



Invitation to Apply for a Fiscal Year 2021 Passaic County Community Development Block Grant as funded by the US Department of Housing and Urban Development

December 10, 2020 REVISED 2/8/2021

You are invited to submit an application to the County of Passaic for Community Development Block Grant (CDBG) funding for FY 2021. The application is due by **March 12, 2021, 4:00 PM** to the Passaic County Division of Economic Development, Department of Planning and Economic Development to be eligible for funding consideration. There can be no exceptions to this deadline.

The County anticipates receiving approximately **\$850,000** from the Fiscal Year 2021 US Department of Housing and Urban Development (HUD) CDBG Program. Of the total grant award, approximately **\$700,000** will be allocated to projects in the twelve (12) participating communities of the County (Bloomingdale, Haledon, Hawthorne, Little Falls, North Haledon, Pompton Lakes, Prospect Park, Ringwood, Totowa, Wanaque, West Milford and Woodland Park) and to eligible non-profit agencies. The remaining allocation will be utilized for administration expenses. No more than 15% of the County grant may be used for public service activities. In making decisions for funding this year, Passaic County will consider factors such as the eligibility and national objective to assist low- and moderate-income individuals for each project, whether the project provides substantial community benefits and the **readiness for implementation of the project**. Matching funds are not required but the grant recipient must be willing to pay for design/engineering fees, if applicable.

Enclosed is an application and general list of eligible activities. If you have any questions about eligibility for your activity, please contact Deborah Hoffman at 973-569-4720 or deborahh@passaiccountynj.org. Please note the application requires an approval by the governing body (municipal or non-profit) and must be signed by an authorized representative of the applicant. **This year we are accepting only electronic applications due to COVID-19. Email your application and attachments to: deborahh@passaiccountynj.org.**

A virtual public hearing and workshop to discuss the grant and the FY 2021 Community Development Block Grant application will be held on Friday, February 12, 2021, 1:00 PM – 2:30 PM, WebEx Link: <https://passaiccounty.webex.com/passaiccounty/j.php?MTID=m5d080892cdee6bf4fcfebcd01329225d>. Meeting number (access code): 179 240 9558 Meeting password: 3rcSjt2uAp2; Join by Telephone: +1-408-418-9388

During this presentation, important information on the types of projects that are appropriate and eligible to receive CDBG funding will be reviewed along with US HUD rules and regulations governing the program. **Participation by your municipal engineer is strongly recommended.**

County of Passaic ❖ Division of Economic Development ❖ Department of Planning and Economic Development ❖ 401 Grand Street, Paterson, New Jersey 07505, Room 417 ❖ Telephone: 973-569-4720 ❖ Facsimile: 973-569-4725 ❖ e-mail: deborahh@passaiccountynj.org ❖ www.passaiccountynj.org

Projects must serve lower income residents. A map depicting the low-moderate income areas in each of the 12 participating municipalities is provided. If projects submitted become ineligible when new low-moderate income information is released, communities will have an opportunity to revise their submissions.

If more than one project is proposed, a separate application must be utilized for each project. If more than one application is submitted, projects must be **numbered by priority** by the municipality at the time of submission.

Please note that Federal wage rates (Davis-Bacon Act) apply to all construction or renovation projects under this program and that **the municipality is responsible for all engineering and traffic control costs.** Renovation or construction of buildings used for the general conduct of government, (borough halls or township buildings or garages), is **NOT** an eligible activity, **except for handicap accessibility** projects in compliance with ADA requirements.

The application must include a complete project description, with a current cost estimate prepared by an individual knowledgeable in the preparation of such estimates, using federal construction requirements, including, but not limited to, Federal Davis Bacon wage rates.

All photographs of the construction site must be attached to your electronic application email in an original .jpeg format. In addition, please complete the attached "Site-Specific Field Contamination Checklist" in Exhibit H and return it with your application.

Please note that USHUD now requires that all entities receiving funding provide their DUNS number and are **registered in the SAM.gov system** to ensure that you can receive federal funding. Your DUNS number is requested on the application. You should provide proof of SAM.gov registration, i.e. CAGE number with your application.

Non-profit applicants must also provide a copy of their Business Registration Certificate (BRC) and an executed W-9 form.

Passaic County takes fair housing responsibilities very seriously. All participating municipalities must adopt the attached draft municipal resolution that reinforces your municipality's commitment to federal and state fair housing regulations and post the Fair Housing Notice (note attached) on your website.

Thank you for considering the submission of an application to the Passaic County Community Development Block Grant Program. We look forward to working with you to ensure a successful year of grant applications. Please do not hesitate to contact our office with any questions concerning the enclosed grant application.

Sincerely,



**Deborah Hoffman, Director
Division of Economic Development
Department of Planning and Economic Development**



PASSAIC COUNTY
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
APPLICATION
2021

APPLICATIONS MUST BE RETURNED TO THE
DEPARTMENT OF ECONOMIC DEVELOPMENT

BY MARCH 12, 2021, 4:00 PM
401 GRAND STREET, ROOM 417
PATERSON, NJ 07505

PROJECT SELECTION CRITERIA

- Completeness of application
- Detailed project description
- Project eligibility
- Meets a national objective justification (i.e., low/mod benefit rationale)
- Project can be completed within a reasonable time frame – one year
- Provides substantial community benefit
- Municipality has completed Engineering or will complete Engineering
(Note: Engineering services and traffic control will not be paid for from grant funds)

INSTRUCTIONS FOR THE PASSAIC COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION

1.	Prepare your FY 2021 CDBG application in a clear, comprehensive and concise manner. Remember to <u>complete all sections</u> and provide sufficient documentation to ensure fair consideration of your application. <u>If possible, please provide a complete electronic version of your application upon submission.</u>
2.	When appropriate, provide current Architect and/or Engineer's cost estimates. No application will be reviewed proposing construction activities without this information and will be cause for rejection of the application.
3.	When funds are requested for public services that include requests for funding for personnel, provide personnel and job descriptions with detailed salary and wage information.
4.	All applicants must provide an area map noting the location of the project. Please provide enough detail to describe your service area. Note street names and other landmarks for ease of identification.
5.	Please provide a photograph of the project site and surrounding buildings. (Photographs in an electronic/digital format are required along with print versions). If the building is historic, all work must be done in compliance with the US Secretary of the Interior's Standards. Please note if the project is located in an historic area.
6.	Project leveraging is not required but is suggested. Please complete the Budget Narrative Attachment , using actual or prospective funding. A written agreement means you have funding approval. Without a written agreement, funding is considered tentative or prospective.
7.	Use the budget page from the application or an equivalent form. Please be advised that Passaic County CDBG Program funds WILL NOT pay for the following: <ul style="list-style-type: none"> • Salaries of supervisory personnel – only the salaries of direct staff involved in the project are eligible • Overhead – office space, utilities, telephone, etc. will not be paid for unless dedicated EXCLUSIVELY to the use of the CDBG funded activity. There will be no pro-rating of such expenses. • Food – Unless essential to the client services such as nutrition and food preparation classes or a food bank, no food or entertainment may be purchased with CDBG funds. • For public service activities – Facility maintenance or repair is not eligible. Apply for public improvement funds if your building is in need of rehabilitation. • Work that is contracted for prior to the execution of the agreement with the County or that has not been competitively procured cannot be paid with CDBG funds. This includes construction as well as professional services. All work paid for with CDBG funds must be competitively bid. We will provide the required federal bid documents to add to your bid package.
8.	Please ensure that your application has been signed by the appropriate agency official. Approval by your CITY COUNCIL OR BOARD OF DIRECTORS is required for submission of the application. Please provide a copy of the resolution. A sample is included for your use or you may use your own.

