

A. Agency Contact Information

No data saved

Case Id: 30036

Name: Neighborly Test Case - 2020

Address: *No Address Assigned

A. Agency/Organization Information

Please provide the following information.

A.1. Agency Name

A.2. Executive Director

A.3. Telephone Number

A.4. Email Address

A.5. Agency Address

A.6. Federal Tax ID #

A.7. [DUNS](#)

A.8. Primary Contact Name

A.9. Primary Contact Title

A.10. Telephone Number

A.11. Email Address

A.12. Web Address

A.13. Is Agency/Organization:

A.14. Is organization currently registered in the federal System for Award Management [SAM](#) and opted-in for public view?

B. Project Information

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B. Project Information

Please provide the following information.

B.1. Project Summary

	Project Name	PY 2021 - 2022 CDBG Funds	Amount of CDBG-CV Funds Requested	Project Service Area
		\$0.00	\$0.00	

B.2. Please list all project sites where annual CDBG funding and/or CDBG-CV funding will be utilized.

B.3. Select the type of project proposed:

If you selected "Other" above, please explain:

B.4. Which objective does the project qualify under?

- LMI Objective Only
- Prevention of the Coronavirus
- Preparation for the Coronavirus
- Response to the Coronavirus

B.5. Program Summary - Briefly summarize the program for which the annual CDBG and/or CDBG-CV funding has been requested.

B.6. Use of Funds - How will the funds be utilized? If both CDBG and CDBG-CV are requested, distinguish the use of funds for each.

B.7. Coronavirus Pandemic Impact - Summarize how the proposed project directly addresses an impact from the current coronavirus pandemic, if applicable.

B.8. Program Eligibility

B.9. Is this program receiving any other funding from the County of Gloucester?

If yes, how much was received and from what source?

Amount Received	Source
\$0.00	

C. Performance Measures

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C. Performance Measures

Please provide the following information.

C.1. Accomplishments - Once the project is completed, how can its success be measured:

D. Program Beneficiaries

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D. Program Beneficiaries

Applicant must be able to document that the program benefits low- and moderate income persons.

D.1. How many low- and moderate-income persons are expected to be assisted?

Amount

PRESUMED BENEFIT

Activities that exclusively serve a group of persons in any one or a combination of the following categories may be presumed to benefit a population in which at least 51% of the population is low- and moderate-income.

D.2. Will all of the program's beneficiaries be in a Presumed Benefit Category?

D.3. How many persons in each presumed category are proposed to be assisted if funding is received?

	Amount
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E. Budget

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E. Budget

Please provide the following information.

E.1. Total Cost of Project

\$0.00

E.2. CDBG Funds Requested

\$0.00

E.3. CDBG-CV Funds Requested:

\$0.00

E.4. Grant Amount Requested

\$0.00

E.5. Percent Request Total

0.00 %

E.6. Total Other Funding

\$0.00

E.7. Other Agencies Applied to for Funds

Name	Amount	Other Agency Funding Status
	\$0.00	

E.8. Proposed Budget

Budget Category	CDBG Funds	CDBG-CV Funds	Description
	\$0.00	\$0.00	

F. Required Documents

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F. Required Documents

Please provide the following information.

Documentation

RFP APPLICATION CHECKLIST (FORM) *Required

**No files uploaded

An Affirmative Action Statement (FORM) *Required

**No files uploaded

A completed Non-Collusion Affidavit (FORM) *Required

**No files uploaded

A completed Owner Disclosure Statement (FORM) *Required

**No files uploaded

A copy of the Proposer's Business Registration Statement *Required

**No files uploaded

Bylaws *Required

**No files uploaded

Organization Chart *Required

**No files uploaded

Certificate of Incorporation *Required

**No files uploaded

501(C)(3) IRS designation letter, listing of your Board of Trustees. *Required

**No files uploaded

List of Board Members and Resumes *Required

***No files uploaded*

Resume of all people assigned to perform service including any necessary professional license or certification from the State of New Jersey. *Required

***No files uploaded*

Certificates of Liability and Worker's Comp Insurance *Required

***No files uploaded*

Most Recent Audit *Required

***No files uploaded*

Evidence of State Charitable Registration

***No files uploaded*

[SAM Registration](#)

***No files uploaded*

Certification of No Supplanted Funding

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Certification of No Supplanted Funding

Please provide the following information.

Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds. Federal funds may not supplant/displace existing funds for a project and its individual sub-activities, including staff costs and general operating costs.

Agency certifies that:

PY 2021 CDBG and/or CDBG-CV funds, if awarded, will not supplant or leverage funds received from other federal, state or local government sources, or funds independently generate by the expenditures from other federal, state, or local sources or funds independently generated by the subrecipient agency;

I, the duly authorized representative of the applicant agency/organization, certify that the foregoing statements are true to the best of my knowledge and belief:

Signature

***Not signed*

Date

Certification

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Certification

Please verify all information is accurate. Once an application is submitted, it can only be "Re-opened" by an Administrator.

The information, exhibits, and schedules contained in this application are true and accurate statements and represent fairly the financial condition of our agency/organization. Our agency/organization is eligible to receive federal funding and has not been placed in a debarred or otherwise ineligible status under the provisions of 24 CFR Part 24 . Our agency/organization prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.

I, the duly authorized representative of the applicant agency/organization, certify that I have read the details of the referenced Request for Proposal, and have uploaded all required information requested therein.

I, the duly authorized representative of the applicant agency/organization, certify that the foregoing statements are true to the best of my knowledge and belief.

Signature

**Not signed