

# COUNTY OF MORRIS



## COMMUNITY DEVELOPMENT BLOCK GRANT

### 2016 APPLICATION PACKAGE

**For further information contact:**

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Office of Community Development  
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**DEADLINE DATE: JANUARY 08, 2016**

## **PROGRAM DESCRIPTION**

In 1974, the federal government enacted the Federal Housing and Community Development Act, Title I of the Act combined several funding programs into a single program called “Community Development Block Grant” (CDBG). Congress designed the CDBG program to enhance and maintain the viability of urban communities. The CDBG program accomplishes these goals by providing decent housing, suitable living environments and expanded economic opportunities; principally for low-and-moderate-income persons. The U.S. Department of Housing and Urban Development (HUD) administers the CDBG program through state and local governments.

Communities receiving CDBG block grants are free to develop their own programs and funding priorities based on local community development needs. However, these “entitlement communities” must promote the national CDBG objectives by giving the highest funding priority to activities which benefit low-and-moderate-income persons, or which aid in the elimination of slums and blight.

CDBG activities must adhere to federal eligibility requirements to ensure consistency with the national objectives. Your proposed activity must satisfy a priority set for the County of Morris in the One Year Action Plan.

## **PROGRAM GOALS**

The County of Morris Program Goals are concurrent with those stated in the National Objective and in the 2015-2019 5 Year Consolidated Plan. The county funds organizations who exemplify the capacity to promote benefit to low and moderate income persons within the County of Morris.

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## IMPORTANT NOTICE

**ALL APPLICATIONS ARE SUBJECT TO CHANGE CONTINGENT ON NEW AREA CENSUS TRACT BOUNDARIES AS PUT FORTH BY THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.**

**PLEASE READ ALL OF PART I AND  
THE APPLICATION INSTRUCTIONS PORTION OF PART II BEFORE  
COMPLETING THIS APPLICATION.**

**PLEASE DO NOT STAPLE ORIGINAL.**

## **ELIGIBLE ACTIVITIES**

- Acquisition of Real Property
- Public Facilities and Improvements, including:
  - Senior and Handicapped Centers
  - Recreational and Neighborhood Facilities
  - Fire Protection Facilities and Apparatus
  - Parking Facilities
  - Street Improvements, Sidewalks and Curbs
  - Water, Sewer, Drainage, and Other Public Utilities
- Demolition Activities
- Public Services, including Child Care Scholarships, Senior/Handicapped Vehicles
- Removal of Architectural Barriers (exceptions: activities which only benefit disabled children)
- Rehabilitation and Preservation Activities, including:
  - Rehabilitation of Public Residential Structures, including Public Housing
  - Rehabilitation of Private Residential and Non-Residential Properties
  - Code Enforcement
  - Energy Conservation Activities
  - Historic Preservation
  - Renovation of Closed School Buildings
- Planning Activities
- Shelter and Services for Persons Having Special Needs
- Economic Development

## **INELIGIBLE ACTIVITIES**

- Public Works or Improvements to:
  - Buildings and Facilities for the Conduct of Government
  - Facilities used for Exhibitions, Spectator Events and Cultural Purposes
- Purchase of Equipment, Furnishings and Personal Property
- Operating and Maintenance Expenses
- General Government Expenses
- Activities serving residents of the Town of Dover or the Township of Parsippany

## CRITERIA FOR ELIGIBILITY

### COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)

A Community Development Block Grant activity application **must** meet one of these 3 criteria:

A. BENEFIT TO LOW/MODERATE (L/M) INCOME PERSONS (*see page 5 for income limits*)

An activity principally benefits low and moderate-income persons if it is designed to meet identified needs of low and moderate income persons via one of the following standards:

1. An activity benefits a *census* area where at least **24.11%** of the residents are L/M income.
2. An activity benefits a *surveyed* area where at least **51%** of the residents are L/M income.
3. An activity benefits a *clientele* presumed to be L/M income: elderly persons, disabled adults, abused children, battered spouses, homeless persons and illiterate persons.
4. The activity benefits L/M income *clientele* exclusively based on household income verification.
5. The activity requires information on family size and income so that it is evident that at least **51%** of the *clientele* are L/M income. **See Important Notice On Cover Page.**