All applications will be reviewed by the staff of the Division of Economic Development to determine eligibility. If additional information is required, you will be contacted by a representative of the Division.

APPLICANT INFORMATION AND PROJECT ABSTRACT

1.	Project Name:		
2.	Eligible CDBG Activity: (See Exhibit A)		
3.	CDBG Funding Year: FY 2021		
4.	Name of Applicant (Municipality or Non-profit):		
5.	Address:		
6.	Telephone:	7.	Facsimile:
8.	Federal Tax ID No.:	8a.	DUNS No.:
8b.	Attach SAM.gov Proof of Registration and CAGE Number	8c.	Non-Profits: Attach BRC, W-9 and IRS 501c3 Letter
9.	Type of Organization: <input type="checkbox"/> Municipality <input type="checkbox"/> Non-profit		
10.	Name of Principal Contact Person:		
11.	Title:	12.	Email address:
13.	Amount of CDBG funds requested: \$		
14.	Funds committed from other sources: \$		
15.	Total project cost (Line 13 + Line 14): \$		
16.	Location of proposed project: (For purposes of GIS mapping, please provide a specific, US Post Office recognized address in or near the project site – i.e.: 132 Main St. Please do not provide a range or intersection) _____		
17.	Attach photographs or email photos of the project site including streetscapes surrounding the project location		

The applicant certifies that to the best of its knowledge and belief, the information included in this application is true and correct, and that the applicant will comply with all federal requirements should this application be approved for funding.

_____ _____ _____
Signature **Date** **Typed Name and Title**

PROJECT DESCRIPTION

Briefly describe the proposed project. The narrative should include: 1) the need or problem to be addressed, 2) the population to be served or the area to benefit, 3) the work to be performed, including the activities to be undertaken or the services to be provided, 4) the method of approach, and 5) the implementation schedule. **Attach additional sheets if necessary.**

Check here if the structure is historic Year constructed _____

Check here if the project is located in a flood plain , attach flood plain map as applicable.

CDBG ELIGIBLE ACTIVITIES

1. Place a checkmark in **one** of the following boxes that describes your proposed activity.

Public Facilities:

- | | |
|--|--|
| <input type="checkbox"/> Streets, curbs, sidewalks | <input type="checkbox"/> Community centers, senior centers |
| <input type="checkbox"/> Storm and sanitary sewers | <input type="checkbox"/> Parking lots |
| <input type="checkbox"/> Water lines | <input type="checkbox"/> Fire Stations |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Other, specify |

Public Services:

- | | |
|--|---|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Health care |
| <input type="checkbox"/> Recreation programs | <input type="checkbox"/> Education programs |
| <input type="checkbox"/> Public safety services | <input type="checkbox"/> Fair housing activities |
| <input type="checkbox"/> Services for senior citizens | <input type="checkbox"/> Services for homeless people |
| <input type="checkbox"/> Drug abuse counseling | <input type="checkbox"/> Energy conservation counseling and testing |
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Other, specify |
| <input type="checkbox"/> Paying for the cost of operating and maintaining that portion of a facility in which one or more of the above services are provided | |

Other:

- | | |
|---|--|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Homeownership assistance (down payment and closing costs) |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Housing Rehabilitation | <input type="checkbox"/> Economic Development |

US HUD CDBG STATUTORY OBJECTIVE JUSTIFICATION *

LMI Area Benefit | # Persons Served: _____

Census Data – (Please reference the **LMI Area map** provided by Passaic County)

Census Tract and Block Group #: _____

Area population: _____ LMI Population: _____ Percent LMI: _____

OR

Survey Data – Check this box if you intend to utilize household income surveys to document the size and annual income of each person receiving the benefit. Note: at least 51% of the program beneficiaries must be persons whose family income does not exceed the limits summarized in **Exhibit C – National Objective Qualifiers**.

****Note:** Public service activities CANNOT be qualified through the Area Benefit National Objective.

LMC Limited Clientele | # Persons Served: _____

If the proposed activity is a public service and is limited to a specific group of people, at least 51% of whom are low- and moderate-income persons, indicate which of the three categories of limited clientele activities best describes the activity by placing a checkmark in the appropriate box.

Presumed benefit - place a checkmark in the box that describes the beneficiaries of the proposed service: (**NOTE: Handicap Barrier Removal Projects should check Presumed Benefit/Severely Disabled Adults below**).

- | | |
|---|---|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Battered spouses |
| <input type="checkbox"/> Elderly persons | <input type="checkbox"/> Severely disabled adults (use census population report definition) |
| <input type="checkbox"/> Homeless persons | <input type="checkbox"/> Illiterate adults |
| <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> Migrant farm workers |

Family size and income – check this box if you intend to utilize household income surveys to document the size and annual income of each person receiving the benefit. Note: at least 51% of the program beneficiaries must be persons whose family income does not exceed the limits summarized in **Exhibit C – National Objective Qualifiers**.

Nature and location of activity – check this box if the nature and location of the activity are such that it will be used predominantly by low- and moderate-income persons. For example, a day care center designed to serve residents of a public housing development. Attach an explanation of how the activity meets this objective.

LMH Housing | # Households Served: _____

Housing – check this box if you will use funds to benefit low – and moderate Income homeowners or renters. Each unit must be occupied by a low- and moderate income household.

Slums/Blight | # Buildings Assisted: _____

Only Public Facility building rehabilitation or demolition can be qualified as a “slums and blight” activity.

*See Exhibit B – National Objectives for additional information.

LINE ITEM BUDGET FORM – SERVICE PROJECTS

Name of Applicant:

Project Name:

Instructions: Please use the following format to present your proposed line item budget. In Column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On the **Budget Narrative Attachment** provide a description of other funds and volunteer and donated services/resources to be used in the project.

A	B	C
Budget Item	Calculation	CDBG Request
PERSONNEL		
Salaried Positions – Job Titles	Provide rate of pay (hourly/salary) and percentage of time spent on project (Full-Time Equivalent) or hours per week	
Salaries Total		
Fringe Benefits		
PERSONNEL TOTAL	Total of Personnel & Fringe Benefits	
OPERATING COSTS	Provide description of how you arrive at total for each line item	
Supplies		
Equipment		
Rent/Lease		
Insurance		
Printing		
Telephone		
Travel		
Other		
TOTAL OPERATING COSTS		
CONTRACT SERVICES		
TOTAL CONTRACT SERVICES		
BUDGET TOTAL		

BUDGET NARRATIVE ATTACHMENT

1. Describe your plans to use other funds on this project. In this section, only describe funds that have been secured. Provide the source of funds, amounts, and how these funds will be used. Describe your use of donated goods and services. Estimate the value of these goods and services. (Note: Engineering costs must be paid for by the municipality or agency. All construction projects require an engineer to prepare bid specifications and documents required by federal funding).

2. Explain why you consider your program to be a local priority.

NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

Project Administration

Describe the staff, volunteers, consultants, or board members who will be directly associated with this project/service and their responsibilities. Provide an organization chart, including employee names and titles, to characterize how this program/service fits into the overall organizational structure. Describe overall program delivery strategy.

Monitoring

Briefly describe how you will monitor progress in implementing the program. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Insurance/Bonding/Worker's Compensation

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by federal and state laws. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount, and with what insuring agency.

NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

CONTINUED

Financial Capacity

Describe the agency's current operating budget, itemizing revenues, and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

Please attach the following information to your application:

Application Checklist: (non-profit applicants only)

- Articles of Incorporation / Bylaws
- Non-profit determinations (tax exempt letter from IRS and/or state)
- List of Board of Directors
- Organizational chart
- Resumes of chief program administrator and chief fiscal officer
- Financial statement and audit
- W-9 Form
- Business Registration Certificate (BRC)
- Resolution from Board of Directors authorizing grant application
- SAM.gov proof of registration and CAGE number

**APPLICATION CHECKLIST
MUNICIPAL FACILITIES PROJECTS**

	Yes	No	N/A
• Application completed and certification signed			
• Project location map attached			
• Architect / Engineer cost estimates			
• Site Specific Contaminant Checklist (Exhibit H)			
• Provide photographs in print and electronic format			
• Milestone Chart for project completion			
• Municipal Council Resolution approving submission of application			
• Municipal Council Resolution supporting fair housing regulations			
• SAM.gov proof of registration and CAGE number			

EXHIBIT "A" - CDBG BASIC ELIGIBLE ACTIVITIES

The following activities may be funded by the CDBG Program, so long as they meet one or more of the National Objectives.

1. Acquisition of real property by purchase, long-term lease (15+ years), donation, or otherwise, of real property for any public purpose, subject to limitations.
2. Disposition of real property acquired with CDBG funds through a lease or donation, or otherwise; or its retention for public purposes.
3. Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, except buildings for general conduct of government. Eligible facilities include those serving persons having special needs such as homeless shelters, convalescent homes, hospitals, nursing homes, battered spouse shelters; half-way houses for runaway children, drug offenders or parolees, group homes for mentally retarded persons; and temporary housing for disaster victims.
4. Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites.
5. Provision of public services (including labor, supplies and materials) such as those concerned with child care, health care, education, job training, public safety, fair housing counseling, recreation, senior citizens, homeless persons, drug abuse counseling and treatment, and energy conservation counseling and testing. The services must meet each of the following criteria:
 - A service must either be new or be a quantifiable increase in the level of a service above that which has been provided with state or local funds in the previous twelve calendar months; and
 - The amount obligated for public services shall not exceed 15% of the annual grant, plus 15% of the program income received from the previous year.
6. Removal of material and architectural barriers, which restrict the mobility and accessibility of elderly or handicapped persons to publicly owned and privately owned buildings, facilities, and improvements.
7. Rehabilitation of privately and publicly owned buildings and improvements for residential purposes.
8. Rehabilitation of publicly or privately owned commercial or industrial buildings, except that the rehabilitation of such buildings owned by a private for-profit business is limited to improvements to the exterior of the building and the correction of code violations.
9. Improvements to buildings to increase energy efficiency.
10. Rehabilitation, preservation, or restoration of historic properties.
11. Provision of credit, technical assistance, and general support (including peer support programs, counseling, child care, transportation, etc.) for the establishment, stabilization, and expansion of micro enterprises. A micro enterprise is a business with five or fewer employees, one or more of whom owns the business.
12. Provision of assistance to private for-profit business where appropriate to carry out an economic development project. Any project funded must be able to document the creation or retention of a certain number of jobs, depending on the type of project proposed.

EXHIBIT “B” - National Objective Qualifiers

In order to be considered as benefiting a low or moderate-income person, an activity must fall into one of the categories below.

Area Benefit: Passaic County is an “exception level” community. Census areas with **42.76%** low- moderate income or above qualify for funding. (The exception level may be adjusted by HUD in 2021 – we will notify all municipalities if that does occur). However, smaller areas may qualify based on an income survey. When surveys are needed, at least 51% of the residents within the targeted activity area must be low-moderate income persons. The activity may also be available to all persons in the area regardless of income.

Limited Clientele: To qualify under this subcategory, a limited clientele activity must fulfill one of the following tests.

- Clientele must be one of the following groups:
 - Abused children
 - Elderly persons
 - Battered spouses
 - Homeless persons
 - Adults meeting the US Census Bureau’s definition of severely disabled persons
 - Illiterate living with AIDS
 - Migrant farm workers, or
- At least 51% of the clientele must be low-moderate income persons; or
- The activity must be of such a nature and in such a location that it may reasonably be concluded that the clientele will be low-moderate income persons; or
- The activity must serve to remove material or architectural barriers to the mobility or accessibility of elderly persons or of severely disabled adults; or
- The activity must take the form of micro enterprise assistance carried out in accordance with 24 CFR 570.201 (o); or
- The activity must provide job training and placement and/or other employment support services, including, but limited to peer support programs, counseling, childcare and other similar services, in which the percentage of low-moderate income persons assisted is less than 51%. This situation qualifies under the limited clientele objective only in the following circumstance:

“In such cases where such training or provision of supportive services assist business (es), and the only use of CDBG assistance received by the business is to provide the job training and/or supportive services; and the proportion of the total cost of the services borne by CDBG funds is no greater than the proportion of the number of persons benefiting from the services who are low-or moderate income”.

Housing – The activity must result in housing that will be occupied by low-moderate income persons upon completion. The housing can be either owner- or renter occupied and can be either one family or multi-unit structures. Rental housing must be occupied at affordable rents.

Jobs – “Special economic development” activities may meet the low-moderate Income Benefit national objective only in the following three ways:

- Be located in a predominately low-moderate neighborhood and serve the low-moderate income residents (e.g., a grocery store serving a low-moderate income neighborhood qualifies as area benefit); or
- Involve the employment of persons, the majority of who are low-moderate income persons (e.g., a retail clothing store which creates or maintains jobs principally for low-moderate income persons).

Exhibit "C"

FY 2020 INCOME LIMITS DOCUMENTATION SYSTEM

FY 2020 Income Limit Area	FY 2020 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
Bergen- Passaic, NJ HUD Metro FMR Area	Very Low (50%) Income Limits (\$)	36,500	41,700	46,900	52,100	56,300	60,450	64,650	68,800
	Extremely Low (30%) Income Limits (\$)*	21,900	25,000	28,150	31,250	33,750	36,250	38,750	41,250
	Low (80%) Income Limits (\$)	54,950	62,800	70,650	78,500	84,800	91,100	97,350	103,650

NOTE: Passaic County is part of the **Bergen-Passaic, NJ HUD Metro FMR Area**, so all information presented here applies to all of the **Bergen-Passaic, NJ HUD Metro FMR Area**. The **Bergen-Passaic, NJ HUD Metro FMR Area** contains the following areas: Bergen County, NJ; and Passaic County, NJ.

HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the **Bergen-Passaic, NJ HUD Metro FMR Area**.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits. Income Limit areas are based on FY 2019 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2019 US HUD website:

EXHIBIT "D" - RECORDKEEPING RESPONSIBILITIES

Successful applicants will be required to sign a contract with the County, which will state all the requirements to be placed on the applicant. In general, the following will apply to all applicants:

1. Written records to justify all expenditures must be maintained for a period not less than three (3) years after the full amount of the grant is expended. Your records will be subject to review by Passaic County and US HUD.
2. You will be required to maintain the County's minimum insurance standards, to be evidenced by a copy of the policy provided to Passaic County within 10 days of execution of the contract.
3. You must comply with 2 CFR Part 200.302 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. You must comply with 2 CFR Part 200.203 and maintain effective internal controls over the funds awarded herein. You must administer the program in conformance with 2 CFR Part 200, Subpart E, "Cost Principles." These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.
4. In accordance with 2 CFR Part 200, the federal government requires that organizations expending \$750,000 or more in federal financial assistance in a fiscal year must secure an audit. Agencies spending \$750,000 or more must choose one of the following ways of meeting this requirement and state which method they choose:
 - a. If your agency already conducts audits of all its funding sources including CDBG, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget.
 - b. If your agency already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements. The associated cost of the augmentation could then be included in the CDBG project budget, accompanied by the auditor's written cost estimate.
5. You will be required to provide annual reports stating the total number of persons served, including their ethnic origin, and whether they are female heads of household. These figures are required to be reported by US HUD.
6. You will be required to obtain written proof of income of each person or household which you assist, unless your clients are abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, or migrant farm workers.
7. You must have a written policy designed to ensure your facilities are free from the illegal use, possession, or distribution of drugs or alcohol.
8. If any income is derived from the activities funded by CDBG, that **income must be returned to Passaic County as program income**.
9. In the event that US HUD should determine that CDBG funds were improperly spent, and that money should be reimbursed to the U.S. Treasury, your organization will be responsible for this reimbursement.

**EXHIBIT "E" - SAMPLE
MUNICIPAL COUNCIL AUTHORIZING RESOLUTION**

At a meeting held on _____(date), the Municipal Council of _____
(name of Municipality), adopted the following resolution:

The Municipal Council authorizes an application to the Passaic County Community Development Block Grant (CDBG) Program for _____ (name of project) described in the proposal. If awarded CDBG funds, the Municipality shall implement the activities in a manner to ensure compliance with all applicable federal, state, and local laws and regulations.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Telephone Number

**EXHIBIT "F" - SAMPLE
MUNICIPAL COUNCIL FAIR HOUSING RESOLUTION**

The _____ (name of municipality) supports Title VIII of the Civil Rights Act of 1968 (Federal Fair Housing Law) and the New Jersey Law Against Discrimination. It is the policy of _____ (name of municipality) to implement programs to ensure equal opportunity in housing for all persons regardless of race, color, religion, ancestry, sex (including pregnancy), national origin, nationality, familial status, marital or domestic partnership status, affectional or sexual orientation, atypical hereditary cellular or blood trait, genetic information, liability for military service, mental or physical disability, perceived disability, AIDS/HIV status and Lawful Income or Source of Lawful Rent Payment (Section 8). The _____ (name of municipality) further objects to discrimination in the sale, rental, leasing, financing of housing or land to be used for construction of housing, or in the provision of brokerage services because of race, color, religion, ancestry, sex, national origin, handicap or disability as prohibited by Title VIII of the Civil Rights Act of 1968 (Federal Fair Housing Law) and the New Jersey Law Against Discrimination. Therefore, the Municipal Council of _____ (name of municipality) do hereby approve the following resolution.

BE IT RESOLVED, that within available resources, the _____ (name of municipality) will assist all persons who feel they have been discriminated against under one of the aforementioned categories, to seek equity under federal and state laws by filing a complaint with the New Jersey Division on Civil Rights and the U.S. Department of Housing and Urban Development, as appropriate.

BE IT FURTHER RESOLVED, that the _____ (name of municipality) shall publicize this resolution and through this publicity shall cause owners of real estate, developers, and builders to become aware of their respective responsibilities and rights under the Federal Fair Housing Law, the New Jersey Law Against Discrimination, and any local laws or ordinances.

BE IT FURTHER RESOLVED, that the municipality will at a minimum include, but not be limited to: (1) the printing and publicizing of this resolution, a fair housing public notice and other applicable fair housing information through local media, community contacts and placement on the Municipal website and in other social media; (2) distribution of posters, flyers, and any other means which will bring to the attention of those affected, the knowledge of their respective responsibilities and rights concerning equal opportunity in housing.

Approved this ____ day of _____ (month), _____ (year)

ATTEST:

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

Telephone Number

Exhibit “G”

Fair Housing Information for Your Website

Fair Housing – It’s Your Right!

Fair housing refers to free and equal access to residential housing – i.e. housing choice. According to the federal Fair Housing Act, it is illegal to discriminate on the basis of race, color, religion, sex, ancestry, national origin, disability, or familial status in the sale, rental, and/or financing of dwellings. Additionally, New Jersey’s Law Against Discrimination prohibits discrimination on the basis of marital/ domestic partnership/ civil union status, gender expression/ identity, military service, sexual orientation, familial status and source or lawful income/ rent payment.

Passaic County complies with the federal Fair Housing Act and the Law Against Discrimination. The County is committed to promoting fair housing choice for all persons.

Fair Housing FAQ

What kind of housing is covered by the Fair Housing Act?

Most housing is covered by the Fair Housing Act. In some circumstances, the Act exempts owner-occupied buildings with no more than four units, single family housing sold or rented without the use of a broker, and housing operated by organizations and private clubs that limit occupancy to members.

