

**OCEAN COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION**

GENERAL

APPLICANT

Municipality/Agency:		Mayor/Executive Director:	
Grants Contact Person:		Title:	
Address:		City:	
State:		Zip Code:	
Telephone:	Federal I.D. Number:	Email Address:	

PROJECT FUNDING

CDBG Requested	\$
CDBG Prior Years	\$
Local Funds	\$
State Funds	\$
Private Funds	\$
Program Income	\$
Other	\$
Total	\$
<i>(For CD Use only)</i>	
Amount Awarded	\$

PROJECT INFORMATION

Name of Project:			
Location of Project:		City:	
County:		State:	Zip Code:
Project Schedule		Housing/Land Acquisition Projects	
	Month	Year	
Plans & Spec Completed		Land Area:	Block:
Estimated Bid Date		Building Area:	Lot:
Estimated Start Up		Dwelling Units:	Located in Wetlands:
Estimated Completion			YES <input type="checkbox"/> NO <input type="checkbox"/>

COMPLETION CHECKLIST

	YES	NO	N/A
Application Completed & Certification Signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Recent Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Municipal Endorsement Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Descriptions Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pro Forma on Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Location Map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architect/Engineer Cost Estimates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Review and Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION

I hereby certify that all information contained herein and attached hereto is accurate to the best of my knowledge:	
NAME:	
TITLE:	
SIGNATURE:	_____
DATE:	_____

PROJECT DESCRIPTION

APPLICANT PROFILE

BUDGET

CATEGORY	CDBG FUNDS	OTHER FUNDS	TOTAL
TOTAL			

PROJECT LEVERAGING

TYPE OF CONTRIBUTION	SOURCE OF PROVIDER	VALUE	WRITTEN AGREEMENT	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

TIMELINESS

What is the status of CDBG grant allocations for the following years?					
YEAR:		Provide Expenditures:	Contract Status Awarded:		Project Status:
			YES	NO	
	\$		<input type="checkbox"/>	<input type="checkbox"/>	
	\$		<input type="checkbox"/>	<input type="checkbox"/>	
	\$		<input type="checkbox"/>	<input type="checkbox"/>	
	\$		<input type="checkbox"/>	<input type="checkbox"/>	
	\$		<input type="checkbox"/>	<input type="checkbox"/>	
	\$		<input type="checkbox"/>	<input type="checkbox"/>	
			If necessary, please attach status explanation page.		

CDBG APPLICATION – County of Ocean, New Jersey

PERFORMANCE MEASURES

Describe the impact of the project (benefit to the clientele).

PROGRAM GOAL(S):

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PERFORMANCE OUTCOME MEASUREMENT

OBJECTIVES (CHECK ONE)

<input type="checkbox"/>	Suitable Living Environment	<input type="checkbox"/>	Decent Affordable Housing	<input type="checkbox"/>	Creating Economic Opportunities
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OUTCOMES (CHECK ONE)

Accessibility/Availability		Affordability		Sustainability/Livability Promoting Livable/Viable Communities	
<input type="checkbox"/>	Enhance suitable living environment through new/improved accessibility	<input type="checkbox"/>	Enhance suitable living environment through new/improved affordability	<input type="checkbox"/>	Enhance suitable living environment through new/improved sustainability
<input type="checkbox"/>	Create decent housing with new/improved availability	<input type="checkbox"/>	Create decent housing with new/improved affordability	<input type="checkbox"/>	Create decent housing with new/improved sustainability
<input type="checkbox"/>	Promote economic opportunity through new/improved accessibility	<input type="checkbox"/>	Promote economic opportunity through new/improved affordability	<input type="checkbox"/>	Promote economic opportunity through new/improved affordability

ELIGIBILITY

CERTIFICATION OF ELIGIBILITY

1.	Number of People Benefiting from Project
2.	Number of Low/Moderate Income People Benefiting
3.	Percentage of Low/Moderate Income People Benefiting from Project
Data Sources:	

CDBG APPLICATION – County of Ocean, New Jersey

ELIGIBILITY VERIFICATION

HUD Matrix Code:	Federal Regulation:
Eligible Activity:	National Objective Code:
Entitlement:	Statute:

DESIGNATED TARGET NEIGHBORHOOD (DTN)

Check One:

<input type="checkbox"/>	HUD/County Approved DTN	Census Tract	Block Group	Low/Moderate %
<input type="checkbox"/>	Proposed DTN			
<input type="checkbox"/>	Not in a DTN			

NATIONAL OBJECTIVE GOALS

CDBG THREE-YEAR OBJECTIVES

<input type="checkbox"/>	51% Low/Moderate Income People	
<input type="checkbox"/>	Aiding Prevention/Elimination Slums & Blight	
<input type="checkbox"/>	Health or Welfare Urgent Need	

PRESUMED BENEFITS

NARRATIVE OF PRESUMED BENEFITS

<p>If the matrix code selected was an LMA type project (03) and any of its sub-letters, please indicate why the presumed benefits will affect the low/moderate residents of your municipality, if located outside of a DTN?</p> <p>Check Below:</p> <p>Handicapped Accessibility <input type="checkbox"/></p> <p>Senior Citizens <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	
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MUNICIPAL REQUIREMENTS

<p>FIRST PUBLIC HEARING</p> <p>Date of Hearing:</p> <p>Check the Appropriate Statements (s):</p> <p><input type="checkbox"/> Comments from the public are attached</p> <p><input type="checkbox"/> No comment from the public</p> <p><input type="checkbox"/> No Members of the public present</p>	<p>SECOND PUBLIC HEARING</p> <p>Date of Hearing:</p> <p>Check the Appropriate Statements (s):</p> <p><input type="checkbox"/> Comments from the public are attached</p> <p><input type="checkbox"/> No comment from the public</p> <p><input type="checkbox"/> No Members of the public present</p>
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ADDITIONAL GOVERNMENT REQUIREMENTS

Respond to the following requirements:

A. Is the project located in a flood plain area of special flood hazard?

YES NO

If yes, does the municipality participate in a National Flood Insurance program? (Please attach documentation).

B. Will the project have any groundwater impacts?

YES NO

C. Is the project contingent upon other federal, state, or local governmental requirements, such as pending approvals, additional grants, or other impediments?

YES NO Date permit or grant awarded

If yes, please attach documentation explaining the situation.

D. Will the project require any or all of the below permits?

CAFRA Stream Encroachment DOT Wetlands NJDES

Projects with pre-approved permitting will receive priority status. (Conditional upon timeliness expenditure status on past allocations).

E. Is the propose project located in a Pinelands designated area?

YES NO

If yes, will the project require any or all of the following items from the Pinelands Commission?

- Development Approval
- Certificate of Conformity
- Wavier of Strict Compliance

Projects with pre-approved permitting will receive priority status. (Conditional upon timeliness expenditure status on past allocations).

F. Are there any other known impediments to the project? Explain.

G. Has Governing body approved resolution for allocating municipal funds for projects?

YES NO

FEDERAL ENVIRONMENTAL REGULATION REVIEW RECORD

SUBRECIPIENT:

PROJECT TITLE:

I. EXEMPT ACTIVITY (24 CFR 58.34) or CONTINUED RELEVANCE

- A. Project activity is deemed exempt and environmental review is **NOT** required.
- B. Project activity is a continued activity, which previously addressed the environmental review requirements.

II. CATEGORICALLY EXCLUDED NOT SUBJECT TO (24 CFR 58.35)

- A. Project activity is deemed exempt and environmental review is **NOT** Required.

III. CATEGORICALLY EXCLUDED (24 CFR 58.35)

- A. Statutory Checklist (Prepared by Subrecipient).
- B. Consultation and documentation with SHPO is required and was completed on
- C. Assistant Planning Director has authorized publication of project.
- D. **PUBLICATION AND HUD DOCUMENTS:**
 - 1. Notice of Intent to Request Release of Grant Funds published . Publication of this project was included in item #2 below.
 - 2. Combined Notice of Find of No Significant Impact and of Intent to Request a Release of Grant Funds Published
 - 3. Request for Release of Funds and Certification mailed
 - 4. Notice of Removal of Grant Conditions received

IV. ENVIRONMENTAL ASSESSMENT (24 CFR 58.36)

- A. Environmental Assessment (prepared by Subrecipient). Environmental Impact Statement **IS NOT** required.
- B. Refer to Section III, item B.
- C. Environmental Assessment (prepared by Subrecipient). Environmental Impact Statement **IS** required.

V. ENVIRONMENTAL IMPACT STATEMENT (EIS) (24 CFR 58.37)

- A. Environmental Impact Statement (EIS) (Prepared by Subrecipient).
- B. Principal Planner has authorized publication of required EIS Publication documents.
- C. Published
- D. Request for Release of Funds and Certification mailed
- E. Notice of Removal of Grant Conditions received

DATE:

COMPLETED BY:

SIGNATURE: