# TOWNSHIP OF FRANKLIN APPLICATION FOR FY 2024 CDBG FUNDS COVER SHEET

Applications for the Township of Franklin Community Development Block Grant (CDBG) Program must be complete, and all the attached forms must be included. May be submitted online to <a href="deborah.mitchell@frankinnj.gov">deborah.mitchell@frankinnj.gov</a> or CDBG Grants C/O Township Clerk, Township of Franklin 475 DeMott La. Somerset, NJ 08873.

## THE APPLICATION DEADLINE IS March 7 at 4:00 PM, NO EXCEPTIONS

Agency Name:	
UEI Number:	Tax ID # (EIN):
Address, City & Zip Code:	
	Title: (If different than Executive Director)
	(If different than Executive Director)
Who do we contact if we have questions regar	rding the application?
Name:	Title:
Telephone:	e-mail:
Project Title:	Priority:
	(If more than one Application)
	Total Project Cost: \$
(Totals	must match budget sheet)
· • • • • • • • • • • • • • • • • • • •	n or project, or statement of need - Examples: We are requesting \$20,000 for requesting \$70,000 to rehabilitate our community resource room).
_	
Location and/or service area of Proposed Pro	iect:
(Include Franklin Township census tracts/block	

# I. NARRATIVE DATA ON PROJECT AND APPLICANT

## PROJECT NARRATIVE SHALL BE LIMITED TO THREE (3) PAGES

Describe the activity for which you are requesting funds in accordance with the attached instructions. Put N/A for items not applicable to your project.

#### PROJECT NARRATIVE

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1.	Describe the problem or need the proposed activity is intended to address.
2.	Is this a new or an expanded program or facility?
3.	What is the extent of the need for the project in Franklin Township? How has the need for this project been determined?
4.	Describe the Implementation Schedule for the project, projects must begin and end in the grant year 9/1/24 to 8/31/25.
5.	Describe the benefit to low/moderate income or other CDBG eligible populations.  Does your program have income eligibility requirements? YesNo  If yes, how will your agency monitor the income eligibility requirements?  If not, what methodology will you utilize to insure the project benefits at least 70% low- income persons?

6.	Describe what efforts have been made to collaborate with other agencies to avoid duplication of services and to maximize available resources.
7.	Please select <u>one</u> appropriate <b>unit of service</b> measurement you plan to utilize for this project.
	people,households,businesses/jobs,housing units,construction project/facilities
8.	How many of the above units of service do you propose to deliver?
9.	Please provide a <b>measurable</b> <u>outcome</u> <u>statement</u> for your project (be sure you address an outcome, not input and that the outcome is measurable). How will you evaluate the project & measure the outcomes? What follow-up tracking will be conducted to ensure outcomes are met?
10.	What percentage or how many of the above-described units of service will be in or from Franklin Township?
11.	What major tasks are necessary for the clients to receive a benefit? What are the inputs? (Example: Clients must attend 10 group sessions over a 4-month period.)

## II. CONSTRUCTION ACTIVITIES

1.	Provide a description of the proposed construction activity. Describe the size and scope of the project and indicate if this is a completely new project or an expansion or upgrade of an existing project.
2.	Describe the intended direct beneficiaries of this project (e.g., groups, neighborhoods, number of people).
3.	Describe any financial or other interest your organization has in the parcel, land, or property contemplated in this construction activity.
4.	Will the project involve relocation of households and/or businesses?

# III. APPLICANT NARRATIVE

## APPLICANT NARRATIVE SHALL BE LIMITED TO TWO (2) PAGES.

Include a brief narrative describing the following characteristics of the applicant:

1.	Length of time applicant's organization has been in operation.
2.	If this is not a new project/program, how long has the applicant operated the proposed project/program?
3.	Other services provided by the applicant's organization.
4.	Description of the category or categories of clients served by the applicant's organization.
5.	What are the qualifications of the personnel who will operate and manage the proposed project or program?

# IV. FINANCIAL INFORMATION

1.	Describe your agency's monetary management capabilities including a description of the applicant's accounting system or arrangement. (Must meet the fund accounting requirements of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements.)
2.	Explain how the applicant plans to continue funding this program in future years.
3.	If your agency does not receive CDBG funds, how would this affect your program operation? Is your program reliant on Township of Franklin funding for survival and, if so, for how long will the program be reliant on these funds?
4.	Should your agency not receive full funding, please tell us if it is practical to continue program operations and how many units of service will be provided if you only receive 75 percent, 50 percent, and 25 percent of the current request?
5.	Have you ever had any funds recaptured (returned) or removed from your agency? This includes CDBG, HOME, HOPWA, State, Federal or other funds. Yes,NoIf "Yes," please explain. (This does not mean funds returned for projects that came in under budget/or CAP restrictions)
6.	Have you, or will you, apply for a FY 2024 CDBG grant from:  Somerset County? Yes, No Amount  Another Entity? Yes No Amount  Name of Agency:
7.	Has this project received a prior CDBG grant from any other source? YesNo If "Yes," please explain:

#### V. PROPOSED PROJECT BUDGET

Complete the attached project budget, specifying line-item costs such as personnel, supplies, equipment, construction, land acquisition, etc. Column (2) represents the Township of Franklin CDBG requested portion of the project budget and column (5) is the total project budget. Please IDENTIFY ALL OTHER FUNDING SOURCES SUPPORTING YOUR CDBG PROPOSED BUDGET INCLUDING ANY OTHER FEDERAL FUNDS APPLIED TO THIS PROJECT.

Line-Item Description	CDBG Budget	Name of Additional Funding Source	Amount of Additional Funding	Total Project Budget
Administration				
Salaries				
Benefits				
<b>Operating Expense</b>				
Office				
Supplies/Postage				
Utilities/Rent/Insurance				
Training/Travel				
Professional Fees				
Other (explain)				
Capital Expense				
Equipment Purchase				
Land Acquisition				
Engineering/Design				
Construction				
Rehabilitation				
Other(explain)				
Grand Total				

- (1) Column 1 is the line-item description. If "other" is chosen, please describe in the row immediately following.
- (2) Column 2 is the amount that you are applying for Franklin Township CDBG funds.
- (3) Column 3 is the name of the additional funding source, i.e., Somerset County, Ronald McDonald House, other CDBG funds, etc. This could even be your own agency if you are providing a match.
- (4) Column 4 is the amount of additional funding you are anticipating receiving from the funding source in column 3.
- (5) Column 5 is the total project budget or column (2) + column (4).

Entries in the **GRAND TOTAL line** (columns 2 & 5) must match the totals on the first page of application.

# VI. CONFLICT OF INTEREST

1. Is there any member(s) of the applicant's staff, or any member(s) of the applicant's Board of other governing body, who is/are currently, or has/have been within one year of the date of questionnaire, a city employee?				
	Yes □	No 🗆		
2.		DBG funds requested be used to pay the salaries of any of applicant's staff person(s) who is/are r has/have been within one year of the date of the questionnaire, employed by the Township of		
	Yes□	$\mathbf{No}\square$		
3.	Will the CDBG funds requested be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently, or has/have been within one year of the date of this questionnaire, a city employee?			
	Yes □	No 🗆		
4.	Is any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or other governing body related to a city employee by blood, adoption, or marriage?			
	Yes 🗆	No 🗆		
5.	Does any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or other governing body reside in the same household as a city employee?			
	Yes □	No $\square$		
If any	of the questi	ons above were answered with "Yes," please explain the answer in the space provided below:		
Signa	iture	Name (print or type)		
Title		Date		

#### **II. SECTION 504 CERTIFICATION**

Federal regulations require CDBG service providers to perform a self-assessment of current policies and practices to determine that requirements of Section 504 of the Rehabilitation Act of 1973 are met (24 CFR Part 8). The purpose of Section 504 is to provide that persons with disabilities will not be excluded from participation in, or denied the benefits of, or be discriminated against participation in federally funded programs or activities, solely by reason of a person's disabilities. The applicant certifies that a Section 504 self-assessment has been performed and is on file or a Section 504 self-assessment will be performed during the CDBG grant period.

Signature	Name (print or type)
Title	Date

#### VIII. CERTIFICATION OF NON-DEBARRED STATUS

The undersigned acknowledges and certifies that they are following 24 CFR Part 5 and 24 CFR Part 570.609,

use of debarred, suspended or ineligible contractors or subrecipients. Assistance under these parts shall not be used directly or indirectly to employ award contracts to, or otherwise engage the services of, or fund any contractor, subcontractor or subrecipient during any period of debarment, or placement in ineligibility status under the provision of 24 CFR Part 24. Further, in the case of construction projects, the prime contractor certifies the same for self and all subcontractors on any federally funded project. Name (print or type) Signature Title Date IX. BOARD OF DIRECTORS **Board or Principal Member Name Position CERTIFICATION** The undersigned certifies that the information contained in this application is true and correct, and that he/she is authorized to submit this application for CDBG funding. Signature Name (print or type)

Failure to respond to any of the information requested in the application package may be reason to deny and return the application. Additional financial information may be requested upon review of the application.

Date

Title

#### X. REQUIRED DOCUMENTS LIST

Submit **ONE** original, bound with a binder clip, not stapled or in a binder.

- I. Narrative data on project and applicant (not to exceed three (3) pages)
- II. Construction activities
- III. Applicant narrative (not to exceed two(2) pages)
- IV. Financial information
- V. Proposed project budget
- VI. Conflict of Interest questionnaire
- VII. Applicant Section 504 Certification
- VIII. Debarred List Certification
- IX. List of current Board of Directors
- X. Required documents\*
  - 1. Financial statement and most recent Audit
  - 2. Proof of timely filing of your IRS Form 990 (Return of Organization Exempt from Income Tax)
  - 3. Resume of the Executive Director and/or person running the program
  - 4. Current Articles of Incorporation and By-laws
  - 5. State and Federal Income Tax Exemption Determination Letters

<sup>\*</sup> If your agency has received prior year CDBG funding through the Township of Franklin resubmission of items 4 or 5 is not required with your application unless there have been changes to these documents.