What are some examples of housing discrimination?

- Refusing to rent or sell housing
- Falsely denying that housing is available for inspection, sale, or rental
- Setting different terms, conditions, or privileges for the sale or rental of a dwelling
- Refusing to let disabled persons make reasonable and necessary modifications to a dwelling or common use area, at the disabled person’s expense
- Refuse to provide information regarding loans
- Refusing to rent to a person who has a service animal because of a “no pets” rule
- Steering persons with one or more children and/or persons who are pregnant away from a housing unit. Even asking how many children a person has can be viewed as discriminatory and so should not be asked.
- Not offering to show a person who is in a wheelchair an apartment that is not on the ground floor if the person did not ask to only see ground floor apartments
- Advertising or making any statement indicating a limitation or preference based on race, color, religion, sex, disability, familial status, or national origin. This prohibition against discriminatory advertising applies to single family and owner-occupied housing that is otherwise exempt from the Fair Housing Act.

Fair Housing Links

Laws

New Jersey Law Against Discrimination: <https://www.nj.gov/oag/dcr/law.html>

Federal Fair Housing Act Link: <https://www.justice.gov/crt/fair-housing-act-2>

Who can I contact if I believe I've been discriminated against?

Complaints related to discrimination on the basis of race, color, religion, sex, national origin, disability, or familial status may also be filed directly with the U.S. Department of Housing and Urban Development (HUD).

What information do I need to provide to file a fair housing complaint?

If you suspect that you have been discriminated against with regard to housing, file a complaint as soon as possible because there are time limits on when a complaint can be filed with HUD after an alleged violation.

Try to include the following information, if possible, when filing a complaint:

- Your name and address;
- The name and address of the person(s) or organization your complaint is against;
- The address or other identifying information of the housing or program your complaint is being filed against;
- A brief description of what happened that caused you to file the complaint; and
- The date(s) of the alleged discrimination.

How can I file a fair housing complaint?

Fair housing complaints can be filed with HUD by telephone, online, email and by mail.

Phone

1-800-669-9777

1-800-927-9275 for TTY users only

Online

English:

<https://portalapps.hud.gov/FHEO903/Form903/Form903Start.action>

Spanish:

https://portalapps.hud.gov/AdaptivePages/HUD_Spanish/Espanol/complaint/complaint-details.htm

Other languages:

[https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint_filing_languages_o
ther_english](https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint_filing_languages_other_english)

Exhibit "H"
Site Specific Field Contamination Checklist

SITE-SPECIFIC FIELD CONTAMINATION CHECKLIST

Completing the form requires a site visit by the preparer. The preparer should be sure to observe the property by walking through the property and the building(s) and other structures on the property to the extent possible and observing all adjoining* properties.

PREPARER MUST COMPLETE CHECKLIST IN ITS ENTIRETY

Date of Visit: _____ Time: _____ Weather Conditions: _____

Program Name: _____

Project Location/Address: _____

Property Owner: _____

Attach the following, as appropriate:

Photographs of site and surrounding areas Maps (street, topographic, aerial, site map, etc.)

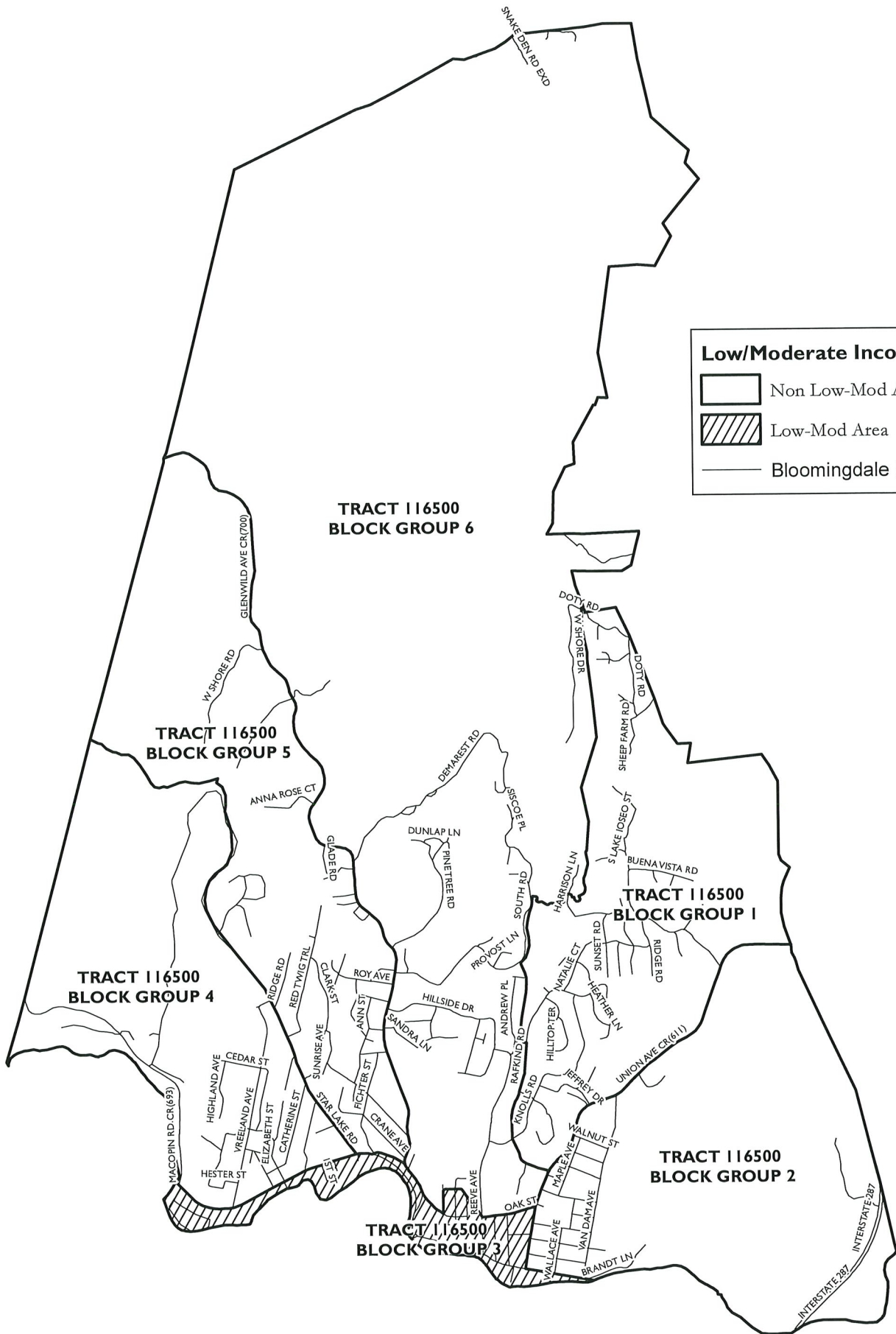
QUESTION Is there evidence of any of the following?	OBSERVATION			
	SUBJECT PROPERTY		ADJOINING PROPERTIES	
Is the property or any adjoining property currently used, or has evidence of prior use, as a gasoline station, motor vehicle repair facility, printing facility, dry cleaners, photo developing laboratory, junkyard, or as a waste treatment, storage, disposal, processing or recycling facility?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Are there any damaged or discarded automobile(s), automotive or industrial batteries, pesticides, paints, or other chemicals in individual containers greater than 5 gal in volume or 50 gal in the aggregate, stored on or used at the property or adjoining properties?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Are there any industrial drums (typically 55 gal) or sacks of chemicals, herbicides or pesticides located on the property or adjoining properties?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Has fill dirt been brought onto the property or adjoining properties that originated from a suspicious site or that is of an unknown origin?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Are there any pits, ponds, or lagoons located on the property or adjoining properties in connection with waste treatment or waste disposal?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Is there any stained soil, distressed vegetation and/or discolored water on the property or adjoining properties?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Are there any storage tanks , aboveground or underground (other than residential), located on the property or adjoining properties?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>

*Adjoining properties: Any real property or properties the border of which is contiguous or partially contiguous with that of the property, or that would be contiguous or partially contiguous with that of the property but for a street, road, or other public thoroughfare separating them.




QUESTION Is there evidence of any of the following?	SUBJECT PROPERTY		ADJOINING PROPERTIES	
Are there any vent pipes, fill pipes, or underground tank access ways visible on the property or adjoining properties?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Are any flooring, drains, walls, ceilings, or grounds on the property or adjoining properties stained by substances (other than water) or emitting noxious or foul odors or odors of a chemical nature ?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Is the property served by a private well or non-public water system ? (If yes, a follow-up investigation is required to determine if contaminants have been identified in the well or system that exceed guidelines applicable to the water system, or if the well has been designated contaminated by any government environmental/health agency.)	YES	<input type="checkbox"/>		
	NO	<input type="checkbox"/>		
	UNKNOWN	<input type="checkbox"/>		
Has the owner or occupant of the property been informed of the existence of past or current hazardous substances or petroleum products or environmental violations with respect to the property or adjoining properties?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Do the property or adjoining properties discharge wastewater (not including sanitary waste or storm water) onto the property or adjoining properties and/or into a storm water system?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
Is there a transformer, capacitor, or any hydraulic equipment on the property or adjoining properties that are not marked as "non-PCB"?	YES	<input type="checkbox"/>	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>	NO	<input type="checkbox"/>
	UNKNOWN	<input type="checkbox"/>	UNKNOWN	<input type="checkbox"/>
If answering "YES" or UNKNOWN" to any above items, describe the conditions:				
Use photographs and maps to mark and identify conditions. Attach more information as needed.				
Is further evaluation warranted? YES <input type="checkbox"/> NO <input type="checkbox"/> UNCERTAIN <input type="checkbox"/>				
Preparer of this form must complete the following required information.				
This inspection was completed by: Name: Title:	Phone Number:			
	Email:			
	Agency:			
Address:				
Preparer represents that to the best of his/her knowledge the above statements and facts are true and correct and to the best of his/her actual knowledge no material facts have been suppressed, omitted or misstated.				
Signature:	Date:			

Maps of Participating Municipalities

**Bloomingtondale
Haledon
Hawthorne
Little Falls
North Haledon
Pompton Lakes
Prospect Park
Ringwood
Totowa
Wanaque
West Milford
Woodland Park**



Low/Moderate Income

-  Non Low-Mod Area
-  Low-Mod Area
-  Bloomingdale Roads

**TRACT 116500
BLOCK GROUP 6**

**TRACT 116500
BLOCK GROUP 5**

**TRACT 116500
BLOCK GROUP 4**

**TRACT 116500
BLOCK GROUP 1**

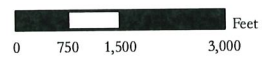
**TRACT 116500
BLOCK GROUP 2**

**TRACT 116500
BLOCK GROUP 3**



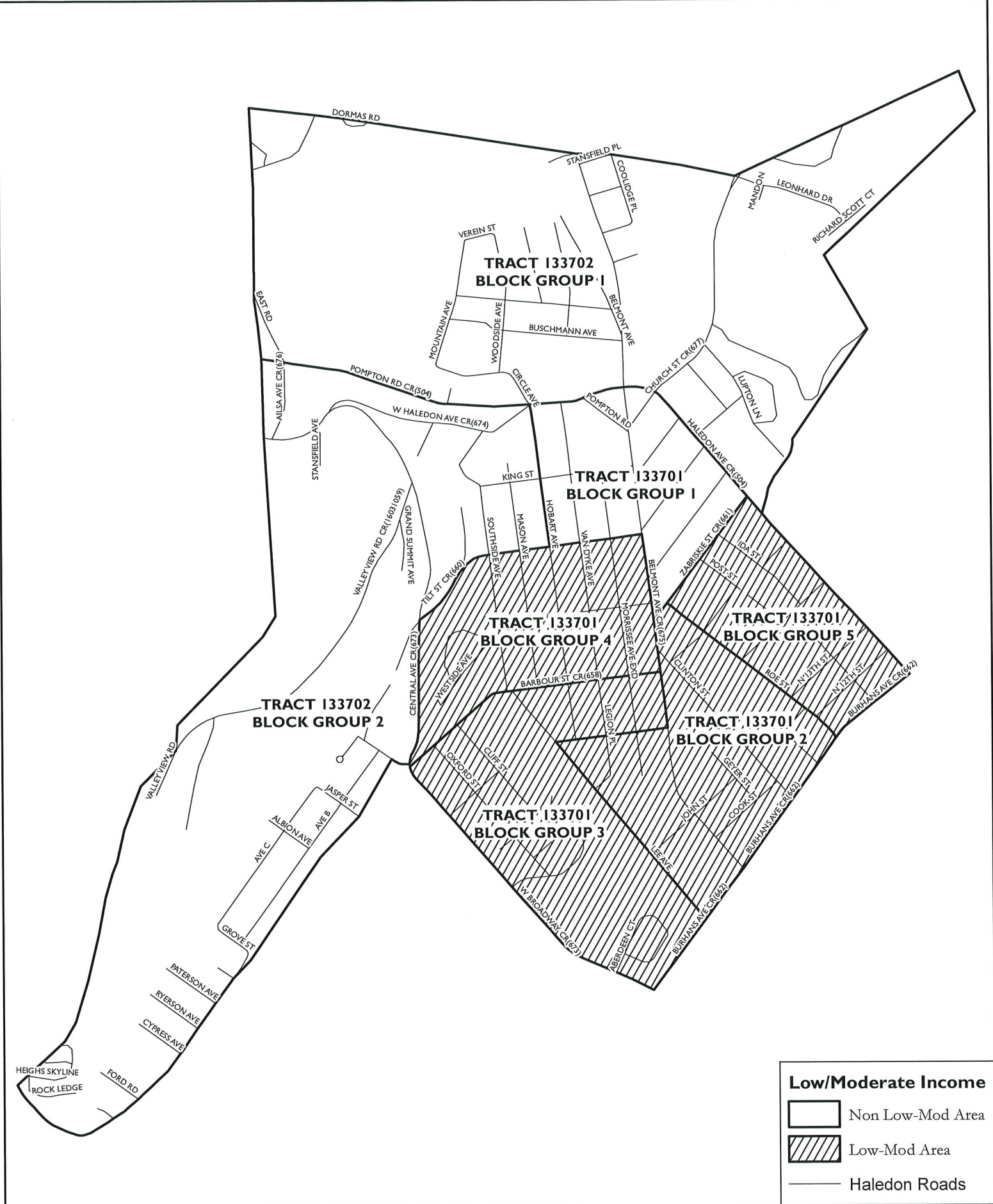
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**Low & Moderate Income Block Groups
Community Development Block Grant
Bloomingdale Borough**

2/21/2019



Low/Moderate Income

 Non Low-Mod Area
 Low-Mod Area
 Haledon Roads



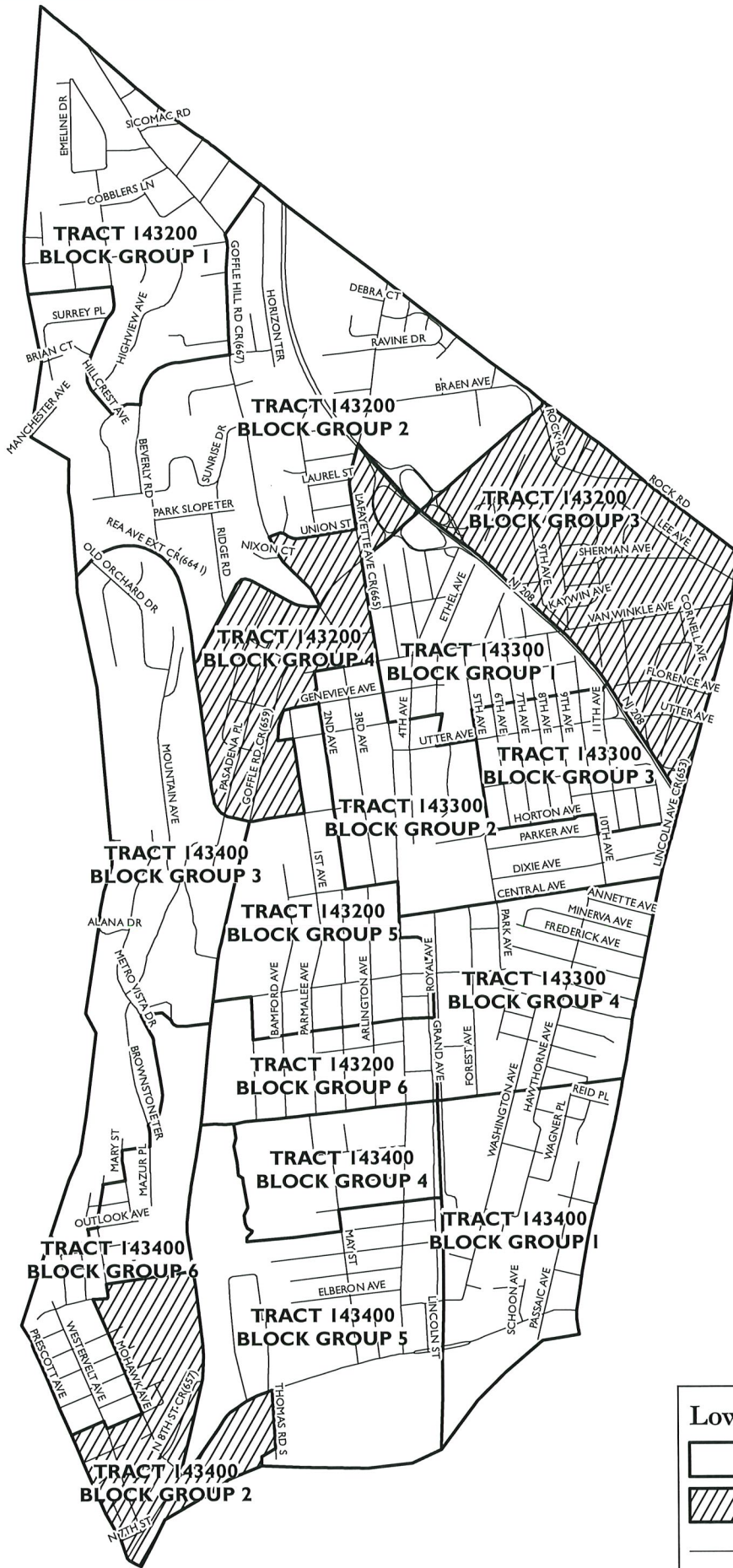
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**Low & Moderate Income Block Groups
Community Development Block Grant
Haledon Borough**

