

# Program Overview

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Case Id: 30038

Name: Blank Application - 2021

Address: \*No Address Assigned

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## Program Overview

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Please read the following information carefully. Submit a separate application for each program for which you are requesting funding (e.g. one application for summer camp, one application for year-round services). **Review the [FY2020 UNIVERSAL REQUEST FOR PROPOSALS SERVICE PROGRAMS](#) for application requirements and scoring methodology.** Once your application is submitted for review, it cannot be edited.



JERSEY CITY  
PUBLIC SERVICE  
GRANTS  
PROGRAM

Jersey City  
Division of Community  
Development  
[jccplan@jcnj.org](mailto:jccplan@jcnj.org)  
(201) 547-6910

### CDBG PUBLIC SERVICES (CDBG-PS)

The Community Development Block Grant (CDBG) provides annual grants to develop viable communities by providing funding for decent housing, suitable living environments, and expanding economic opportunities, principally for low and moderate income persons.

### COMMUNITY SERVICES BLOCK GRANT (CSBG)

The Community Services Block Grant (CSBG) provides grants for programs, services and activities that alleviate the causes and conditions of poverty in communities. These encompass employment, education, financial literacy, housing, nutrition, emergency services and/or health issues.

### EMERGENCY SOLUTIONS GRANTS (ESG)

The Emergency Solutions Grants (ESG) program provides homeless persons with basic shelter and essential supportive services. It can assist with the operational costs of the shelter facility, and for the administration of the grant. ESG also provides short-term homeless prevention assistance to persons at imminent risk of losing their own housing due to eviction, foreclosure, or utility shutoffs.

### HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)

The Housing Opportunities for Persons With AIDS (HOPWA) program provides housing assistance and related supportive services for low-income persons living with HIV/AIDS and their families. Since the program's inception in 1992, HOPWA has helped thousands of Americans with HIV/AIDS avoid homelessness by addressing their housing needs in coordination with access to medical and other care.



# Threshold Requirements

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## Threshold Requirements

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Please provide the following information. All applicants must answer the threshold requirement questions in order to be considered for funding. Failure to meet any of the below requirements will result in a Fatal Flaw and disqualify an application from further consideration.

**1. Does your organization have any unresolved IRS, HUD, State, or City findings?**

If yes, please explain.

**2. Does your organization have any issues with your 990 filings?**

If yes, please explain

**3. Does your organization have any compliance/monitoring findings or concerns reported for the previous program year relative to the goals/objectives?**

If yes, please explain.

**4. Will your organization participate in the Homeless Management Information System (HMIS)? Only programs primarily serving victims of domestic violence can be exempted from this requirement.**

If No, explain:

**5. Is your organization currently a member of the Hudson County Alliance to End Homelessness (HCAEH)?**

If No, explain:

**6. If awarded funds from the City, will your organization agree to have a representative from your funded program regularly attend the Hudson County Alliance to End Homelessness meetings?**

**If No, explain:**

**7. If awarded funds from the City, will your organization agree to have a representative regularly attend the Hudson County HIV Services Planning Council's monthly meeting, as well as meetings of the Housing Committee?**

**If No, explain:**

**8. Will your organization participate in the Hudson County Coordinated Entry System, including exclusive referrals from the lead agency on any Rapid Re-Housing program?**

**If No, explain:**

**9. If awarded funds from the City, will your organization commit to delivering the funded program in alignment with the "Housing First" approach?**

**If No, explain:**

**10. Is your organization prepared to provide 100% match funds for your proposed program?**

**If No, explain:**

**11. Will your program help low-income persons become more self-sufficient?**

**If No, explain:**

**12. Will your program ameliorate poverty and improve the conditions of low-income persons?**

**If No, explain:**

**13. Will your program's participants meet federal poverty guidelines as established by the U.S. Department of Health & Human Services?**

**If No, explain:**

## A. Agency Contact Information

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### Agency/Organization Information

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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. Primary Contact Telephone Number**

**A.11. Primary Contact Email Address**

**A.12. Fiscal Contact Name**

**A.13. Fiscal Contact Title**

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**A.14. Fiscal Contact Telephone Number**

**A.15. Fiscal Contact Email Address**

## B. Program Info

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### B. Program Info

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Please provide the following information.