B. PREVENTION OR ELIMINATION OF SLUMS OR BLIGHT (*call office for necessary forms*)

1. Activity on an area basis:
  - a. Activity is located in an area, which meets a state or local definition of a slum, blighted, deteriorated, or deteriorating area.
  - b. There are a substantial number of deteriorated buildings in the area.
  - c. The activity addresses one or more of the conditions, which contribute to the deterioration of the area.
2. Activity on a spot basis:
  - a. Activity eliminates specific conditions of blight or physical decay through acquisitions, clearance, relocation, historic preservation or building rehabilitation (rehabilitation is limited to elimination of specific conditions detrimental to public health and safety).

C. PARTICULAR URGENCY (*call office for necessary forms*)

Activities designed to meet needs having a particular urgency must conform to the following:

1. Alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community.
2. Conditions are of recent origin (developed or became critical within 18 months preceding application for funds). Recent origin must be fully documented.
3. Applicant is unable to finance the activity and other sources of funding are not available.

### IMPORTANT:

**If your municipality must qualify an activity using the “slum or blight” or “urgent need” criteria, please contact the Office of Community Development as soon as possible.**

## APPLICATION REQUIREMENTS

- A. An applicant may submit a total of one application.
- B. There is a one application maximum per municipality.
  - 1. The Office of Community Development will classify applications by nonprofit organizations as “county-wide” or “Municipal” based on the service area and/or activity beneficiaries. **All nonprofit organizations planning to submit an application should contact this Office for this determination prior to completing the application.**
  - 2. Nonprofit applications with an activity located in one municipality but determined to be “County-wide,” will not be counted against the municipal maximum of one application. However, those activities solely benefiting the residents of a municipality will be counted as the one allowable municipal application.
- C. Grantees with one or more open activities from prior program years that are under extensions (approved by the Community Development staff) cannot submit an application until the old activities are completed.
- D. Economic Development applications are considered municipal applications. The municipality must sponsor and submit the application as the one allowable municipal activity (*see 1 above*)
- E. All municipally sponsored applications, as well as housing and facility applications sponsored by nonprofit agencies, **must have** the municipal certification (*see page 11*).
- F. Grant requests must fall within the following minimum and maximum dollar amounts:

	HOUSING	IMPROVEMENTS	FACILITIES	SERVICES
Minimum	\$20,000	\$40,000	\$20,000	None
Maximum	\$100,000	\$80,000	\$80,000	\$50,000

**NOTE: Barrier-free activities designed to meet ADA compliance have a minimum grant request of \$10,000.**

## APPLICATION PROCESS

- A. Applications must be completed and submitted to the Office of Community Development by 5:00 P.M. Friday, January 08, 2016. The office address is 30 Schuyler Place, 3rd Floor, Morristown. The mailing address is County of Morris, Office of Community Development, P.O. Box 900, Morristown, NJ 07963-0900.
- B. All applications will be reviewed by this Office for completeness and eligibility. All eligible applications will be assigned to the appropriate subcommittee of the Community Development Revenue Sharing Advisory Committee (CDRS). The subcommittees are **Public Facilities, Public Housing, Public Services, Public Improvements, and Human Services Advisory Committee** (HSAC) for Emergency Solutions Grant applications only.
- NOTE: ANY MISSING OR REQUESTED ITEMS FROM THIS OFFICE MUST BE SUBMITTED BY FEBRUARY 15, 2016. This includes certification from the Municipality (if applicable). See Page 11.**
- C. Applicants of eligible activities will have the opportunity to present their application to the appropriate subcommittee in the month of **March, 2016**.
- D. Each subcommittee will prioritize activities and determine funding levels.
- E. The Regional Coordinators of the CDRS Committee will meet in **March, 2016** and recommend funding allocations for each subcommittee category and identify activities for 2016 funding.
- F. The list of proposed activities will be reviewed at a Public Hearing, presented to the Board of Chosen Freeholders and the full CDRS Committee membership for their approval during the month of **April, 2016**.
- G. The Annual Action Plan will be submitted to the U.S. Department of Housing and Urban Development (HUD) in mid-**May 2016**.
- H. HUD is expected to approve the Annual Action Plan in **August, 2016**. Funding for each approved activity will be available upon completion and approval of an Environmental Assessment as well as a fully executed Grant Agreement.
- I. You cannot obligate, commit, or disburse these *anticipated* funds until there is an executed Grant Agreement with the County of Morris. Costs incurred prior to this may not be eligible for program reimbursement.

