

Township of Bloomfield



Community Development Block Grant Program

2022 Application Package

For further information, please contact:

Bonnie N. Flynn, PP/AICP, CFM
Planning Director
Township of Bloomfield
Department of Community Development
1 Municipal Plaza, Room 105
Bloomfield, New Jersey 07003
Telephone: (973) 680-4192
Fax (973) 680-1652
bflynn@bloomfieldtwpnj.com

Para mas información en Español, por favor llame al (973) 680-4192 o por correo electrónico (e-mail) a bflynn@bloomfieldtwpnj.com

Township of Bloomfield
Department of Community Development
2022 APPLICATION INSTRUCTIONS

GENERAL:

1. All sections must be completed before the application will be accepted by the Department of Community Development.
2. A separate application is required for each project or activity.
3. All social service projects must adhere to income eligibility guidelines.
4. All infrastructure improvement projects must contain separate cost estimates for each area to be completed. For example, a neighborhood project consisting of the reconstruction of 10 streets can be submitted in one application; however, each street would be listed with its own qualifying data and cost estimate including engineering costs. This also includes water, sewer and sidewalk projects.
5. Remember to complete all sections and provide sufficient documentation to assure fair consideration of your application.
6. When appropriate, provide architect and/or engineering cost estimates. Applications for construction activities will not be reviewed without this information and will be rejected.
7. When appropriate, provide personnel job descriptions with detailed salary and wage information.
8. All applicants must provide an area map noting the location of the project and, if applicable, pictures of the site and area of renovations.
9. Project leveraging is an important aspect of utilizing CDBG funds. Please complete Section VII using actual or prospective funding.
10. Section VIII should include specific information that will be used to calculate Performance Measurements. Additionally, please be specific when completing these pages, as they will be used to formulate a scope of work for the project.
11. Be certain your application has been signed by the appropriate municipal or agency official.
12. All applications will be reviewed by the Community Development staff to determine eligibility. If additional information is required, you will be contacted by a representative.
13. Each applicant is required to provide a Data Universal Numbering System (DUNS) number. A DUNS number can be obtained from www.dnb.com or by calling 1-800-234-3867.
14. Each applicant is required to provide an Employer Identification Number (EIN) which is used to identify a business entity. You can apply for an EIN number online at www.irs.gov
15. Completed applications must be submitted no later than **12:00 noon, Friday, January 14, 2022** to:

Bonnie N. Flynn
Township of Bloomfield
Department of Community Development
1 Municipal Plaza, Room 105
Bloomfield, NJ 07003

Received: _____

TOWNSHIP OF BLOOMFIELD
Department of Community Development
Community Development Block Grant Application 2022

SECTION I – APPLICANT

Applicant Name		Funds Requested \$	
Director/President			
Address			
City		State	Zip Code
Telephone Number	Fax Number	Email	
Project Name			
Project Address			
City		State	Zip Code
Grants Contact Person		Title	
Telephone Number	Fax Number	Email	
DUNS #		EIN #	

SECTION II – CDBG ELIGIBILITY

a. Activity Category (Check One)		b. National Objective (Check One)	
<input type="checkbox"/>	Acquisition	<input type="checkbox"/>	Benefit to Low/Mod Income Persons
<input type="checkbox"/>	Public Facility (Parks, Senior Centers, Fire Protection, Historic Preservation, etc.)	<input type="checkbox"/>	L/M Limited Clientele
<input type="checkbox"/>	Public Improvements (Water/Sanitary Sewer, Streets, Curbs, etc.)	<input type="checkbox"/>	L/M Housing
<input type="checkbox"/>	Public Service (Child Care, Counseling, HIV Testing, etc.)	<input type="checkbox"/>	L/M Jobs
<input type="checkbox"/>	Barrier Free	<input type="checkbox"/>	Elimination of slums and blight
<input type="checkbox"/>	Housing Rehabilitation	<input type="checkbox"/>	Urgent Need
<input type="checkbox"/>	New Construction Housing		
<input type="checkbox"/>	Historic Preservation		
<input type="checkbox"/>	Economic Development		
<input type="checkbox"/>	Planning Administration		

SECTION III – PROJECT ELIGIBILITY

Indicate the total number of persons and households benefiting from the proposed project.

Households	Persons
Source of Data (Check one of the following)	
2010 US Census	*Income Survey
	**Other

* Must be submitted prior to or with application.

** Senior Citizen/Handicapped, please report data to support application.

List Census Information: Area Served: * Please attach census map

Census Tract	Census Tract	Low Mod Percent

Program Activity: Please Check One

Acquisition (01)	Youth Services (05D)
Public Facilities & Improvements (03)	Transportation Services
Senior Centers (03A)	Battered & Abused Spouses
Handicapped Centers (03B)	Tenant /Landlord Counseling
Homeless Facilities (03C)	Child Care Services
Youth Centers (03D)	Health Services
Neighborhood(03E)	Mental Health Services
Park, Recreational Facilities (03F)	ED Direct Financial Assistance for Profits
Parking Facilities (03G)	ED Technical Assistance
Flood Drain Improvements (03I)	Micro Enterprise Assistance
Water/Sewer Improvements (03J)	Housing Activities
Street Improvements (03K)	Rental Housing Subsidies
Sidewalks(03L)	Security Deposits
Child Care Centers (03M)	Construction of Housing
Tree Planting (03N)	Direct Homeownership Assistance
Fire Station Equipment (03O)	Rehab-Single-Unit Residential
Health Facilities (03P)	Rehab-Multi-Unit Residential
Operating Cost at Homeless/AIDS Patients Program (O3T)	Public Housing Modernization
Public Services (05)	Fair Housing Activities
Senior Services (05A)	Home Security Deposits
Handicapped Services (05B)	HOME CHDO Operating Expenses

SECTION IV - PUBLIC SERVICE

Complete this section for public service projects only.

1. Briefly describe your present service and history of the organization (i.e., child care, etc.).
If necessary, please attach a separate sheet.

2. Type of Service (Check One)	New	Continued	Increase
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3. Total number of persons currently served by facility/service	#
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4. Number of persons to be served by this request	#
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5. Number of eligible persons on waiting list	#
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6. What percent of the requested funds are for the direct delivery of services?	%
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7. If not 100%, provide the amount to be used for administrative costs	\$
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8. Have you applied to other funding sources and been denied? (Check One)	Yes	No
If yes note the sources applied for and the reason for denial below.		

Reasons for Denial:

9. Document how all Community Development funds will be spent within the 12-month contract period. If necessary, please attach a separate sheet.

10. Include a copy of your non-profit 501(c) (3) documentation, a listing of the members of your Board of Directors and a copy of your latest audit.

SECTION V – PUBLIC FACILITY/IMPROVEMENTS

Complete this section for public facility/improvement projects only

Site Information

1. Site Control (check one)	Owned		Option to buy		Rent		*Lease	
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**If there is a lease, please include copy of the lease*

2. Description of Project (list specific improvements proposed in 1 or 2 sentences.

3. Describe the area that will be served by this activity (i.e., boundaries, census tracts, block groups, address)

4. Is this project located in a primarily residential area? (Check One)	Yes	No
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5. Will the project have a significant impact on the environment (Check One)	Yes	No
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If yes, please explain.		
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6. Describe the impact of the project on the Community.

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

8. Do the improvements require approval by the municipal planning board or zoning board?

Please check one. If Yes, please explain.	Yes	No
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9. Project how all funds will be spent within the 12-month contract period.

Plans and Specs Date:	Estimated Start Date:
Estimated Bid Date:	Estimated Finish Date:

SECTION VI – HOUSING

Complete this section for housing projects only.

1. Describe the entire project and specifically detail the use of the requested funds (i.e., acquisition and site improvements for 20 units of elderly housing, the rehabilitation of 20 units of substandard housing, etc.)

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

3. For acquisition, site improvements, and/or demolition describe the site (i.e., vacant, wooded, wetlands, structures, etc.) and neighborhood.

4. Will the project require relocation? (Check One)	Yes	No
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5. Site Information (Not applicable for housing rehabilitation)

a. Block	#	Lot	#	Lot Size					
b. Site Control: (Check One)		Owned		Option to Buy		Rent		Lease	

c. Is the approval of the municipal planning/zoning board required?	Yes	No
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d. Are other approvals (State, County, etc.) necessary?	Yes	No
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6. Describe the status of architectural and engineering plans (not applicable for housing rehabilitation).

7. Document how all Community Development funds will be spent within the 12-month contract period.

8. Will this project have a significant impact on the environment? (Check One)	Yes	No
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If yes, please explain

SECTION VII – BUDGET INFORMATION

Total Cost of Project	\$
Grant Requested	\$
Percentage of Total Project	%
Total of Other Funding	\$

Please use the space below to provide specific details of how the funding will be utilized. (i.e., Salary, office expense, engineering, consulting, project costs etc.)

Unit Price	Description
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	TOTAL PROJECT COST

SECTION VIII – PERFORMANCE MEASUREMENT

1. Objective of the Project - Identify one objective that will be addressed by the activity proposed in this application. When selecting an objective, ask what the purpose of the activity is and what is the larger community need that you are seeking to address?

	Suitable Living Environment – This objective relates to activities that are designed to benefit communities, families or individuals by addressing issues in their living environment.
	Decent Affordable Housing – This objective focuses on housing programs where the purpose of the program is to meet individual, family or community needs and not programs where housing is an element of a larger effort.
	Creating Economic Opportunities – This objective applies to the types of activities related to economic commercial revitalization or job creation.

2. Expected Outcome of the Project – Identify one outcome category that best reflects what you are seeking to achieve (the results) in funding a particular activity. When selecting an outcome ask what type of change or result you are seeking.

	Availability/Accessibility – This outcome category applies to activities that make services, infrastructure, housing or shelter available or accessible to low- and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low- and moderate-income people.
	Affordability – This outcome category applies to activities that provide affordability in a variety of ways in the lives of low- and moderate-income people. It can include the creation of maintenances of affordable housing, basic infrastructure hook-ups or services such as transportation or day care.
	Sustainability: Promoting Livable or Viable Communities – This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income people or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

3. Please describe how the proposed project fits the needs of the population to be served, how the target population’s needs are assessed and the performance measures to be used to evaluate the success of the proposed project. If necessary, attach a separate sheet.

SECTION IX - OTHER GOVERNMENTAL REQUIREMENTS

Respond to the following governmental requirements:

	Yes	No
Is the project located in a flood plain or area of a special hazard?		
If yes, does the municipality/agency/company participate in the National Flood Insurance Program or have private flood insurance? (Please attach documentation)		
Will project have any groundwater impacts?		
Is the project contingent upon other federal, state or local governmental requirements? i.e. approvals, grant matching or others. If yes, identify below.		
Will the project require a permit relating to Stream Encroachment?		
Will the project require a permit relating to Wetlands?		
Will the project require a permit relating to		
Will activity impact a historical or archeological structure or site?		
Are there any other known impediments to the project? If yes, please identify below:		

OFFICE USE ONLY

A. HUD Matrix Code:	
B. HUD Project Title:	
C. Federal Regulation:	
D. National Objective:	
E. Objective Citation:	

SECTION X – CERTIFICATION

I hereby certify that the within application and all required attached documents are accurate to the best of my knowledge.

SIGNATURE:

DATED:

NAME

TITLE

Please submit one (1) original and one (1) copy of your application to:

**Bonnie N. Flynn
Township of Bloomfield
Department of Community Development
1 Municipal Plaza, Room 105
Bloomfield, New Jersey 07003**

DUE DATE - FRIDAY, JANUARY 14, 2022 BY NOON

If you have any questions, please contact the Community Development Dept. at (973) 680-4192

2021 Income Guidelines

	30% Limit	50% Limit Very Low Income	60% Limit	80% Limit Low Income
1 Person Household	\$22,550	\$37,600	\$45,120	\$55,950
2 Person Household	\$25,800	\$43,000	\$51,600	\$63,950
3 Person Household	\$29,000	\$48,350	\$58,020	\$71,950
4 Person Household	\$32,200	\$53,700	\$64,440	\$79,900
5 Person Household	\$34,800	\$58,000	\$69,600	\$86,300
6 Person Household	\$37,400	\$62,300	\$74,760	\$92,700
7 Person Household	\$39,950	\$66,600	\$79,920	\$99,100
8 Person Household	\$42,550	\$70,900	\$85,080	\$105,500

per HUD Adjusted Home Income Limits
Effective Date: 6/1/21

2022 FAIR MARKET RENTS

Studio / Efficiency	\$1,017.00
1 Bedroom	\$1,223.00
2 Bedroom	\$1,479.00
3 Bedroom	\$1,887.00
4 Bedroom	\$2,249.00

per HUD FY 2022 Newark, NJ HUD Metro FMR Area FMRs for All Bedroom Sizes