#### B.1. Program Title

#### B.2. Jersey City Consolidated Plan Priority

**B.3. Targeted Population(s) (select all that apply):** If your program does not have a specific target population, select "Low- and Moderate-Income Households or Persons." If you are applying for Summer Youth Program funding, select "Youth." Your program must serve youth ages 5 to 17.

Target Population

#### B.4. Are you applying for a Summer Youth Program?

#### B.5. National Objective

**B.6. Select ONE Accomplishment Type that best applies to your program.** The Accomplishment Type must be valid for the National Objective you selected

**B.7. If your program serves the homeless and/or those at risk of homelessness, select ONE eligible component that your program will address.**

**B.8. If your program serves persons with HIV/AIDS, select the eligible component(s) that your program will address.**

Please check all that apply.

**B.9. If applicable, select ONE Program Focus that best applies to your program**

#### B.10. Program Type

**B.11. Program Site Location -** Please provide the street address, city, state, and ZIP of the program site, as well as any additional locations. Street Outreach programs should list key homeless "hotspots" in Jersey City where the program expects to provide weekly outreach.



Street Address	City	State	Zip Code
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**B.12. Service Area (select all that apply). Select Citywide, if your service area is citywide.**

Service Area
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**B.13. Timeline: If you are applying for Summer Youth Program funding, your program must run between June 1 and September 30.**

Program Start Date	Program End Date
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**B.14. Days and Hours of Operation:**

## C. Statement of Need

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### C. Statement of Need

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The remaining questions on this application will be scored by our reviewing committee.

**C.1. Statement of Need:** Describe the community problem this program is designed to address, including the target population and target service area, if applicable. Support the urgency of meeting this need using current data. Include the process and results of your organization's most recent Community Needs Assessment.

**C.2. Statement of Need:** Explain the eligibility criteria of participants and list any restrictions. If there is a fee for your program, please specify the amount and provide justification.

## D. Program Design

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### D. Program Design

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Please provide the following information.

**D.1. Describe the program being proposed. How will the funds be spent in order to address the Jersey City Consolidated Plan priority you identified? What are all of the activities that you will carry out with DCD funding? Be specific.**

**D.2. If applicable, specifically describe how your program will ameliorate poverty for your clients.**

**D.3. List all titles to be paid for by the requested amount, along with qualifications, descriptions of responsibilities, and costs, with justification. Indicate whether the positions are currently filled or not.**

**D.4. Describe your organization's outreach methods used to inform eligible participants about your program.**

**D.5. Describe your organization's process for collecting source documentation to verify participant eligibility.**

**D.6. Describe how your program will ensure that residents with Limited English Proficiency can equally access your services.**

## E. Organizational Capacity

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### E. Organizational Capacity

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Please provide the following information.

**E.1. Provide a brief history of your organization, including your mission statement, philosophy, historical experience, and number of years in operation.**

**E.2.**

**Provide evidence of your organization's grant administration capabilities and experiences in programs of this type. You should include prior accomplishments, similar programs, staff qualifications, and anything that demonstrates a history of success with your program/target population.**

**E.3.**

**Describe any collaborations or partnerships your organization has established or attempted to establish that will help you serve clients and meet program goals.**

## F. Performance Measures 1

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### F. Performance Measures 1

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Please provide the following information.

#### OBJECTIVE OF PROJECT

**F.1. Identify which objective will be addressed by the activity proposed in this application. (Choose only one objective:)**

**Suitable Living Environment** - This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.

**Decent Affordable Housing** - This objective focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort.

**Creating Economic Opportunities** - This objective applies to the types of activities related to economic commercial revitalization or job creation.

#### EXPECTED OUTCOME OF PROJECT

**F.2. Identify which outcome category best reflects what you are seeking to achieve (the results) in funding this particular activity.**

**Availability / Accessibility** - This outcome category applies to activities that make services, infrastructure, housing, or shelter available or accessible to low and moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low and moderate income people.

**Affordability** - This outcome category applies to activities that provide affordability in a variety of ways in the lives of low and moderate income people. It can include the creation of maintenances of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

**Sustainability** - This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefits to persons of low and moderate income, or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

**F.3. In this basic outcomes table, indicate the total number of unduplicated clients at each income level that your program will serve. Refer to the [Jersey City 2020 HUD Income Limits and HOME Rents](#) .**

Unduplicated Clients	Total
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**F.4. Describe the system(s) in place to determine whether or not the program achieves its goals. How will you measure your successes or failures? How will you determine the overall success of the proposed program?**

**F.5. If you received City funding in the last two years, please provide a detailed description of accomplishments and benefits achieved with City funding. If you didn't accomplish your stated goals, please explain why.**

**F.6. Proposed Outcomes for General Service Programs**

Beneficiaries and Income Levels	Proposed	Prior Year Actual
Total		

## K. Budget

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### K. Budget

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. In addition to completing this section, you must complete all sheets of the Universal Budget Form and attach it in the Required Documents section.

**K.1. Please provide the dollar value of the full organizational budget for your current operating year.**

\$0.00

**K.2. Total Cost of Project**

\$0.00

**K.3. Grant Amount Requested**

\$0.00

**K.4. Percent Request Total**

0.00 %

**K.5. Total Other Funding**

\$0.00

**K.6. Proposed Budget**

Budget Category	Amount	Description
	\$0.00	

**K.7. Other Sources of Funding**

Source	Amount	Other Source Funding Status
	\$0.00	

**K.8. Describe your sustainability plan. If you are only partially funded, how will that affect the program? If you are not funded at all, how will that affect the program? How will the program continue in the long term without funding from DCD?**

## L. Required Documents

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### L. Required Documents

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ALL required attachments MUST be uploaded or your application will be disqualified. You are strongly encouraged to submit all files in PDF or Excel format. If a required document request does not apply, please upload a letter of explanation. You can upload multiple files under one category if applicable.

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#### Documentation

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☐ Proof of active [SAM registration](#) \*Required

\*\*No files uploaded

☐ 501(C)(3) IRS designation letter, listing of your Board of Trustees, and copy of latest audit? \*Required

\*\*No files uploaded

☐ Certificate of Good Standing (NJ Short Form) - Issued within the Last Year \*Required

\*\*No files uploaded

☐ Most recent tax return or IRS Form 990 \*Required

\*\*No files uploaded

☐ Most recent audit or letter of financial audit exemption \*Required

\*\*No files uploaded

☐ Articles of incorporation \*Required

\*\*No files uploaded

☐ By-laws \*Required

\*\*No files uploaded

☐ Current board of directors list with contact information \*Required

\*\*No files uploaded

☐ Financial policies and procedures \*Required

\*\*No files uploaded



☐ **Organizational chart** \*Required

*\*\*No files uploaded*

☐ **Certificate of insurance** \*Required

*\*\*No files uploaded*

☐ **Universal Budget Form** \*Required

*\*\*No files uploaded*

☐ **Exhibit A — Mandatory EEO Language form (signed by hand and scanned)** \*Required

*\*\*No files uploaded*

☐ **Appendix A — Mandatory ADA Language (signed by hand and scanned)** \*Required

*\*\*No files uploaded*

☐ **Valid Certificate of Employee Information Report OR alternative** \*Required

*\*\*No files uploaded*

☐ **Completed Supplier Diversity Bidder Questionnaire** \*Required

*\*\*No files uploaded*

☐ **Any letters of commitment/award from other funding sources**

*\*\*No files uploaded*

☐ **State of NJ/DCA-issued shelter license (if a shelter program)**

*\*\*No files uploaded*

☐ **Any memoranda of understanding or letters of support/coordination with other organizations**

*\*\*No files uploaded*

☐ **Community Needs Assessment (REQUIRED for CDBG and CSBG applicants)**

*\*\*No files uploaded*

☐ **Map listing the Census tract(s) and block group(s) where the program will be carried out (if LMA)**

*\*\*No files uploaded*

☐ **Any examples of outreach material used to inform eligible participants about program**

*\*\*No files uploaded*

☐ Any examples of forms/applications used to verify participant eligibility

*\*\*No files uploaded*

☐ Full job descriptions for all grant-funded positions (REQUIRED for HOPWA applicants)

*\*\*No files uploaded*

## M. Certification

*No data saved*

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### M. Certification

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Once an application is submitted, it can only be "Re-opened" by an Administrator.



I hereby certify that all information included in this application is correct to the best of my knowledge.

**Signature**

*\*\*Not signed*

**Date**