

Background

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Case Id: 30269

Name: Blank - 2022

Address: *No Address Assigned

Background

Please provide the following information.



JERSEY CITY
VIOLENCE
PREVENTION
PROGRAM

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

Cities throughout the United States are experimenting with various methods to prevent and reduce violence, especially gun violence. Community-based, community violence reduction models act as an alternative to heavy-handed policing and have proven to be some of the most successful urban community violence reduction initiatives in the US and globally. Promising strategies to reduce community violence include practices that come from the local community and are grounded on practice-based evidence (PBE) and/or lived experiences. PBE approaches are developed over time and are often embedded in culture, accepted as effective by local communities and support community healing from a cultural framework. This framework creates access for mobilizing efforts while being mindful of communities that are unable to trust criminal justice institutions due to their historical background.

For additional information, please view the full RFP [here](#).

Eligible Models

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Eligible Models

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The Cure Violence Model, developed by Gary Slutkin, is a public health approach to preventing community violence through a multicomponent intervention. The Cure Violence model theorizes that violence spreads similarly to an epidemic and can be managed using three strategies to combat and control disease. These three strategies include detection and interruption, identifying and treating individuals at the highest risk of violence, and changing system and group norms to reduce tolerance of violence.

The Advance Peace Model (AP) is a supplemental framework that identifies individuals at the center of community violence in a community, provides them with supportive relationships, and services during a twelve-month program called the Peacemaker Fellowship. Advance Peace focuses on healing those at the center of community violence that have experienced trauma, and recognize that unacknowledged and unaddressed trauma are often behind violent behaviors, especially those of young people whose brains and other systems are not fully developed.

A. Agency Contact Information

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Agency/Organization Information

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

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. National Objective

B.5. Select ONE Accomplishment Type that best applies to your program. The Accomplishment Type must be valid for the National Objective you selected

B.6. If applicable, select ONE Program Focus that best applies to your program

B.7. Program Type

B.8. 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.9. Service Area (select all that apply). Select Citywide, if your service area is citywide.

Service Area

B.10. 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.11. Days and Hours of Operation:

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C. Statement of Need

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C. Statement of Need

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.

C.3. What do you see as key violence prevention issues, efforts, and gaps within the community?

C.4. How will your program contribute to prevention and reduction of violence?

D. Program Design

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D. Program Design

Please provide the following information.

D.1 Provide a thorough description of the program for this grant proposal, including the objectives, goals, timeframes and actual or projected number of people served or impacted.

D.1a. 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 and engagement 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.

D.7. Describe the anticipated results and changes your organization expects to achieve in the community at the end of successful completion at the end of the grant period.

D.8. What are the milestones that are critical to achieve anticipated results?

D.9 How will you maintain client engagement in violence prevention efforts?

D.10 What is your experience with Trauma Informed healing & Restorative Practices? What is your experience and

approach to components like cultural awareness, meeting design, facilitation, managing competing interests, and mediating conflicts?

E. Organizational Capacity

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E. Organizational Capacity

Please provide the following information.

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

E.1a. How is violence prevention aligned with organizational values, mission, and goals?

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.

E.4 Provide a summary of the staff intended to support this program. Include titles, full time equivalents, and proposed full time equivalents, and relevant expertise.

E.5. Has your organization supported/implemented this program before? If yes, describe the history and prior outcomes.

E.6. What is your experience using data and community/constituency engagement to develop strategies with clear impact and performance measures?

E.7. What is your experience with evaluation and performance measurement, and using that process to support continuous learning and improvement?

F. Performance Measures

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F. Performance Measures

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		

G. Performance Measures Continued

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G. Performance Measures Continued

Proposed Outcomes for Violence Prevention Program

What measures will you use to monitor, analyze and evaluate program impact and performance? Please attach the supporting document(s).

Describe the ways you will evaluate your program and provide any supporting documents.

☐ **Additional Documents**

***No files uploaded*

☐ **Assessment Tools (Surveys, Performance Reports, Attendance Logs)**

***No files uploaded*

☐ **Case Studies**

***No files uploaded*

☐ **Interview Protocols with Clients Served**

***No files uploaded*

K. Budget

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K. Budget

. 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

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.

Documentation

☐ 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 (if providing housing)**

***No files uploaded*

☐ **Universal Budget Form** *Required

***No files uploaded*

☐ **Exhibit A — Mandatory EEO Language form found [here](#) (signed by hand and scanned)** *Required

***No files uploaded*

☐ **Appendix A — Mandatory ADA Language found [here](#) (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 found [here](#)** *Required

***No files uploaded*

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

***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

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M. Certification

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