

**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 that meet eligibility requirements and which carry out one of the three national objectives.
See attached Sections 570.200-208 of the Code of Federal Regulations, Title 24, Part 570, which describe eligible and ineligible activities.
2. Consistency with Consolidated Plan Five-Year Strategy, submitted to HUD 8/16/2000.
3. Projects and programs impact on target areas.
4. Projects and programs serve low to moderate-income persons.
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 building improvements. Included estimated bill for all improvements.

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

FILING INSTRUCTIONS

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

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

DEADLINE FOR SUBMISSION OF PROPOSAL IS Friday, FEBRUARY 17th AT 4:00 P.M.

Proposals received after deadline must be disqualified.

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

Submissions must contain all information described in attached application.

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 agreement with any applicants. 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 for services or supplies.

2. Address where Activity will take Place:

3. 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.)

4. Activity Background

Target area to be served? (Please check one)

City-Wide _____

Specific Area _____ (Please identify 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 you target area? YES _____ NO _____

If YES, provide agency name(s) _____

Please provide a brief justification for this activity: _____

5. Schedule

If funded, when will this activity start? _____

On what days will this activity be carried out? _____

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

If this activity will take place in a facility which is neither owned nor leased by your agency, please attach a letter from the owner of the facility stating that your agency has access to the facility on the previously stated days and hours.

6. Prior Funding

Has your agency received CDBG or other funding for this activity in the past? YES _____ NO _____

If YES, please complete the following:

	AMOUNT		GOAL *	RESULTS ACTUAL **
	CDBG	OTHER		
Last Year	_____	_____	_____	_____
Previous Year	_____	_____	_____	_____
Prior Year	_____	_____	_____	_____

* - *Expected/Proposed number of unduplicated clients served by this activity.*

** - *Actual number of unduplicated clients served by this activity.*

7. Qualitative Measures

If prior year CDBG funding was received provide some qualitative measures of the Actual Results, i.e., (23% of those in our program increased their reading skills, 20 % more seniors were provided services, 24 % of participants received new jobs, etc.)

8. Success Stories Are there any unique “success stories in your program? If so, briefly explain

9. Additional Funding Source

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

Source	Amount	Status (Funded - Denied - Pending)

10. Matching Funds

Will these CDBG funds serve as required matching dollars for other funding? _____
 If so, what is the amount and source of the funds? _____

11. 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 Program Budget form on p. 5 for this purpose.

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:

13. 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