## 2016 APPLICATION INSTRUCTIONS

### SECTION I - GENERAL

- A. Insert grant request to the nearest one hundred dollars (\$100) in box.
- B. The applicant is the municipality or agency proposing the activity.
- C. Applicant's address.
- D. Person **most knowledgeable** about the application (e.g. Architect, Engineer, etc.) and accessible to the staff of the Office of Community Development.
- E. DUNS and SAMS CAGE Code Information **is required**.

### SECTION II - ACTIVITY

- A. Use a title such as "Smith Street Reconstruction" or "East Street Playground."
- B. Specific location by street or geographic area, e.g. "Smith Street between First and Third Avenue" (*indicate street address if appropriate*).
- C. Use Census Maps or call Community Development Office.
- D. Parcel block, lot and current zone. Public Improvement & Public Service requests are *excluded*

### SECTION III - IMPLEMENTATION SCHEDULE (*PLEASE NOTE: You have one year to complete your activity.*)

- A. Anticipated Start Date
- B. Anticipated End Date

### SECTION IV - APPLICANT SIGNATURE

Authorized signature of person preparing the application.

### SECTION V – ELIGIBILITY & TYPE OF ACTIVITY

- A. Check only one criterion and complete appropriate page (*see explanation Page 4*).
- B. Note type of activity and complete appropriate page.

### SECTION VI - FUNDING

Items A through E must be completed for *all* requests.

### SECTION VII - BUDGET INFORMATION

It is *imperative* that specific itemized budget information be attached.

### SECTION VIII - OTHER INFORMATION

- A. Self-explanatory.
- B. Public Service requests are *excluded*. This section must be completed for all other requests.
- C. If permits or approvals are required, applicant must document contact with NJ Department of Environmental Protection or other government agencies, prior to submission of application.

### SECTION IX – CERTIFICATIONS- **You will need to address this as soon as possible, to allow municipalities lead time to place your item on their agenda.**

- A. Mayor certifies that municipal applications have been discussed.
- B. Mayor certifies that non-profit housing and facility applications have been discussed at a public meeting.

**NOTE:** A certification is not required for "County-wide" Non-Profit Public Service applications.

# 2016 CDBG APPLICATION

## I. GENERAL

A. Grant Request

(Round to nearest \$100)

B. Applicant

C. Address of Applicant

(Street address)

(Municipality)

(Zip Code)

D. Contact Person

(Name)

(Phone Number)

(Ext)

(Fax Number)

(E-mail)

E. DUNS Number

SAMS Cage Number

## II. ACTIVITY

A. Title

B. Location

C. Census: Tract

Block Group

Age of Building

D. Parcel: Block

Lot

Current Zone

*From Tax Records*

## III. IMPLEMENTATION

**If this activity cannot commence between 7/1/16 - 6/30/17 the applicant should not consider submitting the activity at this time.** For your information, funds should be released by September 2016.

A. What is your anticipated start date?

B. What is your anticipated completion date?

## IV. APPLICANT SIGNATURE

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

(Signature)

(Name)

(Title)

**V. ACTIVITY ELIGIBILITY & TYPE**

A. Eligibility - Which criteria do this application meet (pg. 4):

- Benefits low/moderate income (Complete Page 11)
- Eliminates slum and blight (Call office)
- Meets an urgent need (Call office)

B. Type of Activity- Check only one and complete only the appropriate page:

- Public Improvement** (Complete Page 12) (\$40,000 min; \$80,000 max.)  
Water/Sanitary Sewer, Streets, Curbs, etc.
- Public Facility** (Complete Page 13) (\$20,000 min; \$80,000 max.)  
Parks, Senior Health Centers, Fire Protection, Historic Preservation, etc.
- Public Service** (Complete applicable Page 14 OR Page 15) (\$50,000 max.)  
Child Care, Meal Programs, Counseling, Dial-a-Ride, etc.
- Housing** (Complete applicable Page 16 OR Page 17) (\$20,000 min; \$100,000 max.)  
Housing Rehabilitation, Acquisition for New Low Income Housing, etc.

**VI. FUNDING**

A. Grant Request \$

B. Other Funds

**SOURCE, STATUS, AMOUNT** Please separate entries with commas.


TOTAL OTHER FUNDING \$

C. Total Cost of Activity \$

D. If the source of "other funds" is from the municipality, are the necessary funds contained in the Capital or Current Budget?

E. If the funds are from the Capital Budget, when will the municipality introduce a bonding ordinance?

**VII. BUDGET INFORMATION**

Based on the "Type of Activity," attach budget sheet(s) per the following specifications:

- 1. Public Improvements:** Itemized cost estimate of total activity (e.g. linear feet of pipe, number of fire hydrants, square yards of FABC, engineering cost, etc.).
- 2. Public Facilities:** Itemized cost estimate of total activity (e.g. drainage and grading, number of benches, number of windows to be replaced, roof replacement cost, etc.).
- 3. Housing:** Cost per budget line items e.g. acquisition, demolition, site improvements, specific rehab items or rehab cost per unit.
- 4. Public Services:**
  - 1) For vehicles, attach a copy of the price quote.
  - 2) For other services please provide the following information:
    - a) The agency operating budget for current year and most recent balance sheet.
    - b) A proposed total budget for the activity specified in this grant application.
    - c) A cost breakdown for the use of grant funds requested in this application.

When developing your budget, **please consider Labor Law Requirements applying to CDBG-funded construction work.** The **Davis-Bacon Act** is triggered when construction work over \$2,000 is financed in whole or in part with CDBG funds. It requires that workers receive no less than the prevailing wages being paid for similar work in the same area. Davis-Bacon does not apply to the rehabilitation of residential structures containing less than eight units or construction carried out by employees of the grantee. Please contact the office for additional information.

**VIII. OTHER INFORMATION**

A. MAP - attach the census map, site the location and **highlight** the service area of the activity.

B. ENVIRONMENTAL CONCERNS:	YES	NO
1. Is activity located in flood plain or area of special flood hazard?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is activity located in the NJ Highlands Preservation or Planning Area?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will activity have an impact on a sole source aquifer?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is activity located in or near a wetland or transition area?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is activity located within a one-mile radius of a hazardous waste site?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the activity comply with N.J. Stormwater Management Regulations?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will activity impact a historical or archeological structure or site?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any known impediments to the prompt implementation of the activities? (Including but not limited to requirements for State permits or any local action)?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain:

**IX. CERTIFICATIONS**

**A. ALL MUNICIPALLY SPONSORED APPLICATIONS - Municipal Certification**

This application has been discussed at a local public meeting held on

\_\_\_\_\_

(Mayor's Signature)

\_\_\_\_\_

(Date)

**B. NON-PROFIT HOUSING and FACILITY APPLICATIONS - Municipal Certification**

This application has been discussed at a local public meeting held on

\_\_\_\_\_

(Mayor's Signature)

\_\_\_\_\_

(Date)

**THIS PAGE MUST BE COMPLETED FOR ALL COMMUNITY DEVELOPMENT APPLICATIONS**

**(Unless applying under Slum and Blight or Urgent Need)**

In order to be eligible, an activity must benefit *low/moderate* (L/M) income persons as per one of the five standards described on page 4. Check and complete only **ONE** of the following:

1.  a) Activity benefits a *census* area where at least **24.11%** of residents are L/M income.  
     b) %  of residents in area are L/M income.
2.  a) Activity benefits a *surveyed* area (an **80%** response rate is required) where at least **51%** of the residents are L/M income. Call Community Development to obtain a survey form.  
     b) %  of residents in area are L/M income.
3.  a) Activity benefits a *clientele* presumed to be L/M income, e.g. elderly persons, disabled adults, abused children, battered spouses, homeless persons and illiterate persons.  
     b) **100%** of clientele are L/M income.
4.  a) Activity benefits L/M income *clientele* exclusively based on income verification, e.g. scholarships.  
     b) **100%** of clientele are L/M income.
5.  a) Activity benefits *clientele*, of whom at least **51%** are L/M income, based on household size and income.  
     b) %  of clientele are L/M income. *Provide documentation.*

**Do not hesitate to call our office for assistance in determining the L/M income benefit for your activity.**

**INCOME LIMITS**

**The Department of Housing and Urban Development considers low and moderate-income households to be those that have annual incomes below 80% of the median income for the Newark Standard Metropolitan Statistical Area (SMSA). Very low-income households have incomes below 50% and extremely low-income households have incomes below 30% of the SMSA median.**

**Low/Moderate Household Income**

Household Size	Extremely Low (30%)	Very Low (50%)	Low (80%)
<b>1 Person</b>	<b>\$19,250</b>	<b>\$32,050</b>	<b>\$46,100</b>
<b>2 Persons</b>	<b>\$22,000</b>	<b>\$36,600</b>	<b>\$52,650</b>
<b>3 Persons</b>	<b>\$24,750</b>	<b>\$41,200</b>	<b>\$59,250</b>
<b>4 Persons</b>	<b>\$27,450</b>	<b>\$45,750</b>	<b>\$65,800</b>
<b>5 Persons</b>	<b>\$29,650</b>	<b>\$49,450</b>	<b>\$71,100</b>
<b>6 Persons</b>	<b>\$32,570</b>	<b>\$53,100</b>	<b>\$76,350</b>
<b>7 Persons</b>	<b>\$36,730</b>	<b>\$56,750</b>	<b>\$81,600</b>
<b>8 + Persons</b>	<b>\$40,890</b>	<b>\$60,400</b>	<b>\$86,900</b>

Effective Date: March 6, 2015

## PUBLIC IMPROVEMENT

**NOTE:** Project cannot include special assessments to recover any capital cost including the non-CD-funded part of the activity.

1. Describe the activity in detail (*e.g. water main on North Main Street from Smith Road to Elm Street; activity involves 300 linear feet of D.I.P. four fire hydrants and street restoration*).

2. Describe the overall character of the area and need for this activity, (e.g. undersized mains in residential area, septic failures in lake community, etc.)

3. Note and specify the number of either persons **[P]** or households **[H]** the activity will benefit:

4. Why is the applicant unable to fully fund the activity through bonding or other funds?

5. Have you applied to other funding sources and been denied? Note sources and reason for denial:

6. Supply appropriate documentation to support the degree of need. Examples of documentation: planning and/or engineering studies, letters from State or public agencies and newspaper articles.

7. Supply current water rates for your municipality and the date of the last rate increase, **only for water related activities**.

## **PUBLIC FACILITIES**

1. Specifically describe the work to be completed (*e.g. construction of a park including basketball court, and playground equipment, etc.; new construction of a 20' x 40' senior center including 2 bathrooms, service kitchen, etc.*).

2. **Describe** the overall character of the service area and the need for the activity (*e.g. tot lot needed in densely populated area, etc.*).

3. Note and specify the number of persons **[P]** or households **[H]** the activity will benefit:

4. Why is the applicant unable to fully fund the activity through bonding or other funds?

5. Have you applied to other funding sources and been denied? Note sources and reason for denial:

6. Supply appropriate documentation to support the degree of need. Examples of documentation: planning and/or engineering studies, letters from State or public agencies and newspaper articles.

## PUBLIC SERVICE

### FOR VEHICLE PURCHASE ONLY

1. Describe the vehicle and population to be served (*e.g. to purchase 18 passenger, accessible vehicle for senior transit program*).

2. (a) Number of **Unduplicated** persons currently served:

(b) Number of additional persons to be served:

(c) Geographical service area

3. (a) List vehicles currently in use (*note vehicle to be replaced if applicable*):

(b) Will this vehicle  replace an existing vehicle;  supplement; or  increase your fleet?

4. (a) Current schedule of operation

Model	Year	Size	Mileage	CD Funding	Other Funding

(*e.g. M-W-F, 9 - 2*) and # of drivers:

(b) If application is for an additional vehicle, will schedule of operation be expanded?

5. Applicant's contributions (*e.g. Municipality pays operating costs, volunteer drivers, etc.*)

6. Define specific need for this vehicle (*e.g. new senior housing project, increased demand for shopping bus, etc.*)

7. Have you applied to other funding sources and been denied? Note sources and reason for denial:

(A copy of a vehicle price quote has been attached.)

## PUBLIC SERVICE

### FOR OTHER CD SERVICE APPLICATIONS (non-vehicle applications)

1. **BRIEFLY** describe your present service (*e.g. childcare scholarships, etc.*).

2. Describe specifically what this grant would be used for (*e.g. child care scholarships for low-income families, etc.*).

3. (a) Type of Service: New       Continued       Increase in Service

(b) Total number of persons currently served by facility/service:

(c) Number of persons to benefit **from this grant request only**:

(d) Number of eligible persons on waiting list:

4. What percent of the requested funds are for the direct delivery of services? %

If not 100%, provide the amount to be used for administrative costs. %

Please remember that reimbursement of required payroll taxes (FICA, Medicare, Workers Compensation, Unemployment Insurance and Disability) is capped at 9.5% of salary and wages.

5. Have you applied to other funding sources and been denied? Note sources and reason for denial:

6. Provide a cost breakdown for the use of grant funds requested in this application.

**HOUSING - ACQUISITION**

1. (a) Total number of Units (u) in project:

(b) Number to be assisted with requested funds:

2. Specifically describe the building(s) to be acquired or constructed and the population to be served (e.g. 25 1-bdrm units for senior citizens in a 3-story building on municipally-owned land).

3. Describe how the requested funds will be used.

4. What is the documented need for this project (e.g. COAH obligation, waiting lists, surveys)?

5. Describe the site (e.g., vacant, wooded, wetlands, structures, etc.) **and** neighborhood (e.g., rural, residential).

6. Site Information:

a) Lot & Block #:

Size of Lot:

b) Site Control: Owned  Option to Buy  Lease  Other

c) Availability of Utilities: Yes No

Water - at the site

Sewer - capacity reserved

d) Are Municipal Approvals Required?

Planning Board

Zoning Board

e) Are other approvals necessary (e.g. State and County)? If so, what is the status?

7. What is the status of architectural and engineering plans?

8. Have you applied to other funding sources and been denied? Note sources and reason for denial:

**HOUSING - REHABILITATION**

1. (a) Total number of Units (u) in project:

(b) Number to be assisted with requested funds:

2. Specifically describe the building(s) to be rehabilitated, the type of repair(s) and the population to be served (e.g. *replace heating system in single-family home which houses developmentally disabled adults*).

3. What is the documented need for this project (e.g. *COAH obligation, waiting lists, surveys*)?

4. If not single-family rehabilitation, what is the status of site control?

Site Control: Owned  Option  Lease  Other

Other than building permits, are any other approvals necessary (e.g. *local or State historic preservation reviews, Board of Adjustment, N.J. DCA*)?

Have you applied to other funding sources and been denied? Note sources and reason for denial: