**County of Union**

**Community Development Block Grant**

**Program Year 42**

**September 1, 2016 to August 31, 2017**

**Proposal**

**Submission**

**Application**

****

**Application Deadline**

**December 4, 2015**

**10:00AM**

**Please submit One (1) Original and Four (4) Copies**

**County of Union**

**Department of Economic Development**

**Bureau of Community Development**

**Administration Building, 3rd Floor**

**Elizabeth, New Jersey 07207**

Alfred J. Faella

County Manager

William Reyes Jr.

Deputy County Manager/Director, Economic Development

Freeholders

Mohamed S. Jalloh

Chairman

Bruce H. Bergen

Vice Chairman

Linda Carter

Angel G. Estrada

Sergio Granados

Christopher Hudak

Bette Jane Kowalski

Alexander Mirabella

Vernell Wright

**This document is divided into the following components:**

**I Disclaimer Page 4**

**II Application Pages 5 - 18**

**III Instructions/CD Eligibility Pages 19 - 25**

**IV Appendix**

 **Labels**

 **(Must be affixed to application envelopes)**

**Disclaimer**

**By using this fill-able word document you agree not to modify any text within the actual application. You also agree that if the application is altered or modified, it may disqualify the application.**

**Document Instructions**

**All boxes that are grey and have a full box around it, are fill-able. Adjust font sizes if needed when filling out each box.**

**When you find a line, with text underneath, it requires original handwriting, and cannot not be filled out using your word processing software**

**Submission Instructions**

Please return **one original (1) and four (4) copies** of your completed applications to:

**County of Union**

**Department of Economic Development**

**Bureau of Community Development**

**Administration Building, 3rd Floor**

**10 Elizabethtown Plaza**

**Elizabeth, New Jersey 07207**

**Attn: Thomas E. Connell**

 **Bureau Chief**

 **Community Development**

**.**

**COUNTY OF UNION**

**COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION**

**FISCAL PROGRAM YEAR 2016 – 2017 (YEAR 42)**

**I - Project Name**

|  |  |
| --- | --- |
| Project Name |  |

j

|  |  |  |  |
| --- | --- | --- | --- |
| Project Address |  | Amount Requested | $ |
|  |  |  |  |
| Census Tract(s) |  | Block Group(s) |  |
|  |  |  |  |
| Contact Person |  | Title |  |
|  |  |  |  |
| E-mail Address |  |  |
|  |  |  |
| Phone Number |  | Fax Number |  |
|  |

**II – Name of Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant |  | DUNS # |  |

|  |  |
| --- | --- |
| Applicant Address |  |
|  |  |  |  |
| Contact Person: |  |
|  |  |  |  |
| Email Address: |  |  |
|  |  |  |  |
| Phone Number |  | Fax Number |  |

**III - Person Preparing Drawdowns**

|  |  |
| --- | --- |
| Contact Person: |  |
|  |  |  |  |
| Address: |  |
|  |  |  |  |
| Email Address: |  |  |
|  |  |  |  |
| Phone Number |  | Fax Number |  |

**IV - Person Preparing Progress Reports / Final Reports**

|  |  |
| --- | --- |
| Contact Person |  |
|  |  |  |  |
| Applicant Address |  |
|  |  |  |  |
| Email Address: |  |  |
|  |  |  |  |
| Phone Number |  | Fax Number |  |

**V. CDBG Eligibility**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Objective*****Check one***

|  |  |
| --- | --- |
|  | **Benefit Low/Mod Income Persons** |
|  | **Prevent/Eliminate Slums or Blight** |
|  | **Urgent need** |

 | **Type of Project*****Check One***

|  |  |
| --- | --- |
|  | **Facility/Public Improvement**Complete page 9 + 10 |
|  | **Housing**Complete page 11 + 12 |
|  | **Social Services**Complete page 13 |
|  | **Administrative & Planning**Attach separate description |
|  | **\*\*NOTE: All applicants must complete pages 14-17.** |

 |
| **Activity Category*****Check One***

|  |  |
| --- | --- |
|  | **Acquisition** |
|  | **Public Facilities & Improvements** |
|  | **Social Services** |
|  | **ADA Improvements** |
|  | **Housing Rehabilitation** |
|  | **Planning & Administration** |

 | **Certification of Eligibility**

|  |  |
| --- | --- |
|  | **Number of Persons benefiting from the project** |
|  | **Number of Low/Mod Income Persons Benefitting from Project** (per HUD Sections 8 Income Limits) |
|  | **Percentage of Low/Mod Income Persons Benefiting from Project** (Must be at least 51% of total) |

**Data Source*****Check one***

|  |  |
| --- | --- |
|  | **Low/ Mod Job Creation** |
|  | **Limited Clientele** |
|  | **Census Tract** |
|  | **Section 8** |
|  |  |

 |

**VI. Performance Measures**

**A. Objective of Project**

1. Identify which objective will be addressed by the activity proposed in this application. *Choose only one objective:*

|  |  |
| --- | --- |
|  | **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. |

**B. Expected Outcome of Project**

2. Identify which outcome category best reflects what you are seeking to achieve (the results) in funding this particular activity.

*Choose only one outcome:*

|  |  |
| --- | --- |
|  | **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 benefits to persons of low and moderate income, or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods. |

**VII. Budget Information/Project Funding**

**Complete budget pages**

**VIII. Prior CD Funds Received**

|  |  |
| --- | --- |
|  CD / Year 41  | $ |
|  |
|  CD / Year 40  | $ |
|  |
|  CD / Year 39 | $ |

**VIIII. Certification**

**I hereby certify that all information included in this application is correct to the best of my knowledge.**

|  |
| --- |
|  |
| SIGNED |

|  |
| --- |
|  |
| AGENCY |

|  |
| --- |
|  |
| Date the application has been discussed at a local public meeting |

|  |
| --- |
|  |
| MAYOR’S SIGNATURE |

|  |
| --- |
|  |
| DATE |

**\*Please Note: Certain types of proposals can be combined. For example, if requesting funding for a senior social service program and a senior bus program, one application can be submitted. Also, if an application is for performing several improvements to a senior center, it is okay to one application that includes all the activities rather than submitting separate applications.**

**\*IMPORTANT: ALL APPLICANTS MUST SUBMIT THEIR DUNS NUMBER. NON-PROFITS MUST INCLUDE THEIR 501 (C )(3) DOCUMENTATION, A LISTING OF THE MEMBERS OF THEIR BOARD OF DIRECTORS OR EQUIVALENT, AND A COPY OF THEIR LAST AUDIT.**

**Facilities / Public Improvements**

|  |
| --- |
| **1. Project Description:** Describe very specifically what you would want to use CD funds for in one or two sentences in space below. (i.e. resurface Main Street; install services on Main Street; construct ADA improvements; install new roof on building; etc.) (DO NOT SAY "See Attached") |
|  |

|  |
| --- |
| **2. Determine Service Area**: Detail location of project. Specify the geographic location of the people who will benefit from these funds (i.e. census tract, block groups, neighborhood boundaries, etc.) **You must identify the boundaries of the service area. Please use the maps available at www.ucnj.org to indicate the boundaries. Indicate street addresses including house numbers.** |
|  |

 **3. Is this project located in a primarily residential area?** (please check one)

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO** |

 **4. Will the project have a significant negative impact on the environment?** (please check one)

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO** |
|  | **IF YES, PLEASE EXPLAIN:** |
|  |  |

|  |
| --- |
|  **5. Describe the impact of the project on the Community** |
|  |

|  |
| --- |
|  **6. Supply appropriate documentation to support the degree of need. Examples of documentation may include planning and/or engineering studies, letters from State of N.J., other public agencies, and newspaper articles.** |
|  |

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

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO** |
|  | **If yes, what is the date of proposed or actual submission?** |
|  |  |
|  | **If yes, what is the date of approval?** |
|  |  |

|  |
| --- |
|  **8. Project how all Community Development funds will be spent within the 12 month contract period.** |
| a. Plans & Specifications Completion Date: |  |  |
| b. Estimated Bid Date: |  |  |
| c. Estimated Project Start Date: |  |  |
| d. Estimated Finish Date: |  |  |

|  |  |
| --- | --- |
|  **9. Site Control?** Check one. |  |
| Owned |  |  | If Leased, what is the termination date? |
| Option |  |  |  |
| Lease |  |  | If Option, what is the expiration date? |
| Other |  |  |  |

**\*IMPORTANT: ALL APPLICANTS MUST SUBMIT THEIR DUNS NUMBER. NON-PROFITS MUST INCLUDE THEIR 501 (C )(3) DOCUMENTATION, A LISTING OF THE MEMBERS OF THEIR BOARD OF DIRECTORS OR EQUIVALENT, AND A COPY OF THEIR LAST AUDIT.**

**Housing**

|  |
| --- |
| **1. Project Description: Describe the entire project and specifically detail the use for the requested funds (i.e., rehabilitation of owner-occupied, low income homes; perform code enforcement activities, etc.)** |
|  |

|  |
| --- |
| **2. What is the documented need for the 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** |
|  |

 **4. Will the project require relocation?** (please check one)

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO** |

 **5. Site Information (not applicable for housing rehabilitation):**

|  |  |  |  |
| --- | --- | --- | --- |
| a. Size |  |  |  |
| b. Site Control |  |  | Owned  |  | Option  |  | Lease  |  | Other |  |  |  |
| c. Is approval by the municipal planning/zoning board required? |  | Yes |  | No |  |
| d. Are other approvals (state, County, etc.) necessary ? |  | Yes |  | No |  |

|  |
| --- |
| **6. Describe the status of the 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? See page \_\_**

|  |  |
| --- | --- |
|  | **YES** |
|  | **NO** |
|  | **IF YES, PLEASE EXPLAIN:** |
|  |  |

**\*IMPORTANT: ALL APPLICANTS MUST SUBMIT THEIR DUNS NUMBER. NON-PROFITS MUST INCLUDE THEIR 501 (C )(3) DOCUMENTATION, A LISTING OF THE MEMBERS OF THEIR BOARD OF DIRECTORS OR EQUIVALENT, AND A COPY OF THEIR LAST AUDIT.**

**Social Services**

|  |
| --- |
| **1. Project Description: Describe very specifically what you would want to use CD funds for below. (i.e. pay salary of senior bus driver; pay salaries of after school instructors; purchase food to provide free meals to seniors; pay fees/salaries for classes for seniors; etc.) (DO NOT SAY "See Attached")** |
|  |

|  |
| --- |
| **2. Specific Anticipated Accomplishments: (i.e. number of clients to be served, classes to be held, etc.)** |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.**  | a. Type of Service |  | **New** |  | **Continued** |  | **Increased** |  | **Decreased** |
|  |
|  | b. Project Level of**unduplicated** clients |  | **Month** |  | **Year** |
|  | c. This CD level of service**unduplicated** clients |  | **Month** |  | **Year** |

|  |
| --- |
| **4. Sub-grantee Organization and Social Service capability** (Give a brief history of your organization, a brief description of previous efforts in similar activity, and a description of the organization's capability in undertaking the proposed activity). Explain how your project would function should CD funding cease. |
|  |

|  |
| --- |
| **5. Document how all Community Development funds will be spent within the 12 month contract period.** |
|  |

**\*IMPORTANT: ALL APPLICANTS MUST SUBMIT THEIR DUNS NUMBER. NON-PROFITS MUST INCLUDE THEIR 501 (C )(3) DOCUMENTATION, A LISTING OF THE MEMBERS OF THEIR BOARD OF DIRECTORS OR EQUIVALENT, AND A COPY OF THEIR LAST AUDIT.**

**Budget Information & Project Funding**

|  |  |
| --- | --- |
| Total Cost of Project | $ |
|  |
| Grant Amount Requested | $ |
|  |
|  Percentage Total |  |
|  |  |
| Total of Other Funding |  |

**Other Agencies Applied to for Funds**

|  |  |  |
| --- | --- | --- |
| **Name** | **Amount** | **Status** (Check) |
|  | $ |  | Pending |
|  | Approved |
|  | Declined |
|  | $ |  | Pending |
|  | Approved |
|  | Declined |
|  | $ |  | Pending |
|  | Approved |
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|  | Approved |
|  | Declined |
|  | $ |  | Pending |
|  | Approved |
|  | Declined |
|  | $ |  | Pending |
|  | Approved |
|  | Declined |

**Proposed Budget**

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Amount** | **Description** |
| Project Cost | $ |  |
| Project Salary | $ |  |
| Project Fringe | $ |  |
| Architect / Engineer | $ |  |
| Consultant | $ |  |
|  | **$** | **Total Budget Request** |

**Matching Funds**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Budget Category** | **Community Development Share** | **Agency / Municipal Share** | **Other Federal & State Funds** | **Other Source Share** | **Total Program Budget** |
| ProjectCost | $ | $ | $ | $ | $ |
| ProjectSalary | $ | $ | $ | $ | $ |
| ProjectFringe | $ | $ | $ | $ | $ |
| Architect / Engineer | $ | $ | $ | $ | $ |
| Consultant | $ | $ | $ | $ | $ |
| Total | $ | $ | $ | $ | $ |

**Project Activity Timetable**

|  |  |
| --- | --- |
| Government Agency | County of Union |
| Date (Month and Year) | Fiscal Year 2016 – 2017; September 1, 2016 to August 31, 2017 |
| Project |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Activities** | **First Quarter** | **Second Quarter** | **Third Quarter** | **Fourth Quarter** |
| Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Application Check List**

**Please review the checklist to insure all the necessary steps have been taken to submit a completed application.**

|  |  |
| --- | --- |
| **✓** | **Item** |
|  | **Is the project eligible for funding? (See Criteria for Eligibility)** |
|  | **Does the project meet a National Objective?** |
|  | **Does your Organization have records to document low income eligibility?** (i.e. Housing and Social Services need to meet Section 8 Income Limits (copy enclosed) and must obtain information pertaining to family size and income. Public Improvements/Facilities need to show service area and include eligible low income census tracts.) |
|  | **Did you conduct a public hearing and include the public notice ad and minutes of that meeting with the application?** |
|  | **Did you include Priority Listing of projects submitted?** |
|  | **Is the application signed by the Mayor of your municipality?** |
|  | **Is the application and FOUR copies being submitted in a sealed envelope with the label firmly attached? (If submitting more than application, each application and copies must be in separate envelopes)** |
|  | **For non-profit agency: Did you include a copy of 501(C)(3) IRS designation letter, listing of your Board of Trustees, and copy of latest audit?** |
|  | **Did you include your agency's DUNS number?** |
|  | **Did you clearly describe the project in detail (Question #1 "Project Description" pages of application depending on the category of request)?** |

.

**Listing of Applicable Statutes and**

**Regulations by Area of Compliance**

|  |  |
| --- | --- |
| **Historic Properties*** National Historic Preservation Act of 1966, Section 106 (16 U.S.C. 470f)
* Preservation of Historic and Archaeological Data Act of 1974 (16 U.S.C. 469-469c)
* Executive Order 11593, Protection and Enhancement of Cultural Environment

**Floodplain*** Flood Disaster Protection Act of 1973 (42 U.S.C. 4001 et. seq.) and Implementary Regulations
* Title 24, Chapter X, Subchapter B, Nation Flood Insurance Program (44 CFR 59-79)
* Executive Order 11988 and HUD Procedure for Floodplain Management (24 CFR Part 55) (When Issued)

**Wetlands*** Executive Order 11990, Protection of Wetlands and Applicable State Legislation or Regulations. Also 24 CFR Part 55 (When Issued)

**Noise*** HUD Regulations (24 CFR Part 51, Subpart B)

**Air Quality\**** Clean Air Act of 1970 as Amended (42 U.S.C. 7401- 7742)
* EPA Regulation 40 CFR Part 50, and Partially)
* 40 CFR Part 51, 52, 61.

**Man-Made Hazards*** HUD Regulation (24 CFR Part 51, Subpart C)
* HUD Notice 79-33) Indefinite Notice, September 10, 1979.
* HUD Regulation 24 (CFR part 51 Subpart D)
 | **Water Quality\**** Federal Water Pollution Control Act, as Amended (33 U.S.C.1251-1376)
* Safe Drinking Water Act of 1974 (42 U.S.C. 300f-300j-10) as Amended
* U.S. Environmental Protection Agency (EPA) Implementing
* Regulations 40 CFR Parts 100-149

**Solid Waste Disposal\**** Solid Waste Disposal Act as Amended by the Resource
* Conservation and Recovery Act of 1976 (42 U.S.C. 6901-6987)
* U.S. Environmental Protection Agency (EPA) Implementing
* Regulations 40 CFR Parts 240-265

**Costal Areas*** Coastal Zone Management Act of 1972 as Amended (16 U.S.C.1451-1464)
* Coastal Barrier Resources Act of 1982 (16 U.S.C. 3501 et. seq.)

**Endangered Species*** Endangered Species Act of 1973 as Amended (16 U.S.C. 1531-1543)

**Farmlands Protection*** Farmlands Protection Policy Act of 1981 (U.S.C. 4201 et. seq.) Implementing Regulations 7 CFR Part 658

**Wild and Scenic Rivers*** Wild and Scenic Rivers Act of 1968 as Amended (16 U.S.C.1271 et. seq.)
 |

***\* Environmental laws that have permit, license or other forms of compliance usually implemented through a State agency are also listed here.***

***End of Application***

**Community Development Block Grant Program General Requirements**

The Community Development Block Grant (CDBG) program, established by Title I of the Housing and Community Development Act of 1974, is a federal grant program of the Department of Housing and Urban Development (HUD), which provides funds to communities for neighborhood revitalization and improvement. A consortium of nineteen municipalities (not including the entitlement communities of the Township of Union and City of Elizabeth) have joined with the County in allocating monies for housing rehabilitation, public improvements, facility improvements, and social services for more than thirty years, accomplishing many diverse and successful programs and projects.

**INSTRUCTIONS**

1. All CDBG funded projects must **benefit low to moderate income persons, OR**

**eliminate or prevent slums or blight.**

1. Each municipality **must conduct a public hearing** on applications being considered to receive citizen input on the proposed projects and to establish municipal priorities for the projects. Copies of the public notice and minutes of the public hearing must be submitted to the County- Department of Economic Development, Bureau of Community Development- no later than ten (10) days following the meeting. The priority listing of projects should be submitted along with proposals.
2. The **deadline** for receiving applications is Friday, December 4, 2015 at 10:00 a.m.
3. Applicants **must complete the Outcome Performance Measurement System**, which can be found in the application. The White House and Congress are seeking better justification for the use of HUD funds. This performance measurement system is designed to demonstrate the positive impact and success of HUD programs in clear and measurable terms. The ability to clearly demonstrate program results at a national level can have serious consequences on program budgets.

5. Please return **one original (1) and four (4) copies** of your completed applications to:

**County of Union**

 **Department of Economic Development**

 **Bureau of Community Development**

 **Administration Building, 3rd Floor**

 **10 Elizabethtown Plaza**

 **Elizabeth, New Jersey 07207**

**Attn: Thomas E. Connell, Bureau Chief, Community Development**

1. Each application must be submitted in its own envelope. The original application and four copies of it must be placed inside this envelope. Please fill out the enclosed label and attach it to the back of the envelope. If submitting more than one application, the applications must be submitted in separate envelopes.
2. **Non-Profits** must submit documentation of their legal status as a 501(C)(3) Corporation, a listing of their Board of Directors/Trustees or equivalent, and a copy of their latest audit. Failure to provide this information may result in your application being rejected.
3. All Applicants must submit their **DUNS Number**.
4. Complete the **“checklist”** to ensure that you have submitted all requested information. The checklist MUST be submitted with the application.
5. Applicants may combine certain types of proposals. For example, if the applicant is requesting funding for a senior social service program and a senior bus program, one application can be submitted. Additionally, if an application is for performing several improvements to a senior center, it is okay to submit one application that includes all the activities rather than submitting separate applications for each activity.
6. **This is a reimbursement program. Applicants who receive funding must provide proof of payment prior to receiving CDBG funds.**

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Criteria for Eligibility

The primary goal of the CDBG program is the development of viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income. This is to be achieved by ensuring that each funded activity meets one of three named **national objectives**: **benefiting low and moderate income (L/M) persons; preventing or eliminating slums or blight**; and meeting urgent needs. Before submitting an application, review the following detailed explanation of the three criteria so that you may better understand the guidelines which pertain to the funding of activities.

**An activity that fails to meet one or more of the applicable tests for meeting a national objective is in *noncompliance* with CDBG rules.**

1. **ACTIVITIES BENEFITING L/M INCOME PERSONS**

The criteria for how an activity may be considered to benefit L/M income persons are divided into four subcategories:

1. **L/M Income Area Benefit**

An area benefit activity is an activity which is **available to benefit all the residents of an area that is primarily residential.** In order to qualify as addressing the national objective of benefiting L/M income persons on an area basis, an activity must meet the identified needs of L/M income persons residing in an area where at least 45.8% of the residents are L/M income persons. The benefits of this type of activity are available to all residents in the area regardless of income. Typical area benefit activities include:

* Street improvements
* Water and sewer lines
* Neighborhood facilities

An activity may not qualify as meeting the area benefit objective on any other basis. For example, if the assisted activity is a park that serves an area having a L/M income concentration that falls below the required percentage, the activity may not qualify even if there is reason to believe that the park will actually be *used primarily* by L/M income persons.

For purposes of determining whether a particular area contains a sufficient percentage of L/M income persons to qualify an activity under these criteria, available information from the latest Census shall be used to the fullest extent feasible. The County has distributed census maps and information to each participating municipality showing low income census tracts/block groups and the percentage of persons who are L/M income.

**Records to be Maintained:**

* Boundaries of service area.
* Data showing the percentage of low and moderate income persons residing in the service area.
* Census data showing the tract/block group is eligible (45.8%).
1. **L/M Income Limited Clientele**

A L/M income limited clientele activity is an activity which provides benefits to a *specific*

group of persons rather than everyone in an area. At least 51% of the beneficiaries of the activity must be L/M income persons. Activities that would be expected to qualify under this subcategory include:

* Rehabilitation of a senior center.
* Public services for the homeless.
* Meals on wheels for the elderly.
* Construction of job training facilities for severely disabled adults.

To qualify under this subcategory, a limited clientele activity must meet **one** of the following tests:

1. Exclusively benefit a clientele who are generally **presumed by HUD to be principally L/M income persons,** such as abused children, elderly persons, battered spouses, homeless persons, adults meeting the Bureau of the Census definition of severely disabled persons, illiterate adults, and persons living with AIDS.
2. Provide **information on family size and income** so that it is evident that at least 51% of the clientele are persons whose family income does not exceed L/M income limit.
3. Be of such **nature** andin such **location** that it may reasonably be concluded that the activity’s clientele will primarily be L/M income persons (e.g., a day care center designed to serve residents of a public housing complex).
4. Be an activity that serves to **remove material or architectural barriers to the mobility or accessibility of elderly persons or of adults meeting the Bureau of the Census definition of “severely disabled”** (persons are classified as having a severe disability if they used a wheelchair or had used another special aid for six months or longer; are unable to perform one or more functional activities or need assistance with an activity of daily living or instrumental activity of daily living; are prevented from working at a job or doing housework; or have a selected condition including autism, cerebral palsy, Alzheimer’s disease, senility or dementia, or mental retardation; are under 65 year of age and are covered by Medicare or receive SSI).

**Records to be Maintained:**

 One of the following types of documentation must be kept for each activity:

* Documentation showing that the activity is designed for and used by a segment of the population presumed by HUD to be principally low and moderate income.
* Documentation describing how the nature and, if applicable, the location of the activity establishes that it will primarily benefit low and moderate income persons.
* Data showing the size and annual income of the family of each person receiving the benefit.
* Data showing that the activity is a special project removing accessibility barriers in the limited cases described above.
1. **L/M Income Housing**

An activity which assists in the acquisition, construction, or improvement of permanent,

residential structures may qualify as benefiting L/M income persons only to the extent that the housing is occupied by L/M income persons. The housing can be either owner- or renter-occupied and can be either one family or multi-unit structures. Activities that would qualify under this subcategory include:

* Acquisition of property to be used for permanent housing.
* Rehabilitation of permanent housing.
* Conversion of nonresidential structures into permanent housing.
* Homeownership assistance.

**Records to be Maintained:**

* Current Section 8 Income Limits.
1. **L/M Income Jobs**

 Most job creation or retention activities emanate from special economic development

activities which may meet the L/M Income Benefit objective only in the following three ways: (a) be located in a predominantly L/M income neighborhood and serve the L/M income residents (e.g., a grocery store serving a L/M income neighborhood qualifies as area benefit); or (b) involve facilities designed for use predominantly by L/M income persons (e.g., a for-profit hospital that is designed to serve patients on Medicaid or welfare qualifies as limited clientele); or (c) involve the employment of persons, the majority of whom are L/M income persons (e.g., a retail clothing store creates or retains jobs principally for L/M income persons).

A L/M income jobs activity is one which creates or retains permanent jobs, at least 51% of which, on a full time equivalent basis, are either *held* by L/M income persons or considered to be *available* to L/M income persons. Activities that could be expected to create or retain jobs include:

* Loans to help finance the expansion of a plant or factory.
* Financial assistance to a business which has announced its intention to close and to help it update its machinery and equipment instead.
* Improvement of public infrastructure as needed by a company to comply with environmental laws to avoid closure.
1. **PREVENTION/ELIMINATION OF SLUMS OR BLIGHT**

Activities that quality under this objective either clearly eliminate objectively determinable signs of slums or blight in a designated slum or blighted area, or are strictly limited to eliminating specific instances of blight outside such an area (spot blight). The completion of a project that had been approved under the former Urban Renewal program is also allowed. The subcategories under this objective are:

1. **Addressing Slums or Blight on an Area Basis**

To qualify under this subcategory, an activity must meet **all** of the following criteria:

(a) the area must be officially designated and must meet the definition of a slum/blight, deteriorated or deteriorating area under State law; (b) there must be a substantial number of deteriorated or deteriorating buildings throughout the area; (c) there must be documentation on the boundaries of the area and the conditions which qualified the area at the time of its designation; and (d) activities must be limited to those that address one or more of the conditions which contributed to the deterioration of the area.

Typical activities designed to address blight on an area basis include:

* Acquisition and clearance of blighted properties.
* Installation of a park or playground.
* Commercial revitalization through façade improvements.
1. **Addressing Slums or Blight on a Spot Basis**

To comply with the objective of elimination or prevention of slums or blight on a spot

basis, an activity must meet the following criteria: (a) the activity must be designed to eliminate specific conditions of blight or physical decay not located in a designated slum or blighted area; and (b) the activity must be limited to acquisition, clearance, relocation, historic preservation, or rehabilitation of buildings, but only to the extent necessary to eliminate specific conditions detrimental to public health and safety.

Typical activities designed to address blight on a spot basis include:

* Elimination of faulty wiring, falling plaster, or other similar conditions from a residential building which are detrimental to all potential occupants.
* Historic preservation of a blighted public facility.
* Demolition of a vacant, deteriorated, abandoned building.
1. **Addressing Slums or Blight in an Urban Renewal Area**

To quality under this objective, an activity must be located within an Urban Renewal project area and be necessary to complete the Urban Renewal plan pursuant to Title I of the Housing Act of 1949.

1. **URGENT NEED**

To comply with the national objective of meeting community development needs having a particular urgency, an activity must be designed to alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community, are of recent origin or recently became urgent (developed or became critical within the last 18 months), the applicant is unable to finance the activity on its own, AND other resources of funding are not available to carry out the activity.

**Ineligible Activities**

**The general rule is that any activity that is not authorized under the provisions of Sec. 570.201 is ineligible to be assisted with CDBG funds**. This section identifies specific activities that are ineligible and provides guidance in determining the eligibility of other activities frequently associated with housing and community development.

1. The following activities may NOT be assisted with CDBG funds:
	1. **Buildings or portions thereof, used for the general conduct of government.** This does not include, however, the removal of architectural barriers involving any such building.
	2. **General government expenses.**
	3. **Political activities.**

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**HUD Section 8 Income Limits**

**NEWARK, N.J. AREA (UNION COUNTY) FY 2015**

**MEDIAN FAMILY INCOME $91,500.00**

**HUD SECTION 8 INCOME LIMITS**

EFFECTIVE: January 1, 2015

|  |  |  |
| --- | --- | --- |
| **Family Size**  | **Very-Low Income** | **Low Income** |
|  | **50%** | **80%** |
| 1 | $32,050 | $46,100 |
| 2 | $36,600 | $52,650 |
| 3 | $41,200 | $59,250 |
| 4 | $45,750 | $65,800 |
| 5 | $49,450 | $71,100 |
| 6 | $53,100 | $76,350 |
| 7 | $56,750 | $81,600 |
| 8 | $60,400 | $86,900 |

**APPENDIX**

|  |  |  |
| --- | --- | --- |
|  **MUST AFFIX TO EACH INDIVIDUAL PROPOSAL ENVELOPE****Municipality / Non-Profit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Amount of Request: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **MUST AFFIX TO EACH INDIVIDUAL PROPOSAL ENVELOPE****Municipality / Non-Profit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Amount of Request: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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