

**COMMUNITY DEVELOPMENT BLOCK GRANT
INSTRUCTIONS FOR SUBMITTING FUNDING PROPOSALS**

PROPOSAL EVALUATION

Criteria used to evaluate proposals:

1. Conformity with CDBG regulations. Funds may only be used for activities which meet eligibility requirements and carry out one of the three national objectives. **Sections 570.200-208 of the Code of Federal Regulations, Title 24, Part 570, describe eligible and ineligible activities.**
2. Consistency with Consolidated Plan Five-Year Strategy, submitted to HUD 7/15/05.
3. Projects and programs impact on target areas.
4. Projects and programs serve low to moderate-income persons. (Stipulate census tracts).
5. Capability of agency and staff to undertake proposed project or program.
6. Clarity of proposals.
7. Cost effectiveness.

If you are submitting more than 1 proposal, please indicate your priority for funding, especially for building improvements. Include estimated bills for all improvements.

Applicant must be an established private, non-profit agency, required to be incorporated and have 501C status.

FILING INSTRUCTIONS

Submit a total of twelve (12) signed copies of proposal, 1 original and 11 copies to:

Jessica M. Topolosky, MPA
Bureau of Community Development
City of Elizabeth
50 Winfield Scott Plaza, Rm. 114
Elizabeth, N. J. 07201

**DEADLINE for proposal SUBMISSION is Friday, FEBRUARY 19th at 12:00 noon
Proposals received after deadline will be disqualified.**

Proposals will be reviewed and assessed by the Mayor's Community Development Advisory Committee and the Department of Planning and Community Development.

Submission must contain all information described in enclosed application or it will not be considered for funding.

1. Please state the facts briefly.
2. Type your proposal.
3. Answer all questions.
4. No binding or covers please.
5. Staple proposal. (**DO NOT** paperclip together).

DISCLAIMER

This solicitation by the City of Elizabeth does not constitute a commitment to enter into an agreement with any applicant. The City of Elizabeth is not liable for any costs incurred in the preparation of proposals. The proposal does not commit the City to award a contract or procure services or supplies.

**CDBG PROPOSAL FORM
REQUEST FOR FUNDING**

Name of Agency/Organization _____

Address _____ Phone # _____

City, State _____ Zip Code _____ Fax # _____

Contact Person _____ Title _____

Email Address of Contact Person _____

AMOUNT REQUESTED: \$ _____

I have reviewed Title 24, Part 570, Sections 570.200-208 of the Code of Federal Regulations, (See attached package) which describes eligible and ineligible activities and the criteria for meeting the national objectives of the Community Development Block Grant program. Our agency requests funding consistent with the regulations described below.

I, also, hereby certify that the information contained in this proposal is, to the best of my knowledge, true and correct. Should any information change from that originally submitted, I agree to promptly advise the City of Elizabeth, Department of Planning and Community Development. I understand that erroneous, misleading or false information may affect funding decisions.

_____/_____
Signature Title Date

- 1. Activity Summary** (Should include objectives, purposes and scope of activity. Include contractor cost estimates for construction projects. Separate proposal packages are required for each HUD activity for which funding is being requested. Limit your response to the space provided below.)

2. **Activity Goals & Expectations** (Specify in quantitative terms. For example, to mentor 150 youth, ages 7 to 12 for four (4) hours per day for twelve (12) weeks or to provide health care services for up to 25 senior citizens weekly, etc.)

How many of the people served are Elizabeth residents? _____

Female? _____ Male? _____

Of the total served, what percent are Elizabeth residents?

Indicate the ethnic breakdown of the people served:

3. **Activity Background**

Target neighborhood to be served: write in the census tracts you will serve _____

Please highlight the census tract (s) on attached map)

What target groups will benefit from this activity? _____

(Senior citizens, youth ages __ to __, handicapped, etc.)

Are any other agencies offering this activity in your target area?

YES _____ NO _____

If YES, agency name(s)

Please provide a brief justification for this activity

Where will the activity take place?

(Address)

4. **Schedule**

If funded, when will this activity start? _____

On what days will this activity take place?

During what hours of the day will this activity be carried out?

8. Additional Funding Source

(List any other sources from which you are requesting funding for this activity this year).

Source	Amount	Status (Funded - Denied – Pending)

9. Matching Funds

Will these CDBG funds serve as required matching dollars for other funding?

Yes _____ No _____

If so, what is the amount and source of the funds?

10. Project Budget

A line item budget must be submitted. Budget is to include CDBG requested amount, agency contributed funds, other funding sources and total project costs.

Please use the attached form for this purpose.

11. Agency/Management and Information – Narrative

This narrative must include, but not necessarily be limited to the following:

1. A brief history of the agency. (No more than two (2) pages.)
2. List of the agency’s Board of Directors with their addresses.
3. Job descriptions (outline tasks and responsibilities).
4. Resumes of director and staff.
5. What are your hiring practices including background checks?

12. Conflict of Interest (570.611)

Please Read Carefully and Respond as Indicated Below:

Are you, any member of your family, any person with whom you have business ties, or any member of your agency/organization, an employee, agent, consultant, officer or elected official or appointed official of the City of Elizabeth, who may obtain a financial interest or benefit from a CDBG assisted activity, or have a financial interest in any contract, subcontract or agreement with respect to the proceeds of a CDBG assisted activity for which you are applying?

Yes _____ No _____

If YES, Please Explain:
