



CITY OF PATERSON
DEPARTMENT OF COMMUNITY DEVELOPMENT



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)

REQUEST FOR PROPOSAL

PROGRAM YEAR: 2018-2019

Unused CDBG funding \$640,223.67

Deadline: Monday, September 23, 2019 Before 12:00 Noon

Please submit one (1) original application and three (3) copies to:

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

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 IN NO WAY BE RESPONSIBLE FOR DELAYS OR LOSSES CAUSED BY THE U.S. POSTAL
SERVICE OR ANY OTHER OCCURRENCE.



CITY OF PATERSON – REQUEST FOR PROPOSALS
PY 2018 - 2019 HUD ENTITLEMENT PROGRAMS
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

PART 1 - APPLICATION COVER SHEET

PROPOSED ACTIVITY

City of Paterson CDBG Funding Priority Activities Facility Improvements	
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
PY 2018 – 2019 HUD ENTITLEMENT PROGRAMS
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

PART 2 - APPLICATION FORM

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 <input type="checkbox"/> City
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	



PART 3 B: DEVELOPER INFORMATION
(for development/rehabilitation projects only)

Development Entity Name	
Development Entity Contact	
Street Address	
City, State, Zip Code	
Phone	
Fax	
Website	
Mailing Address (If different than above)	
City, State, Zip Code	
Number of Years in Operation	
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
Project Management Entity Name	
Project Management Entity Contact	
Street Address	
City, State, Zip Code	
Phone	
Fax	
Are there any partnerships or interlocking directorships among any of the parties or entities listed as members of the development team? If so, please identify:	



PART 4 C – FINANCIAL INFORMATION
(for development/rehabilitation applicants only)

Name of Accountant (if applicable)	
Address	
City, State, Zip Code	
Phone	
<hr/>	
Amount of (CDBG) Request	
Funds per Assisted Unit/facility	
Total Project Cost	
Cost Per Unit/Bed (if applicable)	
<hr/>	
Other Sources of Permanent Financing (check all that apply):	<input type="checkbox"/> 9% Low-Income Housing Tax Credits <input type="checkbox"/> 4% Low-Income Housing Tax Credits <input type="checkbox"/> NJHMFA Bonds <input type="checkbox"/> Conventional Lender <input type="checkbox"/> Tax-Exempt Multifamily Bonds <input type="checkbox"/> State HOME/CDBG Funds <input type="checkbox"/> Other, please specify:

Please complete the attached documents and place directly after this section (See Appendix 1 for worksheets):

- “Levering of Non-City Funds”
- “Phased Sources” worksheet
- “Development Budget” worksheet
- “Operating Budget” worksheet
- “Pre-Development Costs” worksheet

Please attach a Sources-by-Uses matrix to the application.

AUDIT INFORMATION:

- Explain any findings or concerns cited in the Sponsor’s prior three years’ Audited Financial Statements or accompanying management letters.
- Describe actions taken to correct any finding or concerns.



PART 5 – 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 Matching Funds Secured (50% required) (Please submit proof. If match is cash it must be notarized)																										
Location and Target Population Profile																										
Service/Project Coverage Area in 2018 - 2019 (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 Development site(s)																										
Type of development activity to be undertaken with CDBG Funds (development/rehabilitation projects only):	<input type="checkbox"/> Rehabilitation <input type="checkbox"/> Reconstruction <input type="checkbox"/> Clearance <input type="checkbox"/> New Construction (Commercial/Public Facilities only)																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: left; padding: 2px;">Project Funding</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">CDBG Request</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">CDBG Prior Years</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Local Funds</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">State Funds</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Matching Funds (50% required)</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Program income</td> <td style="padding: 2px;">\$ _____</td> </tr> <tr> <td style="padding: 2px;">Other</td> <td style="padding: 2px;">\$ _____</td> </tr> </tbody> </table>	Project Funding		CDBG Request	\$ _____	CDBG Prior Years	\$ _____	Local Funds	\$ _____	State Funds	\$ _____	Matching Funds (50% required)	\$ _____	Program income	\$ _____	Other	\$ _____	<input type="checkbox"/> Type/Category of Public Facility Development/Rehabilitation <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr><td style="padding: 2px;"><input type="checkbox"/> Senior Centers (03A)</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Youth Centers (03D)</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Neighborhood Facilities (03E)</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Parks, Recreational Facilities (03F)</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Street Improvements (03K)</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Fire Station Equipment (03O)</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Health Facilities (03P)</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Rehab-Single Unit Residential (14A)</td></tr> <tr><td style="padding: 2px;"><input type="checkbox"/> Rehab-Multi Unit Residential (14B)</td></tr> </tbody> </table>	<input type="checkbox"/> Senior Centers (03A)	<input type="checkbox"/> Youth Centers (03D)	<input type="checkbox"/> Neighborhood Facilities (03E)	<input type="checkbox"/> Parks, Recreational Facilities (03F)	<input type="checkbox"/> Street Improvements (03K)	<input type="checkbox"/> Fire Station Equipment (03O)	<input type="checkbox"/> Health Facilities (03P)	<input type="checkbox"/> Rehab-Single Unit Residential (14A)	<input type="checkbox"/> Rehab-Multi Unit Residential (14B)
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# Persons to be served 2018 - 2019 (Count total unduplicated persons)																										
# Population by Age	<table style="width: 100%; border: none;"> <tr> <td style="border: none; padding: 2px;">Infants (<1 yr.)</td> <td style="border: none; padding: 2px;">Adults (19-64 yrs.)</td> </tr> <tr> <td style="border: none; padding: 2px;">Children (1yr -12 yrs.)</td> <td style="border: none; padding: 2px;">Seniors (65 yrs.+)</td> </tr> <tr> <td style="border: none; padding: 2px;">Youth (13-18 yrs.)</td> <td style="border: none;"></td> </tr> </table>	Infants (<1 yr.)	Adults (19-64 yrs.)	Children (1yr -12 yrs.)	Seniors (65 yrs.+)	Youth (13-18 yrs.)																				
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Population by Income Range	_____ % AMI																									



SCOPE OF SERVICES
Part B. 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 for 2018. And finally, please insert the actual number of people served during program year 2017,

Accomplishment Type <i>(check one)</i>	FY 2018 Proposed Accomplishments	FY 2017 Actual Accomplishments
<input type="checkbox"/> PERSONS		
<input type="checkbox"/> HOUSEHOLDS		
<input type="checkbox"/> ORGANIZATIONS		
<input type="checkbox"/> HOUSING UNITS		
<input type="checkbox"/> PUBLIC FACILITIES		
<input type="checkbox"/> JOBS		
<input type="checkbox"/> COMMUNITIES / NEIGHBORHOODS		



SCOPE OF SERVICES

Part C. Project Narrative

C. 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.

Empty space for project narrative.



SCOPE OF SERVICES

D. Project Budget (Public Facility Applicants Only)

Instructions. Complete each of the attachments in accordance with the instructions provided on each form and attach after this page.

**Attachment 1.
Budget/Cost Categories and Elements of Cost**

**Attachment 2.
Costs Summary**

**Attachment 3.
A. Personnel Costs**

**Attachment 4.
B. Consultant Services Costs (Architect/Engineering)**

**Attachment 5.
C. Other Costs Categories**



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

Consultant/Professional Service Costs

- Accounting and Auditing Services
- Any other non-employee related professional services for which a formal consultant agreement is required
- Bookkeeping Services

Office Expenses and Related Costs

- Advertising for Recruitment and Procurement
- Data Processing supplies and services
- Office Equipment maintenance which are normal maintenance costs compared to capital improvements
- Postage
- Printing and Office Supplies
- Telephone

Facility Costs

Insurance
License Fees
Maintenance of Building Grounds
Utilities
Water and Sewer



**SCOPE OF SERVICES. E. PROJECT BUDGET
ATTACHMENT 2 -
COSTS SUMMARY**

CDBG 2018 - 2019		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. CONSULTANT / PROFESSIONAL			
TOTAL SERVICE COSTS			
C. OTHER COST CATEGORIES			
Office Expense and Related Cost			
Program Expense and Related Cost			
Staff Training and Education Cost			
Travel, Conference and Meetings			
Equipment and Other Capital Expense			
Facility Cost			
TOTAL OTHER COSTS			
TOTAL COSTS			
LESS: PROGRAM INCOME			
NET TOTAL COSTS			



**SCOPE OF SERVICES. E. PROJECT BUDGET
ATTACHMENT 3 -
A: CONSULTANT SERVICES COSTS**

CDBG 2018 -2019		Sub-Grantee Name:		
List services that will provide for program or client benefit; and are contracted for on a per client cost or time or number of hours' basis.				
Nature of Consultant Service	Responsibilities & Duties	Total Funds Needed	Basis of Cost Estimate (i.e., Rate X Hours)	Minimum Qualifications (education and experience)
TOTAL CONSULTANT SERVICES COSTS				



**SCOPE OF SERVICES. E. PROJECT BUDGET
ATTACHMENT 4 -
C: OTHER COSTS CATEGORIES**

CDBG 2018 -2019		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 this 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. Equipment & Other Capital Expense				
D. Facility Costs				
TOTAL OTHER COSTS				



Part 5 (continued)

SCOPE OF SERVICES (for public facility development/rehabilitation applicants only)

F. Public Facility Development/Rehabilitation Activities

(A). PHYSICAL REHABILITATION SUMMARY

The following section should only be completed by those organizations who intend to engage in public facility development or rehabilitation activities.

Type of Development/Rehabilitation Activity (check one):

- | | |
|------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Moderate Rehabilitation | <input type="checkbox"/> Substantial Rehabilitation |
| <input type="checkbox"/> Conversion | <input type="checkbox"/> Historic Preservation |
| <input type="checkbox"/> Removal of Architectural Barriers | <input type="checkbox"/> Asbestos Removal |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Acquisition only |

Type of Public Facility to be rehabilitated or developed (check one):

- | | |
|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Library |
| <input type="checkbox"/> Youth | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Firehouse |
| <input type="checkbox"/> Other, please specify: | |

Location(s) (if different from project):

Is facility currently owned by a public or nonprofit organization?

Yes No

(B). PHYSICAL REHABILITATION ATTACHMENTS

Please include unbound documents behind this page to detail the following:

- A. Work write-up
- B. Photographs of areas to be improved
- C. Architectural drawings
- D. Cost estimates and completion time frame
- E. Minimum lease requirement – Any projects that involve leased property must demonstrate a minimum of fifteen (15) years on the lease agreement.

(NOTE: These Physical Development and/or Rehabilitation Narrative documents may be submitted on unbound legal paper only if the information cannot be presented on standard 8.5" x 11" paper.)



Part 6 - ORGANIZATION SUMMARY

A. 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.

Empty response area for describing current programs and activities.



Part 6 – ORGANIZATION SUMMARY

B. 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.

Empty response box for Statement of Achievements.

Part 6– ORGANIZATION SUMMARY

C. 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.

Empty response box for Organizational Staffing Qualifications.



Part 7 – PROJECT SUMMARY

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.

Part 7 – PROJECT SUMMARY

B. Project Goals

Instructions. Describe the goals that the project seeks to accomplish. Responses can address the breadth and/or depth 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.



Part 7- PROJECT SUMMARY

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.

Part 7- PROJECT SUMMARY

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.



Part 7 – PROJECT SUMMARY

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.

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Part 7 – PROJECT SUMMARY

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.

--



Part 7 – PROJECT SUMMARY

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.

Part 7 – PROJECT SUMMARY

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.



