

CDBG Application

Complete and submit the following pages with original signatures, along with all requested supporting documents.

**AGENCY NAME**

Agency Name

**Print or Type Name**

*As a designated participant in the Community Development Block Grant (CDBG) program under HUD’s Urban County provision, the County of Ocean annually receives federal funding to address local community needs. Upon HUD’s notification of the annual allocation, the County distributes these grants through its CDBG program to support essential services, prioritize urgent projects, and focus on the unique needs of low- and moderate-income residents.*

|  |  |  |
| --- | --- | --- |
| C:\Users\SCadigan\Desktop\depositphotos_115535652-stock-illustration-earth-globe-logo-icon-black.jpg | Wheelchair_symbol | fheo200 |
| Language Assistance | Accessibility | Equal Housing Opportunity |

Table of Contents

[Application Context 3](#_Toc184203888)

[National Objectives 3](#_Toc184203889)

[Readiness To Proceed Upon Receipt of Funding 3](#_Toc184203890)

[Federal Subrecipient Requirements 3](#_Toc184203891)

[Conditions of Submittal 4](#_Toc184203892)

[Environmental Review Requirements 4](#_Toc184203893)

[General Information 5](#_Toc184203894)

[Application Information 6](#_Toc184203895)

[Submission Requirements 6](#_Toc184203896)

[Checklist - Items and Attachments 8](#_Toc184203897)

[Contact Information 10](#_Toc184203898)

[Agency/Organization Type 10](#_Toc184203899)

[Registration Numbers 11](#_Toc184203900)

[Project Information 12](#_Toc184203901)

[National Objective 12](#_Toc184203902)

[Project Activity 14](#_Toc184203903)

[Project Performance 16](#_Toc184203904)

[Project Narratives 18](#_Toc184203905)

[Project Proposed Budget - Leveraging 20](#_Toc184203906)

[Project Requirements and Compliance 22](#_Toc184203907)

[Certifications 23](#_Toc184203908)

[Conflict of Interest - Certification Signature 24](#_Toc184203909)

[Financial Information - Certification Signature 25](#_Toc184203910)

[General Certification - Application Signature 26](#_Toc184203911)

[Appendix 28](#_Toc184203912)

[Exhibit A – Recordkeeping Responsibilites 29](#_Toc184203913)

[Exhibit B - CDBG Program Objectives and Priorities 30](#_Toc184203914)

[Exhibit C – Sample Resolution Municipalities – Submittal Application 31](#_Toc184203915)

[Exhibit D – Sample Resolution Municipalities – Representatives 32](#_Toc184203916)

[Exhibit E – Sample Resolution Public Service – Representatives 33](#_Toc184203917)

[Exhibit F – Sample Non-Discrimination Policy Statement 34](#_Toc184203918)

[Exhibit G – HUD CDBG Project Signage 35](#_Toc184203919)

## Application Context

Ocean County’s Planning Department administers the Community Development Block Grant (CDBG) and HOME Investment Partnerships Programs in partnership with HUD to address critical community needs. The CDBG Entitlement Program provides grants based on a formula, aiming to develop viable communities by ensuring decent housing, suitable living environments, and economic opportunities for low- and moderate-income (LMI) persons.

### National Objectives

Every CDBG-funded activity must satisfy at least **one** of HUD’s three national objectives:

* Benefiting low- and moderate-income (LMI) residents,
* Eliminating slums or blight, or
* Addressing urgent community needs.
  + Existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs.

For more information, visit the [HUD Exchange](https://www.hudexchange.info/trainings/basically-cdbg-online/national-objectives-and-eligible-activities/).

### Readiness To Proceed Upon Receipt of Funding

HUD CDBG guidelines prioritize applicants that demonstrate an ability to promptly obligate and spend funds within required timelines. ***Preference goes to projects that are ready to proceed without reliance on future approvals, additional funding, or external discretionary actions***. Applicants must provide documentation showing that all necessary resources - such as funding, staffing, and site control - are both available and sustainable for successful project implementation.

The applicant must confirm sufficient project readiness to ensure completion within eighteen (18) months of the CDBG award. To demonstrate readiness for funding, applicants must confirm availability of necessary resources, including:

* Project financing.
* Project engineering and architectural services.
* Acquisition of local, state, and federal permits.

### Federal Subrecipient Requirements

To engage in Community Development Block Grant (CDBG) projects with the Federal government and the County of Ocean, all entities must meet the following registration requirements:

* **Federal EIN/TIN**: A nine-digit number assigned by the IRS for tax identification, necessary for all entities doing business with federal and county governments.
* **Active SAM Registration**: All entities must have an active registration in the System for Award Management (SAM) and must opt-in for public view. Proof of registration is required before signing the Subrecipient Agreement.
  + **Note**:Both the prime contractor and subcontractors must have active SAM registrations, including UEI, before engaging in any CDBG-funded contracts. Proof of active registration is required before initiating work or incurring expenses.
* **Unique Entity Identifier (UEI)**: A 12-character alphanumeric ID from SAM.gov that replaces the DUNS number for federal engagement. The UEI is required for all entities, including public and private companies, institutions, and individuals.
  + For registration assistance, visit [SAM.gov](https://sam.gov/) or call 866-606-8220.

### Conditions of Submittal

By submitting an application, the applicant certifies:

* **No Conflict of Interest**: Applicants must declare no conflict of interest exists within the organization. The applicant and each person signing on behalf of the applicant certify, under penalty of perjury, which to the best of their knowledge and belief, no elected official, officer, or employee has a direct or indirect financial interest in the application or in any related services or profits. In the case of a sole proprietorship, partnership, or corporation, each party certifies for its own organization. The applicant must fully describe any conflicts of interest in their response to this solicitation.
* **Review of Requirements**: Confirm review of all components of the application, including program and contract terms.
* **Vendor Registration: To** conduct business with Ocean County, please register on the [Ocean County Vendor Self-Service portal](https://www.co.ocean.nj.us/oc/purchasing/frmHomePDept.aspx)

### Environmental Review Requirements

All HUD-assisted projects must undergo an environmental review to assess potential impacts and ensure they do not harm the environment or public health. ***The Ocean County CDBG program will conduct the required environmental reviews for all projects***.

**Compliance**

* All CDBG projects require an environmental review before any project funds are committed.
* Projects must comply with NEPA and all applicable environmental regulations. For more information, visit: [EPA Compliance](http://www.epa.gov/compliance/nepa/index.html)**.**

**Review Process and Public Access**

* Ocean County conducts the environmental reviews for all CDBG projects, documenting their impact on the environment.
* Review requirements may vary by project type, including public facilities, public services, and housing rehabilitation.

For access to environmental review records, visit the [HUD Environmental Review Records](https://www.hudexchange.info/programs/environmental-review/environmental-review-records/) page.

### General Information

* **Contact:** For questions, contact the Ocean County Department of Planning at **732-929-2054** or [ocplanning@co.ocean.nj.us](mailto:ocplanning@co.ocean.nj.us).
* **Early Submission:** To ensure timely processing, applicants are encouraged to submit their proposals before the deadline.
* **Priority Indication**: If submitting multiple proposals, indicate the priority order.
* **Application Modifications**: The County reserves the right to adjust submission procedures in response to unforeseen circumstances (e.g. pandemics, regulations changes). The County will promptly communicate any modifications on the website and through other appropriate channels.

## Application Information

This application is for the Community Development Block Grant (CDBG) program, administered by Ocean County in partnership with the U.S. Department of Housing and Urban Development (HUD). The program funds projects that benefit low- and moderate-income residents, eliminate blight, or address urgent community needs. ***All proposals must meet one of HUD’s national objectives***.

Visit the [Ocean County Planning Department CDBG website](http://www.planning.co.ocean.nj.us/frmCECommDev) for essential resources, including:

* **CDBG Application Guidelines**
* **CDBG Submission Requirements**
* **CDBG Application**
* **CDBG Meeting Schedule and Timeline**

These resources help assess your project’s eligibility for funding. Be sure to check the **Meeting Schedule and Timeline** for details.

### Submission Requirements

**Paper Application**: A paper application with **original signatures is required** for submission. Digital applications are not acceptable unless the applicant submits a paper application.

**Submission Deadline**: Submit the paper application to County staff by the deadline. Staff will date and time stamp your submission upon receipt.

* **Application Period:** July 1, 2025 - January 31, 2027
* **Submission Deadline:** February 14, 2025, by 4:00 PM (local time)

**Digital Submission**: As a **temporary measure for emergencies** that delay paper delivery, applicants can send a digital copy of the application and attachments to [ocplanning@co.ocean.nj.us](mailto:ocplanning@co.ocean.nj.us). Acceptable formats include non-write protected Adobe Acrobat (.pdf) or Microsoft Word (.docx).

**Application Submission:**

* Submit one (1) original paper application with original signatures in a sealed envelope labeled “CDBG Application” to:

Ocean County Planning Department  
**ATTN: CDBG Application**  
129 Hooper Avenue - First Floor  
P.O. Box 2191

Toms River, NJ 08754-2191

**Important Notes:**

* **Rejection**: The County will reject incomplete applications or those that lack original signatures.
* **Submission Policy**: The County will not accept late applications or those sent to the incorrect location. This includes any modification requests or withdrawals submitted after the deadline.
* **Delivery Responsibility**: Applicants are responsible for timely delivery. The County is not liable for delays caused by delivery services such as FedEx, UPS, or USPS.

### Checklist - Items and Attachments

Utilize this checklist to verify that your application is complete and that all necessary attachments are included in your final submission.

Required Attachments – For **Municipal and Non-Profit** Subrecipients

Provided in this application packet:

**Application Information**:

Submission Requirements & Instructions

Checklist – Items and Attachments

Applicant & Contact Information

Agency/Organization Type & Registration Numbers

**Project Information**:

Project National Objective

Matrix Code & Matrix Code Table

Project Activity

Beneficiaries & LMA Table or LMC Table

Project Performance: Objectives, Outcomes, Activity Purpose, & Schedule and Goals

**Narratives**:

Narratives: Summary, Use of Funds, Accomplishment, & Targeted Population and Benefit Narrative

Limited English Proficiency

Disabilities and ADA Accessibility

**Proposed Budget**:

Funding History

Budget Table

**Certifications** (signature):

Conflict of Interest

Financial Information

General Certification

Supplemental Documentation Required:

Resolutions - Municipal - Submittal of Application and Representatives

Resolution - Non-Profit/Public Service - Representative

Non-Discrimination Policy Statement

Additional Attachments required for **Non-Profit** Subrecipients only

Agency Organization Chart

Board members and Contact Information (President and Treasurer

Bylaws

Articles/Certificate of Incorporation

Auditors Report and Federal Form 990 (if no auditors’ report)

IRS 501 (c)(3) Letter

System for Award Management (SAM) Unique Entity ID (UEI)

State Charities Registration Form. If applicable

State Certificate of Employee Information Report [AA-302]

Ocean County Vendor Self Service Portal Registration

Insurance Certificate of Liability Insurance

Additional Attachments required for **Municipal** Subrecipients only

Meeting minutes approving the application submission and authorizing a municipal signer

Affidavit for First **and** Second Public Hearings

Minutes from First **and** Second Public Hearings

Sign-in sheets for the First **and** Second Public Hearing (if available)

Public comments from the First **and** Second Public Hearing (if applicable)

### Contact Information

Enter the applicant’s information by clicking or tapping on each field below.

|  |  |
| --- | --- |
| Agency/Organization Name: | Agency Name |
| Mayor/Director/Executive Contact Name: | Contact Name |
| Grant Contact Name: | Grant Contact Name |
| Fiscal Officer Name: | Fiscal Officer Name |
| Mailing Address: | Mailing Address |
| Physical Address, *if different from mailing address:* | Physical Address |
| Prime Contact E-Mail: | Email |
| Telephone Number: | Telephone |
| Fax Number: | Fax |
| Web Address: | URL |

### Agency/Organization Type

Select **all** applicable types by clicking in the box.

Non-Profit

For-Profit

Government Entity

Public Corporation

501(c)(3) Status

Registered IRS EIN/TIN

Registered in System for Award Management (SAM) (opted-in for public view)

Registered New Jersey Charity

Registered in Ocean County Vendor Self Service Portal

### Registration Numbers

To enter information, click or tap on each field below.

|  |  |
| --- | --- |
| **Federal** |  |
| IRS EIN/TIN #: (##-#######) | EIN/TIN # |
| SAM UEI (Unique Entity Identifier) #: | UEI # |
| SAM UEI Status: | UEI Status |
| SAM UEI Expiration Date: | UEI Expire Date |
| **State** |  |
| New Jersey Charity Registration #: | NJ Charity # |
| **County** |  |
| Ocean County Vendor Code #: | County Vendor Code # |

## Project Information

Provide essential details about the project in the fields below. This information is crucial for accurately assessing the scope, goals, and specific needs of the application, ensuring a thorough evaluation.

### National Objective

Each activity funded by CDBG must meet **one** of HUD’s three national objectives:

1. Benefit low- and moderate-income (LMI) persons (51% minimum),
2. Aid in the prevention or elimination of slums or blight, or
3. Address an urgent need that poses a serious threat to health or welfare where other financial resources are unavailable.

Select **one** option that applies by clicking in the box.

Benefit to LMI persons  
 Aid in the prevention or elimination of slums or blight  
 Meet an urgent need

#### Matrix Code

**Note:** For additional information, please follow the **first three (3) hyperlinks** in the section titled "For More Information Visit." The *HUD Matrix Codes table* is also available on our CDBG website; **refer to the column headings to assist with completing the fields below**.

Matrix codes indicate activity eligibility but do not determine it on their own. Grantees must refer to the regulations outlined in *24 CFR 570.201 - 570.207* to confirm an activity’s eligibility. The primary purpose of matrix codes is to categorize activities for reporting in the federal IDIS database.

Select **one** eligible activity that applies by clicking in the box and enter additional information in the “Describe” field below.

Public Facilities and Improvements (municipal applicants)   
 Public Services (regional non-profit applicants; potential for municipal)   
 Rehabilitation; Single-Unit Residential (regional non-profit applicants; potential for municipal)

Other Describe

#### Matrix Code Table

To enter information, click or tap on each field below.

|  |  |
| --- | --- |
| Matrix Code: | Matrix Code |
| Federal Regulation: | Federal Regulations |
| Eligible Activity: | Eligible Activity |
| National Objective Code: | National Objective Code |
| National Objective Descriptions: | National Objective Descriptions |
| Entitlement: | Entitlement |
| Statute: | Statute |

For more information visit:

<https://www.co.ocean.nj.us//WebContentFiles//20200609_idis_matrix_codes.pdf>

<https://files.hudexchange.info/resources/documents/Matrix-Code-Definitions.pdf>

<https://files.hudexchange.info/resources/documents/National-Objective-Code-Descriptions.pdf>

<https://www.govregs.com/regulations/expand/title24_chapterV_part570_subpartC_section570.201>

### Project Activity

Select **one** option that applies by clicking in the box.

Project is a new activity.  
 Project is an existing activity.

To enter information, click or tap on each field below.

|  |  |
| --- | --- |
| Amount of CDBG Funds Requested: | CDBG Funds Requesting |
| Total Project Cost: | Total Project Cost |
| **Totals must align with the Project Proposed Budget – Leveraging table.** | |
| Project Title: | Project Title |
| Project Address: | Project Address |
| **If a specific location is not yet determined, provide the most likely location.** | |
| Describe | |

#### Beneficiaries

The primary objective of the CDBG program is to benefit low- and moderate-income (LMI) persons, defined as those earning at or below 80% of the Area Median Income (AMI) or residing in census block groups where at least 51% of the population meets LMI criteria, per Title 24, Code of Federal Regulations (CFR) 570.208(a). An application must meet a HUD National Objective as a minimum threshold; if it does not, the reviewers will not proceed with the application. Entities that fail to meet a National Objective after receiving funds must return the awarded funds to the County of Ocean.

CDBG activities related to Public Facilities and Public Services must meet a national objective as either Low/Moderate Income Area Benefit (LMA) or Limited Clientele (LMC), depending on whether they serve all residents in an LMI area or target specific LMI groups.

##### Low/Moderate Income Area (LMA)

This objective applies to activities that benefit all residents in a specific residential area where at least 51% of the residents are low- and moderate-income (LMI) persons. The Area Benefit category is the most commonly used national objective, serving residential neighborhoods where a majority of households earn income at or below 80% of the area median income.

For details on eligible LMAs, consult the [American Community Survey (ACS) 5-Year Low- and Moderate-Income Summary Data (LMISD)](https://www.hudexchange.info/programs/acs-low-mod-summary-data/) for Ocean County. Access the [Ocean County LMA web map](https://ocpd.maps.arcgis.com/apps/mapviewer/index.html?webmap=830047783ed146e1891e4feb80beda6c) to identify low- and moderate-income areas (LMA) ideal for project implementation.

##### LMA Table

To enter information, click or tap on each field below.

|  |  |
| --- | --- |
| **LMA** |  |
| Census Tract: | Census Tract |
| Census Block Group: | Census Block Group |
| Percentage of LMI (equal to or greater than 51%): | LMI % |

For more information visit:

<https://www.hudexchange.info/programs/acs-low-mod-summary-data/>

<https://ocpd.maps.arcgis.com/apps/mapviewer/index.html?webmap=830047783ed146e1891e4feb80beda6c>

##### Low/Moderate Limited Clientele (LMC)

For activities benefiting a specific group where at least 51% of beneficiaries are low- and moderate-income (LMI) individuals, HUD presumes certain groups primarily consist of LMI individuals. Projects serving these groups do not need to collect household income data but must collect race and ethnicity data.

Applicants **must** demonstrate that their project benefits LMI individuals by providing an estimated number of persons assisted in each presumed benefit category. For each category, indicate the estimated number of individuals served (e.g., if the project assists 10 elderly persons and 5 homeless persons, enter 10 and 5 in the respective fields).

##### LMC Table

The presumed LMI groups include:

|  |  |
| --- | --- |
| **Category** | **Estimated Number of Persons Assisted** |
| Elderly persons | Elderly persons |
| Homeless persons | Homeless persons |
| Migrant farm workers | Migrant farm workers |
| Persons living with HIV/AIDS | Persons living with HIV/AIDS |
| Illiterate adults | Illiterate adults |
| Battered spouses | Battered spouses |
| Abused children | Abused children |
| Severely disabled adults | Severely disabled adults |

Will all project beneficiaries fall into a **Presumed Benefit Category?**  
 Yes

No

### Project Performance

The project performance defines the specific outcomes the proposed project aims to achieve, serving as a benchmark for measuring effectiveness in addressing community needs. Clear performance goals ensure accountability and alignment with local priorities and HUD’s national objectives. By establishing measurable targets, the project can track progress, identify areas of improvement, and demonstrates its impact on the community, fostering transparency and stakeholder engagement.

#### Objectives

**Note:** The CDBG Application Submission Requirements include statements of the exact meaning of these terms. Create suitable living environments is usually the preferred choice.

Select **one** option that applies by clicking in the box.

Create suitable living environments

Provide decent affordable housing

Create economic opportunities

#### Outcomes

**Note:** The CDBG Application Submission Requirements include statements of the exact meaning of these terms. Availability/accessibility is usually the preferred choice.

Select **one** option that applies by clicking in the box.

Availability/accessibility

Affordability

Sustainability

#### Activity Purpose

Select **all** applicable types by clicking in the box.

Help Prevent Homelessness

Help the Homeless

Help Those with HIV/AIDS

Help Persons with Disabilities

#### Schedule and Goals

This section outlines the project timeline, detailing key activities with their start and end dates. It provides a framework for measuring progress and success, enabling stakeholders to track milestones and assess impact. Each activity is crucial to achieving project objectives and demonstrates a commitment to transparency and accountability in the use of CDBG funding.

|  |  |  |  |
| --- | --- | --- | --- |
| Sample Projected Table: | | | |
| Activity | **Start Month/Year** | **End Month/Year** | **Measurement Goal** |
| Examples: Food Bank, Handicapped Services, Neighborhood Facilities, Rehabilitation; Single Unit Residential, Sidewalks. | Ex: August yyyy | Ex: December yyyy | Ex: New or increased service |
| Examples: Constructions Plans, Bid Specification Book, Bid Date, Contract Award Date, Notice to Proceed Date, Construction Date. | Ex: August yyyy | Ex: December yyyy | Ex: New or increased service |

**The table below outlines the specific target dates for each activity throughout the project timeline**. To enter information, click or tap on each field below.

|  |  |  |  |
| --- | --- | --- | --- |
| Actual Projected Table: | | | |
| **Project Projected Start Date**:**** Insert Date | | | |
| **Project Targeted Completion Date**:**** Insert Date | | | |
| Activity | **Start Month/Year** | **End Month/Year** | **Measurement Goal** |
| Activity | Start Date | End Date | Goal |
| Activity | Start Date | End Date | Goal |
| Activity | Start Date | End Date | Goal |
| Activity | Start Date | End Date | Goal |
| Activity | Start Date | End Date | Goal |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Project Narratives

This section outlines critical details about the project seeking CDBG funding. Each narrative component offers essential insights into the project’s objectives, implementation strategies, success metrics, and community impact.

To enter information, click or tap on each field below. **Limit responses to a maximum of 600 characters**.

#### Summary

**Summarize the** project’s activities for which the organization seeks CDBG funding support.

Summary

#### **Use of Funds**

How will the project use the funds?

Use of Funds

Accomplishments

How does the agency evaluate the success of the project?

Accomplishments

#### **T**arget Population and Benefit Narrative

Describe how the activity, whether a project or service, benefits a targeted group of individuals, ensuring that at least 51% of participants are low- or moderate-income individuals, in accordance with HUD CDBG presumed benefit criteria.

Total Population and Benefit Narrative

#### Limited English Proficiency

What strategies will implement services for individuals with Limited English Proficiency (LEP)?

Limit English Proficiency

For LEP individuals, which languages do they speak (e.g., Spanish, other Indo-European languages, Asian and Pacific Island languages, etc.)? For details on languages spoken at home, consult the [Census Bureau S1601](https://data.census.gov/table/ACSST1Y2019.S1601?q=languages&g=050XX00US34029&hidePreview=false&tid=ACSST1Y2019.S1601) for Ocean County.

Limit English Proficiency

#### Disabilities and ADA Accessibilities

How will the project ensure accessibility for persons with disabilities and compliance with ADA standards?

Disabilities and ADA Accessibilities

### Project Proposed Budget - Leveraging

This section provides guidance for preparing the proposed budget for projects seeking Community Development Block Grant (CDBG) funding. Applicants should demonstrate how additional resources or leveraging would support the project, ensuring a comprehensive and sustainable approach to community development.

Key requirements for project budget preparation include:

**Leveraged Resources:**

Detail any additional resources or funding sources in the **budget table** that will support the project and contribute to its long-term success and sustainability.

#### Funding History

Applicants disclose any prior funding from Ocean County within the last two years, including a brief description of the project and funds received, if applicable.

Has the agency received funding from the County of Ocean **within the past two years**?

Yes

No

If “Yes,” provide a brief explanation of the purpose and amount of funding received.

Describe

#### Budget Table

The proposed budget documents leveraged funds, detailing sources beyond the CDBG grant, such as county or federal funding, foundation grants, or in-kind contributions. The budget table provides a structured format to outline these resources, ensuring transparency and alignment with project goals. If necessary, **attach additional pages** to explain engineering specifications, relevant information, and unusual budget expenditures.

To enter information, click or tap on each field below.

**Instructions:**

* **Column 1:** Enter the line-item description. If “other”, provide a description (e.g. Davis-Bacon compliance, donations, fees, fundraiser, and signage).
* **Column 2:** Enter the amount requested from County of Ocean CDBG funds.
* **Column 3:** Specify the additional funding source for project leveraging.
* **Column 4:** Enter the anticipated amount from the funding source in Column 3.
* **Column 5:** Calculate the total project budget (Column 2 + Column 4).

Ensure the **Grant Total** in Columns 2 and 5 matches the totals in the **Project Activity section**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line Item Description** | **CDBG Budget** | **Name of Additional Funding Source** | **Amount of Additional Funding** | **Total Project Budget** |
|  |  |  |  |  |
| **Administration** |  |  |  |  |
| Salaries | $ | Source Name | $ | $ |
| Benefits | $ | Source Name | $ | $ |
|  |  |  |  |  |
| **Operating Expenses** |  |  |  |  |
| Office Supplies/Postage | $ | Source Name | $ | $ |
| Utilizes/Rent/Insurance | $ | Source Name | $ | $ |
| Training/Travel | $ | Source Name | $ | $ |
| Professional Fees | $ | Source Name | $ | $ |
| Other Describe | $ | Source Name | $ | $ |
| Other Describe | $ | Source Name | $ | $ |
|  |  |  |  |  |
| **Capital Expense** |  |  |  |  |
| Equipment Purchase | $ | Source Name | $ | $ |
| Land Acquisition | $ | Source Name | $ | $ |
| Engineering/Design | $ | Source Name | $ | $ |
| Construction | $ | Source Name | $ | $ |
| Rehabilitation | $ | Source Name | $ | $ |
| Other Describe | $ | Source Name | $ | $ |
| Other Describe | $ | Source Name | $ | $ |
|  |  |  |  |  |
| **Grant Total** | $ |  | $ | $ |

### Project Requirements and Compliance

This section outlines mandatory requirements for project compliance, including signage and labor standards.

#### HUD CDBG Project Signage

All non-residential construction projects funded by Ocean County’s CDBG program must display HUD-approved signage. The cost for signage should be included in the project’s proposed budget and detailed in the project bid package. Refer to the Appendix for details.

#### Davis-Bacon and Related Acts (DBRA) Compliance

To ensure fair wages and labor standards, all non-residential construction projects undergo a Davis-Bacon Compliance Review. This review involves assessing contractor and subcontractor payroll reports for adherence to local prevailing wages and federal labor standards.

**The subrecipient is responsible for ensuring that the prime contractor understands that the grantee (the County) must review all contractor and subcontractor payroll reports for labor standard compliance before approving any payment reimbursement.**

The contract must clearly outline this requirement to ensure that all parties understand their responsibilities.

## Certifications

This section contains key certifications that support the information provided in this application. The following documents are included:

**Conflict of Interest** - **Certification Signature**

This certification confirms that the agency has disclosed any potential conflicts of interest related to this application. By signing, the authorized representative affirms that no conflicts exist, ensuring compliance with federal regulations and maintaining public trust in the administration of the Community Development Block Grant (CDBG) program.

**Financial Information** - **Certification Signature**

This certification verifies the accuracy and completeness of the financial information submitted in this application. By signing, the authorized representative confirms that all financial data accurately reflects the agency's financial position, ensuring compliance with federal guidelines and demonstrating a commitment to transparency and fiscal responsibility in managing Community Development Block Grant (CDBG) funds.

**General Certification** - **Application Signature**

This certification affirms that the information presented in this application is true, complete, and accurate to the best of our knowledge. By signing below, the authorized representative acknowledges compliance with all applicable regulations and confirms the agency's eligibility to receive funding under the Community Development Block Grant (CDBG) program.

### Conflict of Interest - Certification Signature

A conflict of interest arises when financial or personal considerations compromise professional judgment and objectivity. The federal CDBG conflict of interest provisions outlined in [*24 CFR 570.611*](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-570/subpart-K/section-570.611), states that:

* No employee, agent, consultant, officer, or elected or appointed official of the recipient, designated public agencies, or subrecipients receiving CDBG funds may have a financial interest or benefit from CDBG activities.
* This prohibition applies to individuals who participate in decision-making or gain inside information about these activities.
* Individuals must refrain from obtaining any financial interest in contracts or agreements related to CDBG activities during their tenure and for one year afterward.

**Conflict of Interest Certification**

The applicant and each signatory on behalf of the applicant certify, under penalty of perjury, which to the best of their knowledge and belief, no elected official, officer, or employee has a direct or indirect financial interest in the application or in any related services or profits. In the case of a sole proprietorship, partnership, or corporation, each party certifies for its own organization. The applicant must fully disclose any conflicts of interest in their response to this solicitation.

**Acknowledgment of Commitment**

I have read the Conflict of Interest guidelines as described in [*24 CFR 570.611*](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-570/subpart-K/section-570.611). I agree to abide by the principles embodied therein and understand the importance of maintaining professional judgment and objectivity in all CDBG-related activities.

|  |  |
| --- | --- |
| **Name of Municipality/Agency:** | Name of Agency |
| **Title of Executive Authority:** | Title |
| **Name of the Executive Authority:** | Name of Executive Authority |
| **Signature of the Executive Authority:** |  |
| **Date:** |  |

### Financial Information - Certification Signature

Complete this section to provide details on the financial background and compliance with federal financial requirements. To enter information, click or tap on each field below.

#### Federal Financial Assistance Threshold

In the last fiscal year, did your agency/organization expend **$750,000 or more** in federal financial assistance?

Yes

No

*If “Yes,” the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards issued by the federal Office of Management & Budget (OMB) require that any organization expending $750,000 or more in federal financial assistance during a fiscal year, secure an annual audited financial statement.*

#### Independent Financial Review Type

Indicate the level of independent financial review obtained. Select one of the following:

Single Audit

Audited Financial Statement

Reviewed Financial Statement

Compiled Financial Statement

No review by an independent party

Other Describe

#### Review Period

Specify the fiscal period covered by the most recent financial review:

Describe

**Certification of Financial Information**

I certify that the financial information provided in this section is accurate and complete to the best of my knowledge and that the organization complies with applicable federal financial reporting requirements.

|  |  |
| --- | --- |
| **Name of Municipality/Agency:** | Name of Agency |
| **Title of Executive Authority:** | Title |
| **Name of the Executive Authority:** | Name of Executive Authority |
| **Signature of the Executive Authority:** |  |
| **Date:** |  |

### General Certification - Application Signature

The information, exhibits, and schedules contained in this application are true and accurate statements that fairly represent the financial condition of our agency/organization. Our agency/organization is eligible to receive federal funding and is not in a debarred or otherwise ineligible status under the provisions of

[*24 CFR Part 24*](https://www.govinfo.gov/app/details/CFR-2012-title24-vol1/CFR-2012-title24-vol1-part24). Additionally, we prohibit discrimination in accordance with [Title VI of the Civil Rights Act of 1964](https://www.hud.gov/program_offices/fair_housing_equal_opp/title_vi_civil_rights).

**Certification Statement**

I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that providing false information may lead to disqualification or legal consequences.

|  |  |
| --- | --- |
| **Name of Municipality/Agency:** | Name of Agency |
| **Title of Executive Authority:** | Title |
| **Name of the Executive Authority:** | Name of Executive Authority |
| **Signature of the Executive Authority:** |  |
| **Date:** |  |

**Note to Applicants:**

Please submit all pages preceding this one. The Exhibits that follow are for reference only and do not need to be included with your application. However, applicants are encouraged to submit their own versions of applicable Exhibits, such as resolutions, where relevant.

## Appendix

This appendix provides key exhibits that support the application and encourages applicants to include their own resolutions and policies as part of their submission.

**Exhibit A** - **Recordkeeping Responsibilities**

Outlines responsibilities for maintaining accurate CDBG records in compliance with federal regulations.

**Exhibit B** - **CDBG Objectives and Priorities**

Available on the [Ocean County Planning Department CDBG website](http://www.planning.co.ocean.nj.us/frmCECommDev), this exhibit outlines the program's goals, focusing on funding for housing rehabilitation, public services, infrastructure, and economic development to benefit low- and moderate-income individuals and foster community revitalization.

**Exhibit C - Sample Resolution Municipalities - Application Submittal**

Provides a template resolution for municipalities submitting CDBG applications.

**Exhibit D - Sample Resolution Municipalities - Appointing Representatives**

Offers a sample resolution for appointing municipal representatives to the CDBG program.

**Exhibit E - Sample Resolution Public Services - Appointing Representatives**

Includes a template resolution for public services appointing representatives to the program.

**Exhibit F – Sample Nondiscrimination Policy**

Demonstrates a commitment to equity, accessibility, and compliance with nondiscrimination laws.

**Exhibit G - HUD CDBG Project Signage**

Shows the official signage design acknowledging CDBG funding and Ocean County Board of Commissioners’ support.

### Exhibit A – Recordkeeping Responsibilites

Successful applicants sign a Subrecipient Agreement (contract) with the County, outlining all requirements, including recordkeeping responsibilities.

1. **Records**: Keep records to justify all expenses for three years after spending the full grant.
2. **Insurance**: Maintain insurance, evidenced by providing a copy of the policy to the County.
3. **OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards**: Administer the CDBG program in accordance with the Uniform Guidance, which establishes standardized rules for grants management across federal agencies. This framework aims to reduce administrative burdens while ensuring accountability and preventing waste of federal funds, covering costs, audits, and compliance requirements.
4. **Audits**: Under 2 CFR § 200.501, audit requirements depend on the federal funds expended during the fiscal year. Entities spending **$750,000 or more** must undergo a single or program-specific audit, while those below this threshold are generally exempt but must keep records available for federal review. Key details include:

* **Single Audit**: Required for entities exceeding the $750,000 threshold across multiple federal awards to ensure compliance with federal stipulations.
* **Program-Specific Audit**: Entities spending $750,000 or more on a single program may opt for a program-specific audit if they do not require a financial statement audit.

1. **CDBG Grants Accomplishment Data**: Subrecipients must report their CDBG grants accomplishment data, including demographic information such as race/ethnicity, income levels of individuals, and access to improvements. HUD requires these figures for reporting and evaluating the program’s effectiveness.
2. **Income Verification**: Obtain written proof of income from clients receiving assistance, with exceptions for specific vulnerable groups, including abused children, battered spouses, elderly individuals, handicapped persons, homeless persons, illiterate individuals, or migrant farm workers. This requirement focuses on verifying eligibility and ensuring appropriate allocation of resources.
3. Establish a written policy to ensure that your facilities remain free from the illegal use, possession, or distribution of drugs and alcohol.
4. Return any income from CDBG-funded activities to the County as program income.
5. If HUD determines that an organization improperly spent CDBG funds, that organization will be responsible for reimbursing the U.S. Treasury.

### Exhibit B - CDBG Program Objectives and Priorities

The CDBG Program funds activities that meet one or more national objectives and align with the three-year priority needs and objectives. These priorities include high, medium, and low-priority activities that address key community needs, such as housing rehabilitation, public services, infrastructure improvements, and economic development, all aimed at benefiting low- and moderate-income individuals and promoting long-term community revitalization. For more information on the **three-year priority needs and objectives**, visit [Ocean County Planning Department CDBG website](http://www.planning.co.ocean.nj.us/frmCECommDev).

### Exhibit C – Sample Resolution Municipalities – Submittal Application

Resolution of the [**MUNICIPAL NAME**], county of ocean, state of new jersey, Authorizing the submission of THE COMMUNITY Development Block Grant (CDBG) program application Resolution no. [**NUMBER**]

**WHEREAS**, federal funds are available to the County of Ocean under Title I of the Housing Community Development Act of 1974, as amended, known as the Community Development Block Grant Program (CDBG); and

**WHEREAS**, the municipality has previously adopted ordinances and executed Cooperation Agreements with automatic renewals to participate in the CDBG Program for future program years; and

**WHEREAS**, the Uniform Shared Services and Consolidation Act (N.J.S.A. 40:65-1 et seq.) provides a mechanism for counties and municipalities to enter into agreements for shared services; and

**WHEREAS**, the [**MUNICIPAL NAME**] desires to submit a CDBG application through the County of Ocean for program year [**YEAR**] in the amount of **$000,000.00** for [**PROJECT** **NAME**]; and

**WHEREAS**, two public hearings must be held to discuss and approve the proposed project; and

**NOW, THEREFORE, BE IT RESOLVED** by the Governing Body of the [**MUNICIPAL NAME**], that the Administrator, Manager, Clerk, Chief Financial Officer, Mayor, Council President, and Municipal Engineer are authorized to execute and submit the CDBG application for program year [**YEAR**]; and

**BE IT FURTHER RESOLVED** that the Municipal Clerk shall forward a certified copy of this Resolution to the Ocean County Department of Planning, CDBG Program.

**Certification**

I, [**NAME**], [**TITLE**], of the [**MUNICIPAL NAME**], County of Ocean, State of New Jersey, do hereby certify that the foregoing is a true copy of a resolution adopted by the Governing Body of the [**MUNICIPAL NAME**] at the meeting held on [**DATE**].

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| --- | --- | --- |
|  |  |  |
| Signature of the Executive Authority |  | Date |
|  |  |  |
|  |  |  |
| Print Name |  | Title |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| RECORD OF VOTE | [NAME] | [NAME] | [NAME] | [NAME] | [NAME] | [MAYOR] |
| MOTION |  |  |  |  |  |  |
| YES |  |  |  |  |  |  |
| NO |  |  |  |  |  |  |
| ABSTAIN |  |  |  |  |  |  |
| ABSENT |  |  |  |  |  |  |

### Exhibit D – Sample Resolution Municipalities – Representatives

RESOLUTION OF THE [**MUNICIPAL NAME**], COUNTY OF OCEAN, STATE OF NEW JERSEY, APPOINTING REPRESENTATIVES TO THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM SUBCOMMITTEE

**WHEREAS**, the [**MUNICIPAL NAME**] is a participating municipality in the Ocean County Community Development Block Grant (CDBG) Program; and

**WHEREAS**, the Cooperation Agreement allows the chief executive of each municipality to appoint one representative and an alternate for a one-year term; and

**WHEREAS**, the Ocean County CDBG Committee requires each municipality to appoint a representative to participate and vote in all subcommittee matters;

**NOW, THEREFORE, BE IT RESOLVED** by the Mayor and Governing Body of the [**MUNICIPAL NAME**] that the following individuals receive appointment to the Community Development Block Grant (CDBG) Subcommittee for program year [**YEAR**]:

* CDBG Representative: [**NAME**], [**TITLE**], [**AGENCY NAME**]
* CDBG Alternate Representative: [**NAME**], [**TITLE**], [**AGENCY NAME**]

**BE IT FURTHER RESOLVED** that the Municipal Clerk shall forward a certified copy of this Resolution to the Ocean County Department of Planning, CDBG Program.

**Certification**

I, [**NAME**], [**TITLE**], of the [**MUNICIPAL NAME**], County of Ocean, State of New Jersey, do hereby certify that the foregoing is a true copy of a resolution adopted by the Governing Body of the [**MUNICIPAL NAME**] at the meeting held on [**DATE**].

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of the Executive Authority |  | Date |
|  |  |  |
|  |  |  |
| Print Name |  | Title |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| RECORD OF VOTE | [NAME] | [NAME] | [NAME] | [NAME] | [NAME] | [MAYOR] |
| MOTION |  |  |  |  |  |  |
| YES |  |  |  |  |  |  |
| NO |  |  |  |  |  |  |
| ABSTAIN |  |  |  |  |  |  |
| ABSENT |  |  |  |  |  |  |

### Exhibit E – Sample Resolution Public Service – Representatives

RESOLUTION OF [**REGIONAL NON-PROFIT NAME**] AUTHORIZING THE COMMUNITY Development Block Grant (CDBG) APPLICATION AND EXECUTION OF RELATED DOCUMENTATION

Resolution no. [**NUMBER**]

**WHEREAS**, federal funds are available to the County of Ocean under Title I of the Housing Community Development Act of 1974, as amended, known as the Community Development Block Grant Program (CDBG); and

**WHEREAS**, [**REGIONAL NON-PROFIT NAME**] is governed by its charter and bylaws;

**WHEREAS**, the Board of Directors of [**REGIONAL NON-PROFIT NAME**] wishes to submit a CDBG application through the County of Ocean; and

**WHEREAS**, [**REGIONAL NON-PROFIT NAME**] proposes to apply for program year [**YEAR**] funding in the amount of **$000,000.00** for [**PROJECT NAME**]; and

**WHEREAS**, the application must be signed by an authorized person; and

**WHEREAS**, the Board of Directors agrees to comply with all information requests related to processing the CDBG grant; and

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Directors of [**REGIONAL NON-PROFIT NAME**] authorize the CDBG application and the execution of the CDBG Subrecipient Agreement (“Agreement”) upon receipt from the County of Ocean. Further, [**REGIONAL NON-PROFIT NAME**] authorizes the expenditure of funds according to the terms of the Agreement.

**BE IT FURTHER RESOLVED** that the individuals listed below has authorization to sign the CDBG application and will continue to have the authority to sign and execute the Agreement and related documents.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SIGNATURE |  |  | SIGNATURE |  |
| PRINT NAME |  |  | PRINT NAME |  |
| TITLE |  |  | TITLE |  |

**Certification**

I, the duly authorized representative of this agency/organization, certify that the foregoing is a true copy of a resolution adopted by the Board of Directors.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of the Executive Authority |  | Date |
|  |  |  |
|  |  |  |
| Print Name |  | Title |

### Exhibit F – Sample Non-Discrimination Policy Statement

[Organization Name] commits to equity, accessibility, and compliance with laws, ensuring no individual faces exclusion or discrimination. Applicants are encouraged to submit their own policy with the application.

No individual or group will face exclusion from participation in, denial of benefits from, or discrimination under any programs, services, or activities administered by [Organization Name], its contractors, or affiliates, based on:

* Race
* Color
* National or ethnic origin
* Ancestry
* Age
* Religion or religious creed
* Disability or handicap
* Sex
* Sexual orientation
* Gender, gender identity, or expression (including transgender identity)
* Genetics
* Military or veteran status
* Retaliation
* Any other characteristic protected under applicable law

This policy applies to all employees, contractors, subrecipients, consultants, officers, and elected or appointed officials.

[Organization Name] is committed to upholding these principles and ensuring equity and accessibility in all operations.

### Exhibit G – HUD CDBG Project Signage

This section outlines the mandatory requirements for project signage to ensure compliance with public notification. The signage informs the public about projects funded by CDBG grants, promotes accountability in the allocation of federal funds, and ensures that the community is fully aware of the work contractors perform in their area.

**Note:** *Some municipalities may have existing HUD signs from Public Works that need updates to reflect the "Board of Commissioners" designation. Signage not to scale.*

#### Keys Requirements

1. **Mandatory Signage**: All non-residential construction projects funded by Ocean County’s CDBG program must display HUD-approved signage.
2. **Budget Inclusion**: The cost for signage should be included in the project’s proposed budget and detailed in the project bid package.
3. **Visibility**: Place the sign in a prominent location where the public can easily see it, such as at the construction or improvement site.
4. **Timing**: The sign must be posted before work begins, giving the public advance notice of the funding and project details.

#### Signage Design Specifications

1. **Dimensions and Colors**: The sign should measure between 4' x 6' and 8' x 5', with a background featuring three equal horizontal stripes in red, white, and blue.
2. **Text Requirements**: The blue section should display the text, “ADMINISTERED BY THE OCEAN COUNTY BOARD OF COMMISSIONERS.”

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