



CDBG Application

Complete and submit the following pages with original signatures and all requested documents.

The County of Ocean is an eligible participating jurisdiction under the Urban County provision of the Community Development Block Grant (CDBG) program. The U.S. Department of Housing and Urban Development (HUD) will notify the County that it can allocate federal grants to our local community annually. The allocation will be distributed through the County's Community Development Block Grant (CDBG) program and will be available to local agencies with urgent needs and prioritize the unique needs of low- and moderate-income persons.



Language Assistance



Accessibility



Equal Housing Opportunity

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APPLICATION INFORMATION

GRANT PERIOD: JULY 1, 2022 TO JANUARY 31, 2024

APPLICATION SUBMISSION DEADLINE: FEBURARY 18, 2022 BY 4:00 PM LOCAL TIME.

- a) Late applications are not accepted.
- b) Incomplete Application packages may not be considered.

Review General Information and Eligibility Information to determine if your program or project is eligible for funding. Download all necessary application materials from the County's website, [click here](#)¹.

Paper applications must be received at the County of Ocean Planning Department counter on the first floor (see address below) not later than **4:00 p.m. Friday, February 18, 2021**, and marked received by County staff indicating the time and date as shown on the Planning Department counter clock or received by email before the specified time.

Please submit a complete original paper hardcopy application with original signatures and all requested documents to the address below:

1. Mail or deliver one (1) original application in a sealed envelope to:
Ocean County Planning Department
ATTN: Robin L. Florio, Supervising Administrative Analyst
RE: CDBG Application
129 Hooper Avenue
Toms River, NJ 08754
On the outside of the envelope, please reference "CDBG Application".

****THIS COPY MUST BE THE ORIGINAL PAPER HARDCOPY with ORIGINAL SIGNATURES****

2. Additionally, you may provide an email electronic copy of the application and attachments to ocplanning@co.ocean.nj.us by the deadline specified above in a non-write protected Adobe Acrobat format (.pdf) or in a Microsoft Word format (.docx).

Please note: A digital/electronic application is acceptable only with an original application with original signatures. **THE ORIGINAL PAPER HARDCOPY with ORIGINAL SIGNATURE IS REQUIRED.**

Applications submitted after the designated closing time or to any other location will be determined **nonresponsive and not accepted**. Applicant is solely responsible for delivery of the Application to the correct location by the correct time. The County will not accept responsibility for the timely delivery of any Application sent via a delivery service (FedEx, UPS, USPS, etc.).

An applicant's request for modification of an application, or withdrawal of an application received after closing date and time is late. The County shall not consider late applications, late requests for modifications, or late withdrawals.

¹ <http://www.planning.co.ocean.nj.us/frmCECommDev>

CONDITIONS OF SUBMITTAL

By the act of submitting a response to the application, the applicant certifies that:

1. The applicant and each person signing on behalf of any applicant certifies, and in the case of a sole proprietorship, partnership or corporation, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief, no elected official, officer, employee, or person, whose salary is payable in whole or in part by the County of Ocean, has a direct or indirect financial interest in the application, or in the services to which it relates, or in any of the profits thereof other than as fully described in the Applicant's response to this solicitation.
2. The applicant has examined all parts of the application, including all Federal program requirements and County requirements and contract terms and conditions thereof, provided in the documents titled, *CDBG Application Guidelines*, and the Certification, *CDBG Application Submission Requirements*.

Other Information

3. If you submit more than one proposal, please indicate your order of priority.

ITEMS AND ATTACHMENTS – CHECKLIST

Please use this checklist to ensure your application is complete and all necessary attachments are included in your final packet.

Required Attachments – For Municipal and Non-Profit Subrecipients

Provided in this application packet:

- Applicant Information Form
- Application Summary Information Form
- Benefit to Low- and Moderate-Income Persons Form
- Project Description Form
- Program Information Form
- Program Beneficiaries Form
- Line Item Budget Chart
- Projected Implementation Schedule with Performance Goals Chart
- Organization Information Form
-
-

Supplemental Documentation Required:

- Documentation showing approval to submit an application and designation of person who will sign documents on behalf of the organization
- Non-discrimination Policy Statement
- System for Award Management (SAM) Unique Entity ID (UEI)
- Charities Registration Form (**non-profits applying**)
- Resolution - CDBG Representative

Access our online resources for sample resolutions [click here](#).

Additional Attachments required for Non-Profit Subrecipients only

- Current list of Board Members including position/title on board
 - Bylaws
 - Agency Organization Chart
 - Certificate of Incorporation
 - Most Recent Independent Auditors Report, or if unavailable, Federal Form 990
 - Contact numbers for Board Chair or President and Treasurer
 - Certificate of Liability Insurance
 - Proof of Insurance
 - 501 (c)(3) IRS non-profit designation letter
 - Charities Registration Form
-

Additional Attachments required for Municipal Subrecipients only

- Resolution submitting the CDBG Grant Application
- Resolution appointing CDBG Representative and Alternate
- Meeting Minutes showing approval to submit an application and designation of person who will sign documents on behalf of the municipality
- Affidavit of First **and** Second Public Hearing
- Minutes of First **and** Second Public Hearing
- Sign-in sheet of First **and** Second Public Hearing (if available)*
- Comments from the public (if applicable) from the First **and** Second Public Hearing*

FEDERAL SUBRECIPIENT REGISTRATION REQUIREMENTS

- Federal EIN/TIN Number
- DUNS number
- SAM active registration (opted-in for public view)

Organizations receiving CDBG funding (subrecipients) must obtain a DUN and Bradstreet Data Universal Numbering System (DUNS) number². Funded applicants must also have an active registration with System of Award Management (SAM)³. You must have a DUNS number prior to registering with SAM. Subrecipients must provide proof of SAM registration prior to the execution of a Subrecipient Agreement.

HUD will not issue a grant agreement for awarded funds to a project applicant until the SAM account registration is active. **Any contractors/service providers hired for the CDBG programs must also have an active registration with SAM prior to start or expenditure of funds.** (DUNS and SAM registrations are FREE).

The Dun and Bradstreet Data Universal Numbering System Number⁴ (commonly known as DUNS number) is the UEI required for SAM registration for entities conducting business with the Federal government.

The IAE has shifted the UEI transition date from December 2020 to April of 2022⁵.

² <http://fedgov.dnb.com/webform> - Register for a DUNS number

³ <https://sam.gov/content/home> - Register within SAM

⁴ By April of 2022, the federal government plans to stop using the DUNS number to uniquely identify entities registered in the System for Award Management (SAM). At that point, entities doing business with the federal government will use a unique entity identifier (UEI) created in SAM.gov.

⁵ <https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-information-kit/unique-entity-identifier-update>

CDBG APPLICANT INFORMATION

Agency/Organization Name: _____

Mayor/Director/Executive Contact Name: _____

Grant Contact Name: _____

Fiscal Officer Name: _____

Contact E-Mail Address: _____

Telephone Number: _____

Fax Number: _____

Mailing Address: _____

Physical Address, *if different from mailing address*: _____

Web Address: _____

Is Agency/Organization: Non-Profit For-Profit
 Government Entity Public Corporation

501(c)(3) Status: Yes No

Registered Charity Yes No

Registration Numbers:

Federal EIN/TIN #: (##-#####) _____

DUNS #: (#####) _____

SAM - Unique Entity Identifier (UEI): _____

UEI STATUS: _____

UEI DATE: _____

Is organization currently registered in the federal System for Award Management (SAM) and opted-in for public view? Yes No

APPLICATION PROGRAM INFORMATION

Will all CDBG funds for this project be expended by January 31, 2023? Yes

No

If "No", what percent is expected to be completed by January 31, 2023? Percent Complete by January 31, 2023: _____ %

Program Eligibility (please select one):

- This is a new program.
- This is an existing program.

Programs receiving funding from the County at this time (during the current program year):

How much CDBG funding awarded? _____

Is this program receiving any other funding from the County of Ocean? Yes No

If yes, how much was received and from what source?

Amount: _____

Source: _____

TIMELINESS

Indicate the status of projects previously funded, emphasis on a project **still open**, include the expenditures, contract award, and project status. Attach additional page (s) if necessary.

What is the status of CDBG grant allocations from a prior year (s)?

Year		Provide Expenditures	Contract Award		Project Status (open, complete, cancelled)
			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 a project is **not complete**, provide an explanation to the following questions below. Attach additional page (s) if necessary.

1. Why the project is still open?
2. What the status of the project’s level of completion is?
3. When is the estimated date of completion?

PROJECT DESCRIPTION

TYPE OF PROJECT

Select the type of project proposed: (select the one most applicable)⁶

- Public Facilities and Improvements
- Public Services
- Rehabilitation; Single-Unit Residential
- Other (*Describe*) _____

⁶ <https://files.hudexchange.info/resources/documents/Matrix-Code-Definitions.pdf>

PROJECT MATRIX CODE

Matrix codes are used to indicate - but do not establish - activity eligibility. An activity must be eligible in accordance with the regulations at [24 CFR 570.201 - 570.207](#)⁷. Grantees need to refer to the regulations to determine an activity's eligibility. Categorizing activities for reporting purposes in the federal IDIS database are the chief reason for matrix codes. Consult the following resources to define the matrix code that most appropriately defines your project.

- [Ocean County's IDIS HUD Matrix Code Table](#)⁸
- [Appendix A CDBG Matrix Codes](#)⁹
- [Appendix B National Objective Codes](#)¹⁰

Which matrix code does the project qualify under (select the one most applicable)? See [Ocean County's IDIS HUD Matrix Code Table](#)¹¹

Code: _____

Federal Regulation: _____

Eligible Activity: _____

National Objective Code: _____

National Objective Descriptions: _____

Entitlement: _____

Statute: _____

⁷ https://www.govregs.com/regulations/expand/title24_chapterV_part570_subpartC_section570.201

⁸ http://www.co.ocean.nj.us/WebContentFiles/Matrix_Codes.pdf

⁹ <https://files.hudexchange.info/resources/documents/Matrix-Code-Definitions.pdf>

¹⁰ <https://files.hudexchange.info/resources/documents/National-Objective-Code-Descriptions.pdf>

¹¹ http://www.co.ocean.nj.us/WebContentFiles/Matrix_Codes.pdf

NATIONAL OBJECTIVES

Every CDBG-funded activity must qualify as meeting one of the three national objectives. **An activity that fails to meet one or more of the applicable tests for meeting a national objective is in noncompliance with CDBG rules¹².** The benefit to low- and moderate- income (LMI) persons (51%) will most likely be the preferred choice for your project.

Which objective does the project qualify under? (*select the one that applies*)

- Benefit to low- and moderate- income (LMI) persons (51%)
- Aid in the prevention or elimination of slums or blight
- Meet a need having a particular urgency (referred to as urgent need)

[Existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs.]

PROJECT TITLE

Provide the project title.

Project Title: _____

PROJECT ADDRESS

Provide the location of the project. (If the proposed project does not yet have a determined location, please provide the best estimated location.)

Project Location: _____

¹² <https://www.hudexchange.info/sites/onecpd/assets/File/CDBG-National-Objectives-Eligible-Activities-Chapter-3.pdf>

PROJECT PERFORMANCE GOAL

The Community Development Block Grant (CDBG) Entitlement Program provides annual grants on a formula basis to entitled subrecipients to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons. The program is authorized under Title 1 of the Housing and Community Development Act of 1974, Public Law 93-383, as amended; [42 U.S.C.-530.1](#) *et seq.*¹³.

PERFORMANCE OBJECTIVE

Select the type of performance objective: (select the one most applicable). Unless the objective clearly fits into one of these criteria, the “Create suitable living environments” will most likely be the preferred choice for your project.

- Create suitable living environments
- Provide decent affordable housing
- Create economic opportunities

Statements of the exact meaning of these terms is in the resource, the County of Ocean’s CDBG Application Submission Requirements document pages 20-21.

PERFORMANCE OUTCOME

Select the type of performance outcome: (select the one most applicable). Unless the outcome clearly fits into one of these criteria, the “Availability/accessibility” will most likely be the preferred choice for your project.

- Availability/accessibility
- Affordability
- Sustainability

Statements of the exact meaning of these terms is in the resource, the County of Ocean’s CDBG Application Submission Requirements document pages 20-21.

¹³ http://portal.hud.gov/hudportal/HUD/program_offices/comm_planning/communitydevelopment/rulesandregs/laws/sec5301

ACTIVITY PURPOSE

Activity Purpose. (Indicate all that apply)

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Help Prevent Homelessness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Help the Homeless | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Help Those with HIV/AIDS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Help Persons with Disabilities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PROJECT LEVERAGING

All applicants requesting and/or receiving CDBG funds will be required to document leveraging funds. These leveraging funds may consist of any type of funds towards the project (i.e. federal, foundation, general, in-kind).

CDBG Funding Requested: \$ _____

Other Federal Funds: \$ _____

State Funds: \$ _____

Local Funds: \$ _____

Private Funds: \$ _____

Other: \$ _____ *If a non-zero amount is specified for "Other" funds, a description must be entered.*

Description:
(i.e. donations, fees, fundraiser, grant) _____

Has your agency/organization received County of Ocean funding in the past two years? Yes No

If yes, please provide a brief explanation below of the purpose and amount of County funding. Provide your response below.

ENVIRONMENTAL REVIEW

An environmental review is the process of reviewing a project and its potential environmental impacts to determine whether it complies with the [National Environmental Policy Act \(NEPA\)](#)¹⁴ and related laws and authorities, including state and local environmental standards. **All HUD-assisted projects are required to undergo an environmental review to evaluate environmental impacts.** The environmental review process is required for all HUD-assisted projects to ensure that the proposed project does not negatively impact the surrounding environment and that the property site itself will not have an adverse environmental or health effect on end users.

An environmental review must be performed before any funds, regardless of source, are committed to a project. Not every project is subject to a full environmental review (i.e., every project's environmental impact must be examined, but the extent of this examination varies), but every project must be in compliance with the [National Environmental Policy Act \(NEPA\)](#)¹⁵, and other related Federal and state environmental laws.

The Ocean County CDBG program will perform the project's environmental review. This record contains the description of all activities that are part of the project and an evaluation of the effects of the project on the human environment and vice versa. **Documentation of the environmental review is available for public review.**

HUD's Environmental Review Records page houses environmental reviews made publicly available through HUD's Environmental Review Online System (HEROS). This includes environmental assessments, CEST reviews, and CEST reviews that convert to exempt.

HUD's website hosts the Environmental Review Records, [click here](#)¹⁶.

¹⁴ <http://www.epa.gov/compliance/nepa/index.html>

¹⁵ <http://www.epa.gov/compliance/nepa/index.html>

¹⁶ <https://www.hudexchange.info/programs/environmental-review/environmental-review-records/>

PROGRAM BENEFICIARIES

Applicant must be able to document that the program benefits low- and moderate-income persons.

1. How many low- and moderate-income persons are expected to be assisted?

PRESUMED BENEFIT

Activities that exclusively serve a group of persons in any one or a combination of the following categories may be presumed to benefit a population in which at least 51% of the population is low- and moderate-income.

1. Will all of the program’s beneficiaries be in a Presumed Benefit Category? Yes No
2. How many persons in each presumed category are proposed to be assisted if funding is received?

Elderly Persons	Homeless Persons	Migrant Farm Workers	Persons living with AIDS	Illiterate Adults	Battered Spouses	Abused Children	Severely Disabled Adults

AREA BENEFIT TO LOW- AND MODERATE-INCOME PERSONS

The area benefit category is the most commonly used national objective for activities that benefit a residential neighborhood. An area benefit activity is one that benefits all residents in a particular area, where at least 51 percent of households have income at or below 80% of the area income.

The County maintains a web mapper¹⁷ that identifies the low- and moderate-income areas (LMA) where HUD predetermines the low- and moderate-income (LMI) persons (51%). **These designated target areas may likely be the preferred choice a place to perform your project.**

Within a HUD/County approved DTN

Yes No

Census Tract Location

Census Block Group

Percentage of low-moderate household (must be at least 51%)

¹⁷ <http://www.planning.co.ocean.nj.us/frmMaps>

PROGRAM NARRATIVES

1. Program Summary - **Briefly summarize the program's activity description for which the CDBG funding has been requested.** (Comment length must not exceed 4000 characters).

2. Use of Funds - **How will the funds be utilized?** (Comment length must not exceed 4000 characters).

3. Accomplishments - **Once the project is completed, how can its success be measured?**
(Comment length must not exceed 4000 characters).

Nature/Location Narrative - **Enter a description how the nature/location of the activity benefits a limited clientele, at least 51% of whom are low/moderate income.** The County maintains a web mapper¹⁸ that identifies the low- and moderate-income areas (LMA) where HUD predetermines the low- and moderate-income (LMI) persons (51%). **These designated target areas may likely be the preferred choice a place to perform your project.** (Comment length must not exceed 4000 characters).

¹⁸ <http://www.planning.co.ocean.nj.us/frmMaps>

LINE ITEM BUDGET

Please use the following all or one of the following two (2) table formats to present your **proposed** line item budget. You may also create one of your own formats to present your **proposed** line item budget.

Category	CDBG Funds	Other Funds	Total	
Soft Costs 15% of overall project budget (i.e. architectural costs)				
Hard Costs 85% of overall project budget (i.e. contractor/subcontractor construction costs)				
Rehabilitation Costs				
Other (please specify)				
Total				

Expense Category	Total Program Budget	CDBG Portion	Other Funding Source	Other Funds Amount
Personnel Services				
Salaries				
Fringe Benefits				
Supplies				
Program Supplies				
Client Materials				
Office Supplies				
Operating				
Training				
Insurance				
Utilities/Rent/Mortgage				
Other (please specify)				
Total				

Please provide an explanation for any unusual budget expenditures listed in the line item budget above.

Attach additional page (s) if necessary (i.e. engineering specifications, other, etc.).

PROJECTED IMPLEMENTATION SCHEDULE WITH PERFORMANCE GOALS

Projected Start Date: _____ Targeted Completion Date: _____

Activity Description	Start Month/Year	End Month/Year	Performance Measurement Goal
<i>Examples: Food Bank, Handicapped Services, Neighborhood Facilities, Rehabilitation; Single Unit Residential, Sidewalks.</i>	<i>Ex: August yyyy</i>	<i>Ex: December yyyy</i>	<i>Ex: New or increased public service</i>

AGENCY / ORGANIZATION INFORMATION

FINANCIAL INFORMATION

1. During the last fiscal year did your agency/organization spend \$750,000 or more in federal financial assistance? Yes No
 - *The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards issued by the federal Office of Management & Budget (OMB) requires that any organization that expends \$750,000 or more in federal financial assistance in a fiscal year must secure an annual audited financial statement .*
2. What level of financial review does your agency/organization obtain from an independent source?
Select from the following options:
 - Single Audit
 - Reviewed Financial Statement
 - No independent review
 - Audited Financial Statement
 - Compiled Financial Statement
 - Other: *(Describe)*
3. What period was covered by your most recent financial review? ***Provide your response below.***

-
4. Has your agency/organization received County of Ocean funding in the past two years? Yes No
*If yes, please provide a brief explanation below of the purpose and amount of County funding. **Provide your response below.***
-

ACCESSIBILITY OF PROGRAMS AND SERVICES

1. How will you provide services to persons with Limited English Proficiency (LEP)?

2. In regards to these LEP persons, what language (s) are spoken (i.e. Spanish, Other Indo-European languages, Asian and Pacific Island languages, and Other languages, etc.)¹⁹?

3. How will you provide services to persons with disabilities and/or ADA accessibilities?

¹⁹ <https://data.census.gov/cedsci/table?q=languages&g=0500000US34029&tid=ACST1Y2019.S1601&hidePreview=false>

CERTIFICATIONS

CONFLICT OF INTEREST – CERTIFICATION SIGNATURE

In order to ensure compliance with applicable HUD requirements and other applicable standards, CDBG reviewers are required to follow conflict of interest guidelines. A conflict of interest generally describes a situation in which financial or other personal considerations may compromise or bias professional judgment and objectivity. The CDBG conflict of interest provisions at the federal level are based on the regulations found at [24 CFR 570.611](#)²⁰, which can be summarized as follows:

No person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient, or any designated public agencies, or any sub-recipient which is receiving CDBG funds and who exercises or has exercised any functions or responsibilities with respect to CDBG activities or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract or agreement with respect thereto, or in any of its proceeds, either for themselves or those with whom they have family or business ties, during their tenure and for one year thereafter.

I have read the Conflict of Interest Statements excerpted from the Code of Federal Regulations 24 CFR 570.611, and I agree to abide by the principles embodied therein.

Name of Municipality/Organization: _____

Signature of the Executive Authority

Date

Print Name

Title

²⁰ <https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-570/subpart-K/section-570.611>

GENERAL CERTIFICATION – APPLICATION SIGNATURE

The information, exhibits, and schedules contained in this application are true and accurate statements and represent fairly the financial condition of our agency/organization. Our agency/organization is eligible to receive federal funding and has not been placed in a debarred or otherwise ineligible status under the provisions of [24 CFR Part 24](#)²¹. Our agency/organization prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.

I, the duly authorized representative of the applicant agency/organization, certify that the foregoing statements are true to the best of my knowledge and belief:

Signature of the Executive Authority

Date

Print Name

Title

²¹ <https://www.govinfo.gov/app/details/CFR-2012-title24-vol1/CFR-2012-title24-vol1-part24>