



CITY OF PATERSON  
DEPARTMENT OF COMMUNITY DEVELOPMENT



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)

REQUEST FOR PROPOSALS  
FOR **CDBG-CARES FUNDS DUE TO COVID-19 PANDEMIC**  
PY 2019-2020 HUD ENTITLEMENT PROGRAMS  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG-CV1)

PROGRAM YEAR: 2019-2020

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

**SUBMIT 1 SIGNED ORIGINAL AND 2 COPIES**

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

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**  
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**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG-CV1)**

**APPLICATION COVER SHEET**

**PROPOSED ACTIVITY**

City of Paterson CDBG-CV19 Funding Priority Activities <b>Public Services (Various)</b>	
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 FOR CDBG-CARES FUNDS DUE TO COVID-19 PANDEMIC**  
**PY 2019-2020 HUD ENTITLEMENT PROGRAMS**  
**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG-CV1)**

**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	



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

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Name of Accountant (if applicable)	
Street Address	
City, State, Zip Code	
Accountant Phone Number	
Total for Organization's Operating Budget for FY 2019	
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:
2017 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-CV19 Funds Requested	
Part B. Location and Target Population Profile	
Service/Project Coverage Area for 2019-2020 (Check all that apply)	Paterson Wards: <input type="checkbox"/> 1 <sup>st</sup> Ward <input type="checkbox"/> 2 <sup>nd</sup> Ward <input type="checkbox"/> 3 <sup>rd</sup> Ward <input type="checkbox"/> 4 <sup>th</sup> Ward <input type="checkbox"/> 5 <sup>th</sup> Ward <input type="checkbox"/> 6 <sup>th</sup> 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"/>	
<b>Available Funding</b> CDBG-CV1 Request      \$ _____ FEMA Funds                \$ _____ Local Funds                \$ _____ State Funds                \$ _____ County Funds              \$ _____ Other                        \$ _____ <b>Note:</b> Please provide proof that there is no other source of funds for this activity.	Type/Category of Service or Activity Proposed Public Services (check one per application): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Substances Abuse Services (05F)  <input type="checkbox"/> Mental Health Services (050)  <input type="checkbox"/> Food Bank (05W)  <input type="checkbox"/> Senior Services (05A)  <input type="checkbox"/> Economic Dev. Direct Financial Assistance (18A)           </div>
# Persons <b>to be served</b> in 2019-2020 (Count total unduplicated persons)	
# Population by Age	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">             Infants (&lt;1 yr)              Children (1yr -12 yr)              Youth (13–18 yrs)           </div> <div style="text-align: center;">             Adults (19–64 yrs)              Seniors (65 yrs+)  </div> </div>
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 service area must be attached to your proposal. You can visit the link below for Census Data. <a href="https://www.hudexchange.info/manage-a-program/acs-low-mod-summary-data-summarized-block-groups/">https://www.hudexchange.info/manage-a-program/acs-low-mod-summary-data-summarized-block-groups/</a>

**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 with the CDBG-CV1 funds.

<b>Accomplishment Type</b> <i>(check one)</i>	<b>CDBG-CV1 Proposed Accomplishments</b>	
<input type="checkbox"/> PEOPLE (general)		
<input type="checkbox"/> ELDERLY		
<input type="checkbox"/> JOBS (economic/commercial development projects only)		

**SCOPE OF SERVICES****Part D. Project Narrative**

**Instructions.** In the space provided, summarize the specific activity proposed for CDBG-CV19 funding, demonstrating that the applicant has read and understands the City's priority activities, goals, and objectives.



**SCOPE OF SERVICES PART E. PROJECT BUDGET  
COSTS SUMMARY**

<b>CDBG-CV1 FUNDS</b>		Sub-Grantee Name:	
For Cost Categories A through B, a SCHEDULE SHEET and JUSTIFICATION must be completed and submitted, where applicable.			
<b>Cost Category</b>	<b>Total Funds Needed</b>	<b>CDBG-CV-19 Funds Requested</b>	
<b>A. PERSONNEL COSTS</b>			
Salaries and Wages			
Fringe Benefits			
<b>TOTAL PERSONNEL COST</b>			
<b>NOTE:</b> The max allowed cost for salaries and wages and fringe benefits CANNOT exceed 20% of the amount requested.			
<b>B. ACTIVITIES COST CATEGORIES</b>			
FOOD BANK (i.e. hot meals, food packing, distribution, meals to go, babies items, bleach, Lysol, soap, disinfecting equipment, and wipes)			
MENTAL HEALTH SERVICES (i.e. Counseling via telephone, etc.)			
SUBSTANCE ABUSE SERVICES (i.e. virtual or telephone counseling, group counseling meetings, etc.)			
SENIORS SERVICES (i.e. virtual bingo games, meetings, etc.)			
ECONOMIC DEVELOPMENT DIRECT FINANCIAL ASSISTANCE LOAN PROGRAM (i.e. job retention for at least 90 days)			
<b>TOTAL OTHER COSTS</b>			
<b>TOTAL COSTS</b>			
<b>NET TOTAL COSTS</b>			




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**SCOPE OF SERVICES. PART E. PROJECT BUDGET  
PERSONNEL COSTS**

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<b>CDBG-CV1 2019-20</b>		<b>Sub-Grantee Name</b>			
List all full and part-time staff paid, including fringe benefits. Provide an explanation of fringe benefits at the bottom of form.					
<b>Position Title/Incumbent Name/Vacant</b>	<b>Responsibilities &amp; Duties</b>	<b>Minimum Qualifications</b>	<b>Annual Salary</b>	<b>Weekly Hours on Project</b>	<b>% Weekly Work Time on Project</b>
<b>Subtotals</b>	<b>Explanation of Fringe Benefits:</b>				
<b>% Fringe Benefits</b>					
<b>TOTAL PERSONNEL COST</b>					





CITY OF PATERSON – REQUEST FOR PROPOSALS  
PY 2019-2020 HUD ENTITLEMENT PROGRAMS  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG-CV19)

**SECTION 4 – PROJECT SUMMARY**

**Part A. Need Addressed by the Proposed Project**

**Instructions.** Describe the need that the proposed project seeks to address and the goals that the project seeks to accomplish. Responses must be to prevent, prepare and respond to the COVID-19 pandemic.



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# City of Paterson

## Required Forms



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**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.** In the third column please indicate how much of these funds will be used to fund the proposed activity.

Name and Address of \_\_\_\_\_ Amount of Funding \_\_\_\_\_ Amount of funding for the  
Funding Sources \_\_\_\_\_ proposed activity \_\_\_\_\_

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 OfficerTitle

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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)





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### 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



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**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:



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**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: