



**CITY OF CAMDEN**  
**DEPARTMENT OF FINANCE**  
**BUREAU OF GRANTS MANAGEMENT**

**REQUEST FOR PROPOSAL**  
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
**HOME INVESTMENT PARTNERSHIP PROGRAM**

**Deadline for Submission: 1/30/17**

**THE HONORABLE DANA REDD, MAYOR**  
**ROBERT CORRALES, BUSINESS ADMINISTRATOR**  
**GLYNN JONES, DIRECTOR OF FINANCE**

CITY OF CAMDEN



DEPARTMENT OF FINANCE  
BUREAU OF GRANTS MANAGEMENT

ENTITLEMENT GRANT FUNDING APPLICATION

Applicant Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal ID No: \_\_\_\_\_ Charities Registration No. \_\_\_\_\_

Dun and Bradstreet Number (*required*): \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Contact Person Name & Title: \_\_\_\_\_

Funding Program Requested: \_\_\_\_\_ CDBG \_\_\_\_\_ HOME

If requesting HOME Funds, is your organization applying for CHDO status? Yes  No

Amount of Grant Requested: \_\_\_\_\_

Amount of Leveraging Funds: \_\_\_\_\_

Total Activity/Project Amount: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Required Project Description:**

**1) Concise Description:**

Submit a separate proposal for each purpose or fund and identify the category, amount requested, outcome/objective, and indicator within a concise description. The description must identify the primary purpose and categorize the **Objective, Outcome, and Indicator** according to standardized choices: **Objective** - *Suitable Living Environments, Decent Affordable Housing, or Economic Opportunity*; the **Outcome** - *availability/accessibility, affordability, or sustainability* and the measure of success from 18 **Indicator** choices. Simply, the terms tell who, what, when, where and how for each request.

**Project Description:**      **Fund:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Outcome/Objective:** \_\_\_\_\_

**Optional Request):**

**2) Early Proposal Review – January 9, 2017 to January 16, 2017**

The agency listed below is requesting an Early Proposal Submission Review to identify if minimum support documentation has been provided as listed on the attached checklist:

**BGM Stamped Request Date:**

**Agency Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

***The non-profit agency representative that submits a proposal for an Early Submission Review certifies to sign-in the completed proposal by January 30, 2017 before 4:30 pm after notice of the missing information.***

**NOTICE OF FUNDS AVAILABILITY (NOFA)**

For FY 2017/2018 the City of Camden will target its Entitlement Grant funds to the City's proposed objectives in the Annual Consolidated Plan. Organizations submitting proposals are asked to identify the activity category or categories to which the activities requested for funding belong. Funding will be made available for the following entitlement grants funded by the US Department of Housing and Urban

Development:

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)**

**Basis for Allocation Funding**

The primary objectives of the Consolidation Plan programs are to benefit low and moderate-income residents. Camden City's block grant programs are targeted to low and moderate-income neighborhoods and activities that benefit the City as a whole, the majority of whose residents are low and moderate income.

**Geographic Location**

Guided by the eligibility requirements of the various Consolidated Plan programs, the City of Camden recognizes the following priority need categories for the annual planning period. Relative priorities and targeted funding levels were established through the synthesis of the needs assessment review. A core component of the public outreach in preparation of the plan was to prioritize among the lengthy list of real needs given the limited amount of resources available through the Consolidated Plan programs.

The **2017 – 2018 Priority Needs Summary Table** identifies Annual Consolidated Plan objectives and the corresponding priorities need level as low, medium, high, or not rated for each objective. Applicants must match the proposed project description with the objectives from the Priority List. See the Priority Needs chart below.

| <b>2017 – 2018 Priority Needs Summary Table</b>                   |                   |
|---|-------------------|
| <b>GOAL: AFFORDABLE RENTAL HOUSING</b>                            |                   |
| Objectives  | <b>Need Level</b> |
| 1. Maintain/expand tenant-based HACC and NJ DCA rental assistance | High              |
| 2. Provide new or converted HACC and CRA rental housing           | High              |
| <b>GOAL: AFFORDABLE OWNER-OCCUPIED HOUSING</b>                    |                   |
| Objectives  |                   |
| 1. Assist with emergency repairs                                  | High              |
| 2. Assist with financing home repairs and improvement projects    | High              |
| 3. Assist and or support new construction                         | High              |
| 4. Provide direct financing assistance to first time homebuyers   | High              |

| <b>2017 – 2018 Priority Needs Summary Table</b> |        |
|---|--------|
| <b>GOAL: CDBG: PUBLIC FACILITY NEEDS</b>        |        |
| Objectives                                      |        |
| 1. Youth Centers                                | High   |
| Child care centers                              | High   |
| Health Facilities                               | High   |
| 2. Senior Centers                               | Medium |
| Neighborhood Facilities                         | Medium |
| Parks and/or recreation Facilities              | Medium |
| Parking Facilities                              | Medium |
| Other Public Facilities                         | High   |
| <b>GOAL: CDBG INFRASTRUCTURE IMPROVEMENT</b>    |        |
| Objectives                                      |        |
| 1. Water Improvements                           | High   |
| Street Improvements                             | High   |
| Sewer Improvements                              | High   |
| 2. Sidewalk Improvements                        | Medium |
| <b>GOAL: PUBLIC SERVICE NEEDS</b>               |        |
| Objectives                                      |        |
| 1. Handicapped Services                         | High   |
| Youth Services                                  | High   |
| Substance Abuse Services                        | High   |
| Employment Training                             | High   |
| Workforce Development Activities                | High   |
| Crime Awareness                                 | High   |
| Health Services                                 | High   |
| 2. Senior Services                              | Medium |
| Transportation Services                         | Medium |
| Fair Housing Counseling                         | Medium |
| Tenant/Landlord Counseling                      | Medium |
| Child Care Services                             | Medium |
| Other Public Services Needs                     | Medium |
| <b>GOAL: HISTORIC PRESERVATION NEEDS</b>        |        |
| Objectives                                      |        |
| 1. Non-residential Historic Preservation Needs  | Low    |

| <b>2017 – 2018 Priority Needs Summary Table</b> |        |
|---|--------|
| <b>GOAL: ECONOMIC DEVELOPMENT NEEDS</b>         |        |
| Objectives                                      |        |
| 1. Commercial Industrial Rehabilitation         | High   |
| Commercial-Industrial Infrastructure            | High   |
| Other Commercial Industrial Improvements        | High   |
| 2. Micro-Business                               | High   |
| Other Businesses                                | N      |
| Technical Assistance                            | Medium |
| Other Economic Development Needs                | N      |
| <b>GOAL: OTHER COMMUNITY DEVELOPMENT NEEDS</b>  |        |
| Objectives                                      |        |
| 1. Lead Based Paint/Hazards                     | High   |
| 2. Energy Efficiency Improvements               | Medium |
| <b>GOAL: PLANNING</b>                           |        |
| Objectives                                      |        |
| 1. Planning                                     | High   |
|   |        |

Funds will be made available as follows:

|  |                        |
|--|------------------------|
| <b><u>Projected Program/Activity:</u></b>  |                        |
| <b><u>Community Development Block Grant</u></b>  |                        |
|  | <b>\$ 1,629,705.00</b> |
| ▪ <b><u>Economic Development:</u></b>  |                        |
| Amount contingent upon available funding and eligible proposed activities                                      |                        |
| ▪ <b><u>Public Facilities:</u></b>   |                        |
| Amount contingent upon available funding and eligible proposed activities                                      |                        |
| <b><u>HOME Partnership Investment Program</u></b>  |                        |
| ▪ CHDO Set-Aside   | <b>\$ 107,822.00</b>   |
| ▪ Other HOME Activities -  | <b>\$ 539,108.00</b>   |
| ➤ Housing rehabilitation for sale to low/mod Families  |                        |
| ➤ New Construction of housing for sale to low/moderate income families   |                        |
| ➤ Acquisition of property connected to a proposed HOME-funded activity   |                        |
| ➤ Site Improvements related to a proposed HOME-funded activity   |                        |
| ➤ Pre-development connected to a proposed HOME-funded activity<br>(HOME-funded unit within 24 months of award) |                        |

You should submit the **original and one copy** of the completed proposal. Assembling instructions can be found on the next page of this document. Your proposal should be submitted to the **Bureau of Grants Management, Room 316, City Hall, Camden, NJ, between the hours of 8:30 a.m. and 4:30 p.m.** You will be required to sign in the proposal. A sign-in sheet will be available at the reception area front desk.

## I. Questions

For answers to any questions, you may contact the Bureau of Grants Management at (856) 757-7688 or 757-7689.

## II. Due Date

Completed applications are due **on or before January 30, 2017, no later than 4:30 p.m.** Late applications will not be accepted or will be returned to you as ineligible.

## III. Application Instructions

### Presentation and Organization of the Proposal

- A. Each exhibit must be clearly marked, pages must be numbered sequentially, and divider pages with tabs must be inserted in the package to identify and separate each exhibit and its supporting materials. Applications must be submitted on 8.5" x 11" paper of reproducible quality. Applications should be bound in a fashion that facilitates an efficient review of the material such as insertion in a ring binder. Submit only the original in a ring binder and one copy of the Proposal.
- B. Include a Table of Contents
- C. Do not submit a transmittal letter. The Application form (included herein) serves that purpose.
- D. Do not submit unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective response to this Request for Proposal (RFP). Elaborate artwork, expensive paper, and visual or other presentation aids are neither necessary nor desirable.

## VI. Application Requirements

The items listed below (1 - 20) represent the required components for a complete submission this year. **You may use this checklist to verify that your application is complete prior to submission and in the correct order as specified by the list. Do not include the checklist with your application.**

- ( ) 1. **Application Form.** Place the application form as the first page of the application, followed by the other documents specified below. The authorized representative of your organization **must** sign the application. **Make certain the form is completed and all applicable questions answered.**
- ( ) 2. **Acknowledgment of Application Receipt** (optional) – A receipt is provided for you to submit with your application if you would like the City of Camden to notify you that your application has been received.
- ( ) 3. **Table of Contents**



( ) 4. **Budget.** You must submit a Budget indicating how you will use the funds requested and indicating other sources of funding committed for the activity/project. Follow the sample budget forms labeled Attachment A or B.

( ) 5. **Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience.** Your narrative should not exceed 5 pages.

a. Describe the knowledge and recent and relevant experience of your proposed activity/project director and staff (including the day-to-day program manager, consultants and contractors) in planning and managing programs for which funding is being requested. Describe your readiness and ability to immediately begin the proposed work plan on the date specified in Ranking Factor No. 2.

For each identified employee and consultant/subcontractor to be allocated to the activity/project, identify the titles, and describe the roles to be performed by each.

b. **Previous Awards.** If you were cited by the City of Camden as having a negative monitoring finding for which corrective action was required, include a copy of your response to the City outlining the steps to be taken to correct the finding(s), and describe the steps you have taken to date to correct said findings. The City will review any documentation concerning past noncompliance with any past awards or unexpended funds and will consider that information in making funding decisions.

( ) 6. **Rating Factor 2. Description of the Proposed Activity/Project and Its Relationship to the City's 5-year Consolidated Plan.**

a. A detailed, but concise, description of the activity/project that you are proposing and its relationship between the proposed activity/project and the identified goals and priorities (contained herein).

- 1) Describe how the activity/project *objective* will meet one of the National Objectives described in 24 CFR 570.208. Include a Map showing location and census tract of the proposed activity/project.
- 2) The extent to which you document a critical level of need, for the proposed activities in the area/census tract where activities will be carried out;
- 3) List one of the standard *indicators* to measure the primary *outcome* of the anticipated positive behavior;
- 4) Provide a list of tools projected to track progress for the proposed activities; and
- 5) The time required to implement the proposed activity/project. Include an Implementation / Production Schedule.

Preference will be given to activities/project that can be implemented within 6 months, no later than a year, after this award.

- If you are proposing a **Housing Rehabilitation or Construction of New Housing** activity, describe whether you have site control and list the properties targeted for rehabilitation or the lots to be constructed on. Attach documentation evidencing ownership of the property(s) in question or evidencing an Option Agreement to purchase such property(s).
  - If proposing a **Public Facility** project, describe whether you have site control and list the address of the property(s) to be targeted with this request. Attach documentation evidencing ownership.
  - If proposing an **Economic Development** activity/project, provide evidence of site control (if rehabilitation/new construction). Also, specify in your description the number of jobs to be created by the activity and or the number of low/mod income City residents to receive training.
  - Limit your narrative to not more than 10 pages.
- ( ) **7. Rating Factor 3: Leveraging Resources.** This factor addresses your ability to secure other resources that can be combined with this request to achieve program purposes. Your evidence of this would consist of document copies such as signed and dated letters or funding certifications from the funding source(s) that provide funds to the proposed activity/project. The statements must be from the funding source and must show the amount of funds available, and the period of time the funds are or will be available for use. In addition to the award letters, if there are multiple funding sources, please ensure that your budget indicates the name of the source and the amount of funds awarded.
- ( ) **8. Rating Factor 4: Affirmative Marketing and Outreach** Describe how you plan to carry out the proposed activity/project to all eligible segments of your target area regardless of race, color, national origin religion, sex, disability or familial status. Your strategy should include outreach to those who would be least likely to apply for and/or receive the service proposed in your application.
- a. Describe the specific steps your organization has taken or will take to identify and coordinate its proposed activity/project with those in other groups or organizations. Include in your description how the proposed activity/project will complement, support or augment other such efforts. Limit your response to two (2) pages.
- ( ) **9. Rating Factor 5: Status of Applicant's Tax Liabilities** If your organization owns property in the City of Camden that is not tax-exempt, you must provide evidence that all your taxes, water and sewer obligations are paid up-to-date. Complete and submit the attached Certification of Current Tax Liability.
- ( ) **10. Section 3 Requirement.** Section 3 is a provision of the Housing & Community Development Act of 1968 that is designed to help foster local economic development and individual self-sufficiency. The Section 3 Program requires that recipients of HUD financial assistance, to the greatest extent feasible, provide job training, employment and contracting opportunities to low and very low income residents. Specifically, the Section 3

regulations (which can be found at 24 CFR Section 135) apply to recipients of federal housing and community development assistance in excess of \$200,000 that is expended for: housing rehabilitation, housing construction, or other public construction projects; and to contracts and sub-contracts in excess of \$100,000 awarded in connection with a Section 3 covered activity.

Recipients subject to Section 3 must maintain appropriate documentation that demonstrates compliance with the requirements. Additionally, all recipients of Section 3 covered assistance must submit an annual accomplishments report that indicates employment and other economic opportunities provided to low and very low income persons.

- ( ) 11. **Implementation Schedule**
- ( ) 12. **Organizational Chart and Résumés (identify Staff Name and Title on the Organizational Chart)**
- ( ) 13. **Up-to-date List of Board of Directors (Indicate resident members and provide addresses)**
- ( ) 14. **Conflict of Interest Form - Note: complete the attached Conflict of Interest Form for any Board Member/Government Official (See attachment)**
- ( ) 15. **Copy of 501(c) 3 Non-Profit Designation (not necessary if awarded funds last fiscal year)**
- ( ) 16. **Copy of 2015 Agency Audit (most current or at a minimum, a current financial statement)**
- ( ) 17. **Copy of a current Charities Registration (not necessary if most recent renewal was previously submitted)**
- ( ) 18. **Copy of agency's Affirmative Action Plan/Process**
- ( ) 19. **Copy of agency's Procurement Procedures**
- ( ) 20. **Copy of agency's By-laws and Certificate of Incorporation (not necessary if awarded funds last fiscal year and the documents remain unchanged)**
- ( ) 21. **Applicant Certification and Authorization**
- ( ) 22. **Board Resolution Authorizing Application**

## **V. Sample Budget Forms**

**(See Attachments A & B)**

## VI. Review and Evaluation

The City of Camden, Bureau of Grants Management staff will review each proposal for eligibility and completeness based on the requirements of the RFP. The Citizen Participation Advisory Panel (CPAP) will review and evaluate each proposal based on the criteria in the RFP. There are five factors that will be used to evaluate each proposal as follows:

- Factor 1: Capacity of the Applicant and Relevant Organizational Experience
- Factor 2: Description of Proposed Activity and Its Relationship to the 5-Year Consolidated Plan
- Factor 3: Leveraging Resources
- Factor 4: Affirmative Marketing and Outreach
- Factor 5: Status of Agency Tax Liabilities

Following the CPAP review, the Department of Development and Planning and the Department of Health and Human Services will perform an administrative review. Prior performance, outstanding monitoring issues and the CPAP ranking of the proposal will be taken under consideration. The Administrative Review will produce a list of proposals to be recommended for funding. The proposed funding list will be presented to the Mayor for final approval. ***Submittal of a proposal does not guarantee a funding commitment.***

Two public hearings will be held prior to HUD submission for approval. All public hearings will be advertised in the Courier Post and flyers will be distributed to Community Centers, Libraries, Rutgers University, Rowan University and Camden County College.



**CITY OF CAMDEN  
DEPARTMENT OF FINANCE  
BUREAU OF GRANTS MANAGEMENT**

**ACKNOWLEDGMENT OF RECEIPT OF PROPOSAL FOR FUNDING**

**The City of Camden, Department of Finance, Bureau of Grants Management hereby acknowledges receipt of proposal submitted by**

\_\_\_\_\_ (name of agency)

on \_\_\_\_\_.

**The proposal was ( ) was not ( ) received within the required deadline date of January 30, 2017 at 4:30 p.m.**

\_\_\_\_\_ (print name)

\_\_\_\_\_ Date

\_\_\_\_\_ (signature)







**City of Camden  
NON-PROFIT CONFLICT CERTIFICATION**

I \_\_\_\_\_, being of legal age do hereby certify:  
(Name)

1. I (am/am not) an employee for the City of Camden. My title is \_\_\_\_\_  
\_\_\_\_\_. However, I function as a \_\_\_\_\_

2. A potential appearance of a conflict may exist with \_\_\_\_\_  
(Organization)  
for the reason that a dual relationship may exist ( *check all applicable statements*):

I serve as \_\_\_\_\_ for the \_\_\_\_\_ organization.  
(Title)

A (relative/other) \_\_\_\_\_ connected to said organization  
(Name)  
in the following capacity: \_\_\_\_\_  
\_\_\_\_\_ Duration: \_\_\_\_\_

The relationship of \_\_\_\_\_ circle one *is/ is not* of a totally voluntary nature.

I receive no monetary or other benefits from my relationship to said organization.

3. I am aware that it is my responsibility to disclose any conflicts or potential appearance of conflict of interest; my outside relationship may generate for the City of Camden.

4. I have not and will not utilize my position with the City of Camden to influence benefits to \_\_\_\_\_.  
(Organization)

5. I have attached another explanation Yes \_\_\_\_\_ No \_\_\_\_\_

My signature certifies that the statements provided are true. I am aware that if any of the statements are willfully false, the organization's grant may be forfeited or recaptured.

Date: \_\_\_\_\_

\_\_\_\_\_

Signature

**City Of Camden Personnel Only**

Received by \_\_\_\_\_



# SAMPLE BUDGET FORM

**City Of Camden**  
**Entitlement Funding FY 2017-2018**  
**Term: 7/1/17-6/30/18**  
**Attachment A**

| BUDGET CATEGORY         | APPROVED BUDGET:<br>Entitlement Funding | Other Source<br>Funding | Other Source<br>Funding | Project Total |
|-------------------------|---|-------------------------|-------------------------|---------------|
| <b>Construction</b>     |   |                         |                         |               |
| Construction Management |   |                         |                         |               |
| <b>Engineering</b>      |   |                         |                         |               |
| <b>Space Rental</b>     |   |                         |                         |               |
| 800.00 monthly          |   |                         |                         |               |
| <b>Office Supplies</b>  |   |                         |                         |               |
| <b>Travel</b>           |   |                         |                         |               |
| <b>Training</b>         |   |                         |                         |               |
| <b>Total</b>            |   |                         |                         |               |

**INSTRUCTIONS:** When completing this form, you must list all applicable budget categories amounts and funding sources in the columns provided. Feel free to duplicate this form add any necessary rows or columns for applicable budget information.

# SAMPLE BUDGET FORM

CITY OF CAMDEN  
 HOME FUNDING - CONSTRUCTION/REHAB PROJECTS  
 Entitlement Funding FY 2017-2018  
 Term: 7/1/17 -6/30/18  
 Attachment B

| BUDGET CATEGORY                      | HOME BUDGET: | *Reinvestment Fund | Balanced Housing | HMFA | Developer Equity | Project Total |
|--------------------------------------|--------------|--------------------|------------------|------|------------------|---------------|
| <b>Building Property Acquisition</b> |              |                    |                  |      |                  |               |
| <b>Construction</b>                  |              |                    |                  |      |                  |               |
| Construction                         |              |                    |                  |      |                  |               |
| Contingency                          |              |                    |                  |      |                  |               |
| Construction Management              |              |                    |                  |      |                  |               |
| Contractor Overhead                  |              |                    |                  |      |                  |               |
| <b>Professional Fees</b>             |              |                    |                  |      |                  |               |
| Legal                                |              |                    |                  |      |                  |               |
| Audit & Accounting                   |              |                    |                  |      |                  |               |
| Surveys                              |              |                    |                  |      |                  |               |
| Engineering                          |              |                    |                  |      |                  |               |
| Environmental                        |              |                    |                  |      |                  |               |
| Appraisal                            |              |                    |                  |      |                  |               |
| <b>Other Soft Cost</b>               |              |                    |                  |      |                  |               |
| <b>Financing</b>                     |              |                    |                  |      |                  |               |
| <b>Total</b>                         |              |                    |                  |      |                  |               |

**INSTRUCTIONS:** When completing this form, you must list all applicable budget categories, amounts and funding sources in the columns provided. Feel free to duplicate this form and add any necessary rows or columns for applicable budget information.