CITY OF PATERSON – REQUEST FOR PROPOSALS
PY 2018 – 2019 HUD ENTITLEMENT PROGRAMS
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

PROPOSAL NARRATIVE (DEVELOPMENT/REHABILITATION APPLICANTS ONLY)

Part 8– DEVELOPER INFORMATION SUMMARY

A. Development Team Description

Instructions. Include the contact name, organization/entity name and phone number for a) ultimate borrower, b) co-general partner(s), c) architect, d) general contractor(s), e) other contractor(s), f) sub-contractor(s), and g) consultants(s).

Part 8 – DEVELOPER INFORMATION SUMMARY

B. Development Team Experience

Instructions. Briefly describe the development/management team’s experience in developing and managing affordable housing, public facility or commercial/industrial development projects. Focus on the controlling entities in the partnership, their roles in development and on-going project oversight, and the management company.



Part 9– PROJECT DESCRIPTION AND REQUEST DATA NARRATIVE

A. Narrative Description of Project/Activity

Instructions. Describe the project including number and type of units, facilities or retail spaces; special needs population to be served, if any; jobs created, if any; type of activities planned (new construction, acquisition, clearance, demolition, substantial rehabilitation, etc.); layout (contiguous or scattered); conformity with the Land Use Element of the City’s Master Plan and/or any adopted redevelopment plans; and any additional information the applicant believes makes the project valuable to the City in terms of meeting the specified goals and priorities for the CDBG program.

Empty text box for narrative description of project/activity.

Part 9 – PROJECT DESCRIPTION AND REQUEST DATA NARRATIVE

B. Location

Instructions. List the detailed location of all properties proposed to be included in the project. Include block and lot information.

Empty text box for location information.



Part 9 – PROJECT DESCRIPTION AND REQUEST DATA NARRATIVE

C. Physical Characteristics

Instructions. Include details about the physical characteristics: Project type; Project design; No. of Residential Buildings; No. of Stories; Parking Type; Land Area; Residential Floor Area; Community Room(s) Floor Area; Elevators; Guest Parking; Spaces; Other Uses (Specify); Commercial Uses (Specify)

Empty text box for providing details about the physical characteristics of the project.

Part 9 – PROJECT DESCRIPTION AND REQUEST DATA NARRATIVE

D. Services to be Provided

Instructions. Describe the supportive services to be provided, if any, and by whom. How will services be paid for? If subsidized, how long is the subsidy?

Empty text box for describing the supportive services to be provided.



Part 9 – PROJECT DESCRIPTION AND REQUEST DATA NARRATIVE

E. Public Amenities

Instructions. Describe the project’s access and proximity to public amenities (e.g., shopping, public transportation, parks, or schools).

Empty text box for describing project access and proximity to public amenities.

Part 9 – PROJECT DESCRIPTION AND REQUEST DATA NARRATIVE

F. Green Building Features

Instructions. If applicable, please describe the project’s green building features as applicable.

Empty text box for describing project green building features.



Part 9 – PROJECT DESCRIPTION AND REQUEST DATA NARRATIVE

G. Public Benefit

Instructions. If applicable, please describe how the proposed project offers a public benefit to City residents.

Empty response area for Part 9, G. Public Benefit.

Part 10

A. Property Management

Instructions. Briefly describe how the property will be managed, including the number of staff, locations, and management office hours.

Empty response area for Part 10, A. Property Management.



Part 10 – ENVIRONMENTAL REMEDIATION

B. Lead Paint

Instructions. For rehabilitation projects, any building constructed prior to January 1, 1978 must be evaluated for the presence of lead. When requesting rehabilitation assistance greater than \$5,000 per unit, the developer must provide the City of Paterson with a lead paint test report documenting the presence and/or levels of lead paint on the property. If no testing is performed, then lead based paint is presumed to be on all disturbed surfaces and the developer must provide the City of Paterson with a Risk Assessment Report. If a property receives more than \$25,000 in rehabilitation assistance, more stringent requirements apply, including compliance with applicable state laws. Please summarize results from the lead based paint test report findings? **Attach the lead paint report after this section if applicable.**

Part 10

C. Site Contamination

Instructions. Provide the results from Phase One environmental assessment if it is in the possession of the development entity. Provide proof of site cleanup, if completed by a government agency, or a copy of letter of non-applicability. *Please note that the City of Paterson requires that at least a Phase One environmental assessment be completed for all project sites.*



Part 11- DEVELOPMENT TIMELINE

A. Project Readiness

Instructions. The Project Readiness narrative should address questions such as: Does the project already have funds in place? Has it already received Municipal approvals? Is the application tied to a sale of Municipal land? Is there a reasonable expectation that this project will start within twelve months? A timeline of all major predevelopment approvals, funding, and estimated milestones should be inserted after the narrative.

Part 11- DEVELOPMENT TIMELINE

B. Approvals/Certificates

Instructions. Any/all current Municipal or State approvals for the project must be documented. If approvals are anticipated in the near future, indicate this and forward them when they are received. These approvals should include but not be limited to Planning Board, Zoning Board, Historic Review, Environmental Review, and funding approvals. Please discuss status of approvals and attach approval correspondence following this section.



END DEVELOPMENT/REHABILITATION PROPOSAL NARRATIVE SECTION



APPENDIX 1

Development/Rehabilitation Activity Forms

Please submit the following attached worksheets:

LEVERAGING OF NON-CITY FUNDS

PHASED SOURCES TABLE



LEVERAGING OF NON-CITY FUNDS

	Name of Outside Funding Source	Application Date	Award Date
#1			
#2			
#3			
#4			
#5			



SAMPLE PHASED SOURCES TABLE

Project Name: _____

FINANCING SOURCES

PHASE	FUNDING SOURCE	REQUIRED LIEN POSITION	STATUS (Pending, Committed)	AMOUNT	TERMS (Rate, Term, Repayment terms)
Construction:					
Permanent Financing:					
<p>If applicable, please identify and explain any operating subsidies the project anticipates receiving and/or capitalizing:</p>					



Required Forms City of Paterson



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 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

--	--



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:



REVISED

 <div style="text-align: center;"> <p>Dept. of Community Development 2018 - 2019 Annual Action Plan Schedule of Events</p> </div> 

<p>2018 Annual Action Plan 1st Public Meeting (Needs and Priorities)</p> <p style="text-align: center;">❖</p> <p>CDBG, HOME, and HESG Applications Dissemination</p> <p style="text-align: center;">❖</p> <p>Applications Workshop (attendance is strongly suggested)</p>	<p>Thursday, January 11, 2018 10:00 a.m. – 12:00 a.m. City Hall, Council Chambers 155 Market Street, 3rd Floor Paterson, NJ 07505</p>
<p>CDBG, HOME, HESG and HOPWA Applications Submission <u>Deadline</u></p>	<p>Thursday, February 8, 2018 By 12:00 Noon Department of Community Development 125 Ellison Street, 2nd Floor Paterson, NJ 07505</p>
<p>Submission of <u>DRAFT</u> Action Plan Resolution to CD Committee Members</p>	<p>Thursday, March 15, 2018 At 6:00pm City Hall, Office of the Council President 155 Market Street, 3rd Floor Paterson, NJ 07505</p>
<p>Submission of <u>FINAL</u> Action Plan Resolution to Council Members at Workshop Meeting</p>	<p>Tuesday, March 20, 2018 City Council Workshop At 7:30pm City Hall, Council Chambers Room 155 Market Street, 3rd Floor Paterson, NJ 07505 ALL AWARDEES MUST ATTEND THIS MEETING</p>
<p>Submission of Final Action Plan Resolution to Council Members at Regular Meeting 2nd Public Meeting</p>	<p>Tuesday, April 3, 2018 Regular Meeting At 6:00pm City Hall, Council Chambers Room 155 Market Street, 3rd Floor Paterson, NJ 07505</p>