

CITY OF PATERSON

DEPARTMENT OF COMMUNITY DEVELOPMENT



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)

REQUEST FOR PROPOSAL

PROGRAM YEAR: 2022
(July 1, 2022 to June 30, 2023)

Application Deadline: Friday, July 1, 2022
No later than 12:00 Noon

Attention: Barbara Blake-McLennon, Director
Department of Community Development
125 Ellison Street, 2nd Floor
Paterson, NJ 07505

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG),
TO IMPLEMENT ELIGIBLE ACTIVITIES PURSUANT TO THE REGULATIONS OF
THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT THAT
PRINCIPALLY BENEFIT LOW AND MODERATE-INCOME PATERSON RESIDENTS OR CONTRIBUTE TO THE
PREVENTION AND ELIMINATION OF SLUMS AND BLIGHT.

THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS RFP ON OR BEFORE THE TIME AND DATE
SPECIFIED IN THE INSTRUCTIONS IS SOLELY AND COMPLETELY THAT OF THE PROPOSER. THE CITY OF
PATERSON, DEPARTMENT OF COMMUNITY DEVELOPMENT WILL NOT BE RESPONSIBLE FOR DELAYS OR LOSSES



CAUSED BY THE U.S. POSTAL SERVICE OR ANY OTHER OCCURRENCE.



**CITY OF PATERSON – REQUEST FOR PROPOSALS
PY 2022 HUD ENTITLEMENT PROGRAMS
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PLEASE SUBMIT ONE (1) ORIGINAL APPLICATION AND TWO (2) COPIES**

APPLICATION COVER SHEET

PROPOSED ACTIVITY

City of Paterson CDBG Funding Priority Activities Public Services (Various)	
Address of Proposed Activity/Project	
Description of Proposed Activity	
Amount Requested for Activity	

PROJECT SUB-GRANTEE/SPONSOR

Applicant Organization (Full Legal Name)	
Doing Business As	
Executive Director	
Proposal Contact Name	
Proposal Contact Title	
Proposal Contact Street Address	
City, State, Zip Code	
Proposal Contact Phone	
Proposal Contact Fax	
Proposal Contact Email	

I certify the information contained in this proposal is true and accurate. I further understand material omission or false information contained in this proposal constitutes grounds for disqualification of the proposer (s) and this proposal.

Authorized Signature _____ Date _____

Typed Name _____



**CITY OF PATERSON – REQUEST FOR PROPOSALS
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SECTION ONE - APPLICATION FORM

SECTION ONE – PART A: APPLICANT/ORGANIZATION PROFILE

Applicant Organization (Full Legal Name)	
Applicant (Full Legal Name)	
Street Address	
City, State, Zip Code	
Phone	
Fax	
Website	
Email Address	
Mailing Address (If different than above)	
City, State, Zip Code	
Type of Entity (check one):	<input type="checkbox"/> For Profit <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Nonprofit <input type="checkbox"/> LLC <input type="checkbox"/> Association
Number of Years in Operation	
Tax Exempt ID #	
Date of IRS Determination Letter	
DUNS Number	
Women owned/headed organization	YES <input type="checkbox"/> NO <input type="checkbox"/>
Minority owned/headed organization	YES <input type="checkbox"/> NO <input type="checkbox"/>
Number of minority staff members	



PLEASE SUBMIT ONE (1) ORIGINAL APPLICATION AND TWO (2) COPIES

SECTION TWO – FINANCIAL INFORMATION
(for public service applicants only)

Name of Accountant (if applicable)	
Street Address	
City, State, Zip Code	
Accountant Phone Number	
Total for Organization's Operating Budget for FY 2021	
Total Major Funding Sources	
Latest Financial Audit complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates covered by Financial Audit	From: To: Completed:
Annual Report complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates covered by Annual Report	From: To: Completed:
2020 IRS Form 990 complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>



SECTION THREE – SCOPE OF SERVICES

Part A. Organization Information	
Program/Project Title	
Anticipated Program/Project Start Date	
Total Budget for Program/Project	
Amount of CDBG Funds Requested	
Total <u>Matching Funds</u> Secured (50% required) (Please submit proof. If match is cash it must be notarized)	
Part B. Location and Target Population Profile	
Service/Project Coverage Area for 2022 (Check all that apply)	Paterson Wards: <input type="checkbox"/> 1 st Ward <input type="checkbox"/> 2 nd Ward <input type="checkbox"/> 3 rd Ward <input type="checkbox"/> 4 th Ward <input type="checkbox"/> 5 th Ward <input type="checkbox"/> 6 th Ward <input type="checkbox"/> Other Location, (Please Specify)
Complete Address of Facility Where Services Will Be Provided (public services only)	
Is the site(s) where services are provided easily accessible and inviting to community residents? (public services only) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Project Funding: CDBG Request \$ _____ CDBG Prior Years \$ _____ Local Funds \$ _____ State Funds \$ _____ Matching Funds \$ _____ (50% required) Program income \$ _____ Other \$ _____	Type/Category of Service or Activity Proposed Public Services (check only one per application): <input type="checkbox"/> Senior Services (05A) <input type="checkbox"/> Youth Services (05D) <input type="checkbox"/> Battered & Abused Spouses (05G) <input type="checkbox"/> Substance Abuse Services (05F) <input type="checkbox"/> Mental Health Services (05O) <input type="checkbox"/> Employment Training (05H) <input type="checkbox"/> Housing Counseling (05U)
# Persons to be served in 2022 (Count total unduplicated persons)	
# Population by Age	Infants (<1 yr) Adults (19–64 yrs) Children (1yr -12 yr) Seniors (65 yrs+) Youth (13–18 yrs)
Population by Income Range	_____ % AMI (Area Medium Income). At least 51% of the people receiving services must be low-mod income. If you're proposing an area benefit project, a map depicting the <u>service area must be attached to your proposal</u> . You can visit the link below for Census Data. https://www.hudexchange.info/manage-a-program/acs-low-mod-summary-data-summarized-block-groups/

**SCOPE OF SERVICES****Part C. Accomplishments (Quantifiable)****INSTRUCTIONS**

Please select the category(s) that best measures your proposed activity/project.

Then, insert the number of people you propose to serve during the program year 2022.

Also, please insert the actual number of people served the past program year 2020-21.

Accomplishment Type <i>(check one)</i>	2022 Proposed Accomplishments	2020-21 Actual Accomplishments
<input type="checkbox"/> PEOPLE (general)		
<input type="checkbox"/> YOUTH		
<input type="checkbox"/> ELDERLY		
<input type="checkbox"/> HOUSEHOLDS (general)		
<input type="checkbox"/> LARGR HOUSEHOLDS		
<input type="checkbox"/> SMALL HOUSEHOLDS		
<input type="checkbox"/> ELDERLY HOUSEHOLDS		
<input type="checkbox"/> COMMUNITIES / NEIGHBORHOODS		
<input type="checkbox"/> JOBS		



SCOPE OF SERVICES

Part D. Project Narrative

Instructions. In the space provided, summarize the specific activity proposed for CDBG funding, demonstrating that the applicant has read and understands the City's priority activities, goals, and objectives. PLEASE BE SHORT AND SPECIFIC!



SCOPE OF SERVICES. PART E. PROJECT BUDGET
ATTACHMENT 1 –
BUDGET/COST CATEGORIES AND ELEMENTS OF COST

Personnel Costs

- Salaries and Wages
- Fringe Benefits

Office Expenses and Related Costs

- Advertising for Recruitment and Procurement
- Data Processing supplies and services
- Office Equipment maintenance which are normal maintenance costs
- Payroll Services
- Postage
- Printing and Office Supplies
- Telephone and Wi-Fi

Program Expenses and Related Costs*

- Educational Supplies and Equipment Maintenance
- Medical or Laboratory Supplies or Contract Services (other than consultants)
- Medical Supplies and Equipment Maintenance Supplies
- Recreation Supplies and Services
- Vocational Supplies and Equipment Maintenance

Travel, Conference, and Meetings

- Conference and Meeting Cost (no food)
- Insurance for agency vehicles
- Maintenance cost for agency owned vehicles



SCOPE OF SERVICES PART E. PROJECT BUDGET
ATTACHMENT 2 –
COSTS SUMMARY

CDBG 2022	Sub-Grantee Name:		
For Cost Categories A through C, a SCHEDULE SHEET and JUSTIFICATION must be completed and submitted, where applicable.			
Cost Category	Total Funds Needed	CDBG Funds Requested	Match Funds from Other Sources
A. PERSONNEL COSTS			
Salaries and Wages			
Fringe Benefits			
TOTAL PERSONNEL COST			
B. OTHER COST CATEGORIES			
Office Expenses and Related Costs			
Program Expenses and Related Cost			
Conference and Meetings			
Equipment Expenses			
TOTAL OTHER COSTS			
TOTAL COSTS			
LESS: PROGRAM INCOME			
NET TOTAL COSTS			



SCOPE OF SERVICES. PART E. PROJECT BUDGET
ATTACHMENT 3 –
SCHEDULE A: PERSONNEL COSTS

CDBG 2022		Sub-Grantee Name			
List all full and part-time staff paid, including fringe benefits. Provide an explanation of fringe benefits at the bottom of form.					
Position Title/Incumbent Name/Vacant	Responsibilities & Duties	Minimum Qualifications	Annual Salary	Weekly Hours on Project	% Weekly Work Time on Project
Subtotals	Explanation of Fringe Benefits:				
% Fringe Benefits					
TOTAL PERSONNEL COST					



SCOPE OF SERVICES. PART E. PROJECT BUDGET
ATTACHMENT 4 –
SCHEDULE C: OTHER COSTS CATEGORIES

CDBG 2022	Sub-Grantee Name:			
List cost applicable to the Project in the categories provided. A copy of lease agreement, equipment purchase and other pertinent agreement must be attached to the funds request. See Budget Cost Categories for explanation of cost categories.				
Other Costs Category	Basis of Cost Estimate	Total Funds Needed	CDBG Funds Requested	Match Funds from Other Sources
A. Office Expense and Related Costs				
B. Program Expense and Related Costs				
C. Conference and Meetings				
D. Equipment Expenses				
TOTAL OTHER COSTS				



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SECTION 4 – PROPOSAL NARRATIVE (PUBLIC SERVICE APPLICANTS ONLY)

ORGANIZATION SUMMARY

Part A. Agency Background

Instructions. Describe the organization's background as it relates to establishing the agency's identity and legitimacy as an organization. Responses can detail but should not be limited to describing the agency's mission statement, history, expertise, longevity of presence in the community, etc.

ORGANIZATION SUMMARY

Part B. Current Programs and Activities

Instructions. Describe activities in which the organization is currently engaged. Responses can detail any similar projects or activities in the same or a related area that are relevant to establishing the agency's credibility, track record, and ongoing performance in the delivering services for which grant funding is sought.



ORGANIZATION SUMMARY

Part C. Statement of Achievements

Instructions. Provide specific evidence of the organization's success in accomplishing past or current organizational or program goals. Responses can address but should not be limited to describing achievements such as organizational service or community awards, quantity and quality of services provided and benefits gained by participants receiving services, recurring grants based on performance, etc.

ORGANIZATION SUMMARY

Part D. Organizational Staffing Qualifications

Instructions. Describe the qualifications of the agency's leadership as it relates to establishing background on the organization's professional competency to implement the proposed project activities. Responses can include but should not be limited to addressing the credentials of key senior staff and management, organizational structure, processes for ensuring all staff are qualified and committed to working with the target population, strategies for organizational self-evaluation and continuous improvement, etc.



SECTION 5 – PROJECT SUMMARY

Part A. Need Addressed by the Proposed Project

Instructions. Describe the need that the proposed project seeks to address. Responses can address but should not be limited to describing in detail the specific issue or need, supporting background information and data, methods by which the need was identified, etc.

PROJECT SUMMARY

Part B. Project Goals

Instructions. Describe the goals that the project seeks to accomplish. Responses can address the entire scope of the organization's objectives, including but not limited to detailing short and long-term goals, the desired level or reach of services (i.e., neighborhood, City, county, region, state), the purpose served by the project, the specific targets of individual project activities, etc. PLEASE BE SHORT AND SPECIFIC



PROJECT SUMMARY

Part C. Project Implementation Strategies

Instructions. Describe the specific activities the agency will undertake to implement the project. Responses can detail the organization's action plan, including but not limited to specifying timelines, events, procedures to be followed, utilization of human and financial resources, etc.

PROJECT SUMMARY

Part D. Specific Collaboration Strategies

Instructions. Describe how the organization has or will engage families, agencies, organizations, or community groups in the implementation of project activities. Responses can specify ways in which the agency is any or all of its resources, such as staff, finances, materials, office space, service locations or facilities, etc. to deliver the proposed project services.



PROJECT SUMMARY

Part E. Project Outcomes

Instructions. Describe in detail the outcomes that the project will produce. Responses can identify the expected and/or desired results/outputs of the project that are aligned with the project goals, including but not limited to benchmarks for performance, descriptions of non-quantifiable evidence that the project is on track, numbers of program participants in target population being served, etc.

PROJECT SUMMARY

Part F. Methods of Evaluating Project Effectiveness

Instructions. Describe how the organization will gauge the effectiveness of its project. Responses can identify any tools that the agency will utilize to capture data or document that the project activities are reaching the target population, project goals are being met, etc. Tools might include but are not limited to surveys, client feedback forms, tracking systems, and/or anecdotal success stories about clients served through the project activities, etc.



PROJECT SUMMARY

Part G. Major Barriers to Service Delivery

Instructions. Describe obstacles or impediments that the agency encounters or anticipates in being able to effectively and/or efficiently provide services to the target population. Responses can identify any challenges that the organization may be experiencing, including, where applicable, but not limited to, financial shortfalls, staff turnover, limited resources of the organization, language barriers, difficulty in marketing or disseminating materials, transportation, limited partners, etc.

PROJECT SUMMARY

Part H. Project Staff Qualifications

Instructions. Describe the qualifications of staff that will be engaged in the delivery of the Project. Responses can highlight the level of education, training, experience, awards or commendations for service, etc, that project staff possess and/or have received related to the specialty area or services proposed as part of the project activities.

Criminal Background Check Requirement:

The City of Paterson, Department of Community Development will require all recipients of CDBG funding to undergo a criminal background check at the expense of the applicant. Only those employees involved with the CDBG project *shall* go through and pass a criminal background check. Please note that this requirement is mandatory. Documents showing that all employees passed the required criminal background check must be provided to the Department of Community Development prior to a contract being executed. Failure to do so will result in a contract not being awarded. For further information please contact the Dept. of Community Development.



City of Paterson

Required Forms



DECLARATION

I am authorized to complete this application on behalf of

[name of applicant/sponsor]

I have used due diligence in obtaining this information, the information contained herein is complete and accurate, and have attached the required exhibits and other information required by Attachment I.

Signature:

Name:

Title:

Date:

**COUNTERTERRORISM COMPLIANCE**

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the City of Paterson requests that each funded agency ("Organization") certify that it is in compliance.

ORGANIZATION NAME:

Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America with out compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

* In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe-houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the Organization listed above that the foregoing is true.

Print Name: Title:

Signature: _____ Date:



DISCLOSURE STATEMENT FOR NONPROFIT SUB-RECIPIENTS

(page 1 of 2)

Part A: Please attach a copy of the Articles of Incorporation and your 501(c) (3) Certificate

Name of Corporation:

Principal Place of Business:

Incorporated in the State of:

1. I am _____ (Title) of the _____ (Name of Corporation), which is a Non-Profit Corporation organized under 15a of the Revised Statutes of the State of New Jersey.
2. Annexed hereto is a true copy of the Articles of Incorporation together with all Amendments thereto which are on file with the Secretary of the State of New Jersey.
3. I certify that no administrator, agent, servant, or employee of the City of Paterson has any indirect or direct interest in the corporation or this contract.
4. No Federally appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an administrator, agent, or employee of any agency, a member of Congress, an administrator, agent, or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, loan, cooperative agreement, extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
5. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an administrator, agent, or employee of any agency, a member of Congress, an administrator, agent, or employee of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, then a Standard Form-LLL "Disclosure of Lobbying Activities" will be submitted in accordance with the instructions.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment and/or termination of the Contract.

Signature

Title

Printed Name

Date



DISCLOSURE STATEMENT FOR NONPROFIT SUB-RECIPIENTS

(page 2 of 2)

Part B: Other Funding Sources

Name and Address of Funding Sources

Amount of Funding

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	

Part C: Name of Person(s) authorized to sign contract and other official documents:

Name(s)

Title

Name of Fiscal Officer

Title

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NON-COLLUSION AFFIDAVIT

State of _____

County of _____:

_____ (Name of Affiant), being first duly sworn deposes and says that he is _____ (Sole owner, a Partner, President, Secretary, etc.) of _____ (Name of Business Entity), the party making the fore-going proposal or bid, that such bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any bidder or person, to put in a sham bid, or that such person shall refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion or communication or conference, with any person, to fix the bid price of affiant or any other bidder, or to fix any other bidder, or person interested in the proposed contract; and that all statements contained in said proposal or bid are true; and further, that such bidder has not, directly or indirectly submitted this bid, or the contents thereof, or divulged information of data relative thereto to any association or to any member or agent thereof.

(Affiant)

Sworn to and subscribed before me

this _____ day of _____, 20____.

Notary Public in and for

_____ County,

this _____ day of _____, 20____

**STOCKHOLDER DISCLOSURE CERTIFICATE**

(To be Completed by For Profit Business Entities Only)

Pursuant to the laws of the State of New Jersey as set forth in laws of 1977, Chapter 33, the undersigned does herewith certify to the City of Paterson that the following is a statement with names and addresses of all stockholders, partner, member or owner ("Owner") in the corporation, partnership, limited liability company or other business entity ("Entity") who own a 10% or greater interest therein, as the case may be. If one or more such Owner is in itself an Entity, the Owner holding 10% or more or greater interest in that Entity, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every Owner exceeding the 10% ownership criteria established above have been listed.

NAME**HOME ADDRESS**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

NOTE: NO POST OFFICE BOX NUMBER ACCEPTED, FULL STREET ADDRESS ONLY.

CRIMINAL CONVICTION TO SERVE AS GROUNDS FOR DISQUALIFICATION FROM AWARD OF CONTRACT:

Vendor must disclose whether any person(s) named above have a criminal conviction in any Municipal, County, State or Federal Court, in this State or any other State.

Yes ☐ No ☐

Any rejection by the City, based upon a prior conviction, shall not take place unless and until there has been a responsibility hearing held by the City. Also, vendor must report any conviction of any person(s) named above in any Municipal, County, State or Federal Court during the contract or agreement period to the Corporation Counsel of the City.

Any termination by the City, based upon subsequent conviction, shall not take place unless and until there has been a responsibility hearing held by the City.

Affiant (Authorized Agent of Corporation or Business Entity)

AFFIX CORPORATE
SEAL HERE

Print name and title of affiant

IN WITNESS WHEREOF, the undersigned has caused this Certificate to be executed this _____ day of _____, 20_____.

Sworn and Subscribed before me this _____ day of _____, 20_____.

(Notary Public)



HOLD HARMLESS AGREEMENT

The Sub-recipient, shall defend, indemnify and hold harmless the City of Paterson, its agents, servants and administrators from and against any and all claims or actions at law, whether for personal injury, property damage or liability, including any cost of defense incurred by the City of Paterson and any payments, recoveries and judgments against the City of Paterson, which arise from actions or omissions of the Sub-recipient, his agents or employees in the execution of the work and/or duties to be perform under the contract.

Costs shall be deemed to include, but not limited to attorney's fees, filing expenses, expert witness fees, reproductions costs, and long distance travel and phone expenses in connection with defense and shall bear the prevailing interest rate, where applicable.

The Sub-recipient shall be responsible for all damage to persons or property caused or alleged to have been caused by or incident to the execution of this work, and shall defend claims or suits arising from or incident to the work under the aforementioned contract without expense to the City of Paterson, its agent's servants and/or administrators.

By: (name and title)

Date:

On behalf of:

Name of Organization



Certification of Compliance with Charitable Registration and Investigation Act
(N.J.S.A. 45:17A-18 et seq.)

The New Jersey Charitable Registration and Investigation Act (N.J.S.A. 45:17A-18 et seq.) (the "Act") regulates the fund raising activities of most charitable organizations, professional fund raisers, and solicitors conducting business within the State of New Jersey by requiring a charitable organization, unless exempted from registration requirements pursuant to Section 9 of the Act, to file an annual registration statement with the New Jersey Attorney General.

Under the Act "Charitable organization" means: (1) any person determined by the federal Internal Revenue Service to be a tax exempt organization pursuant to section 501(c)(3) of the Internal Revenue Code of 1986, 26 U.S.C. s.501(c)(3); or (2) any person who is, or holds himself out to be, established for any benevolent, philanthropic, humane, social welfare, public health, or other eleemosynary purpose, or for the benefit of law enforcement personnel, firefighters or other persons who protect the public safety, or any person who in any manner employs a charitable appeal as the basis of any solicitation, or an appeal which has a tendency to suggest there is a charitable purpose to any such solicitation.

I do hereby certify that I am a duly authorized officer of _____ (name of organization) and that I am authorized to certify on its behalf. I further certify that I have read or caused to be read the Act, and that I am knowledgeable of the laws and regulations contained therein, and that, _____ (name of organization) is in compliance with the all of the provisions of the Act, as amended.

I understand that the City of Paterson will rely on this certification to review and approve any contracts, agreements, or other related documentation with this organization.

By: _____
Name:
Title:

Date:



Certification of Compliance with Executive Order on Pay to Play Reform

(To be Completed by For Profit Business Entities Only)

The Sub-recipient hereby certifies that it has read or caused to be read the Executive Order on Pay to Play Reform, dated February 8, 2007 (MEO-07-0001), and that the Business Entity, as that term is defined in the Executive Order, has not made a Contribution or solicited a Contribution that would bar the award of this Contract.

I hereby certify that the foregoing is true to the best of my knowledge and belief.

Name of Organization:

By: _____

Name:

Title:

Date: