. Is the project contingent upon other federal, state or local government Requirements? **YES NO**  
(i.e. approvals, grant matching or other)  
If yes, identify below:

4. Will the project require any or all of the below permits?

CAFRA                      Stream Encroachment  
Wetlands                    NJPDES

Other required permits listed below:

5. Is the proposed project located in Pinelands area? **YES NO**  
If yes has been indicated in item "5" will the project require any or all of the following from the Pinelands Commission?

Development Approval  
Certificate of Conformity  
Waiver of Strict Compliance

6. Are there any other known impediments to the project? **YES NO**  
If yes, identify below:

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**PART VI. FINANCIAL**

1. Will the proposed project activity receive funding from sources other than CDBG funds?

**YES      NO**

SOURCE OF OTHER FUNDING


AMOUNT COMMITTED


TOTAL FUNDING:

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2. Detailed Cost Analysis (attach additional pages as needed)

**MUST BE AN ITEMIZED BREAKDOWN**

<u>SERVICE/GOODS/ITEMS</u>	<u>UNIT PRICE</u>	<u>TOTAL COST</u>	<u>CDBG FUNDING COST</u>
Salaries -Annual	_____	_____	_____
*Employment Specialist	_____	_____	_____
Program Supervisor	_____	_____	_____
Coordinator	_____	_____	_____
Director	_____	_____	_____
Fringe	_____	_____	_____
Office Space (Program Only)	_____	_____	_____
Utilities	_____	_____	_____
Communication	_____	_____	_____
Reproduction/Printing	_____	_____	_____
Supplies & Materials	_____	_____	_____
Mileage	_____	_____	_____
Audit	_____	_____	_____
Travel	_____	_____	_____
Equipment	_____	_____	_____
Insurance	_____	_____	_____
Dues to Affiliates	_____	_____	_____
Training	_____	_____	_____
Total		_____	

\*Employment Specialist will spend \DO percent of time on this project. Program Supervisor and Director will spend 25 percent of time each on this project.

20. Total Proposed Project Activity Cost:

Funding from other sources (item VI-1)	_____
CDBG requested funding (item 2)	_____
Total Proposed Project Activity Cost	_____





**PART VII. CERTIFICATION**

I, \_\_\_\_\_, hereby certify that all parts of this project application, with the exception of Part II, and all required attached documents are accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

**\*MUST BE THE AUTHORIZED OFFICIAL BY RESOLUTION OF ORGANIZATION**



## **Additional Attachments:**

- **Copy of Certificate of Incorporation**
- **Copy of Current List of Board of Directors**
- **Copy of IRS Letter**
- **Copy of Organizational Chart**