2/21/2019



Low/Moderate Income

-  Non Low-Mod Area
-  Low-Mod Area
-  Hawthorne Roads

**Low & Moderate Income Block Groups
Community Development Block Grant
Hawthorne Borough**

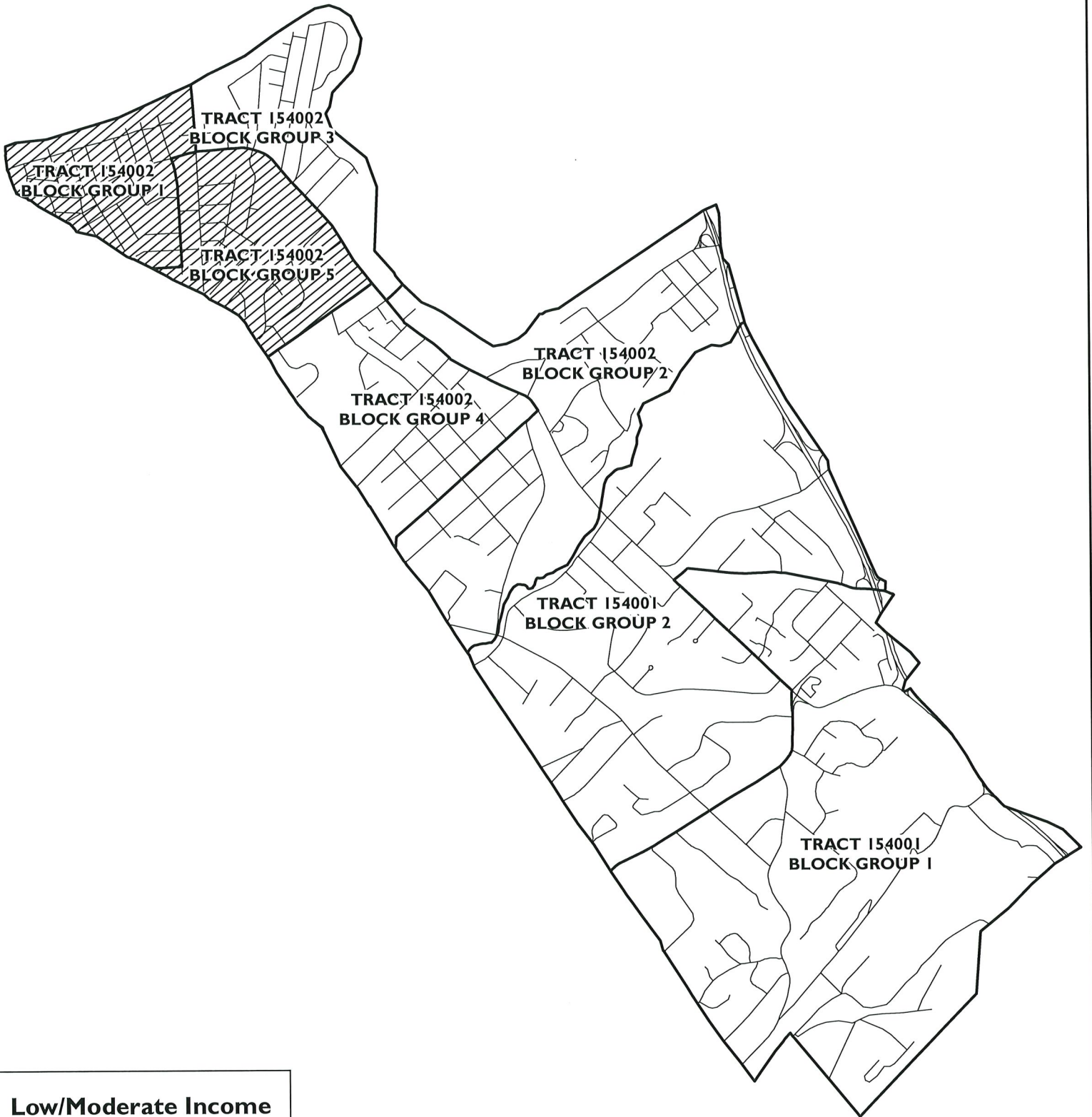


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2/21/2019



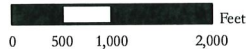
Low/Moderate Income

-  Non Low-Mod Area
-  Low-Mod Area
-  Little Falls Roads



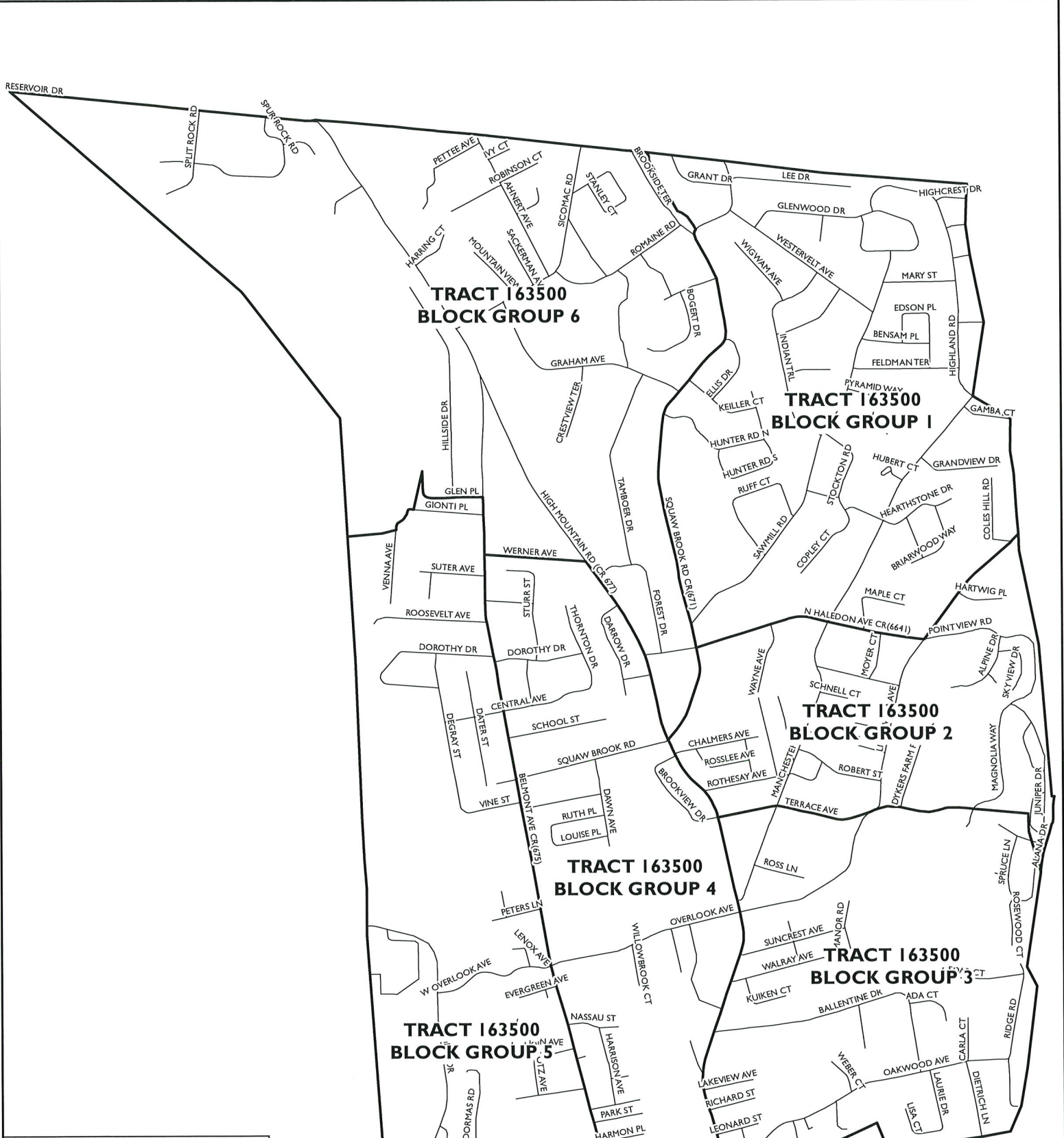
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**Low & Moderate Income Block Groups
Community Development Block Grant
Little Falls Township**

2/22/2019



Low/Moderate Income

-  Non Low-Mod Area
-  Low-Mod Area
-  North Haledon Roads



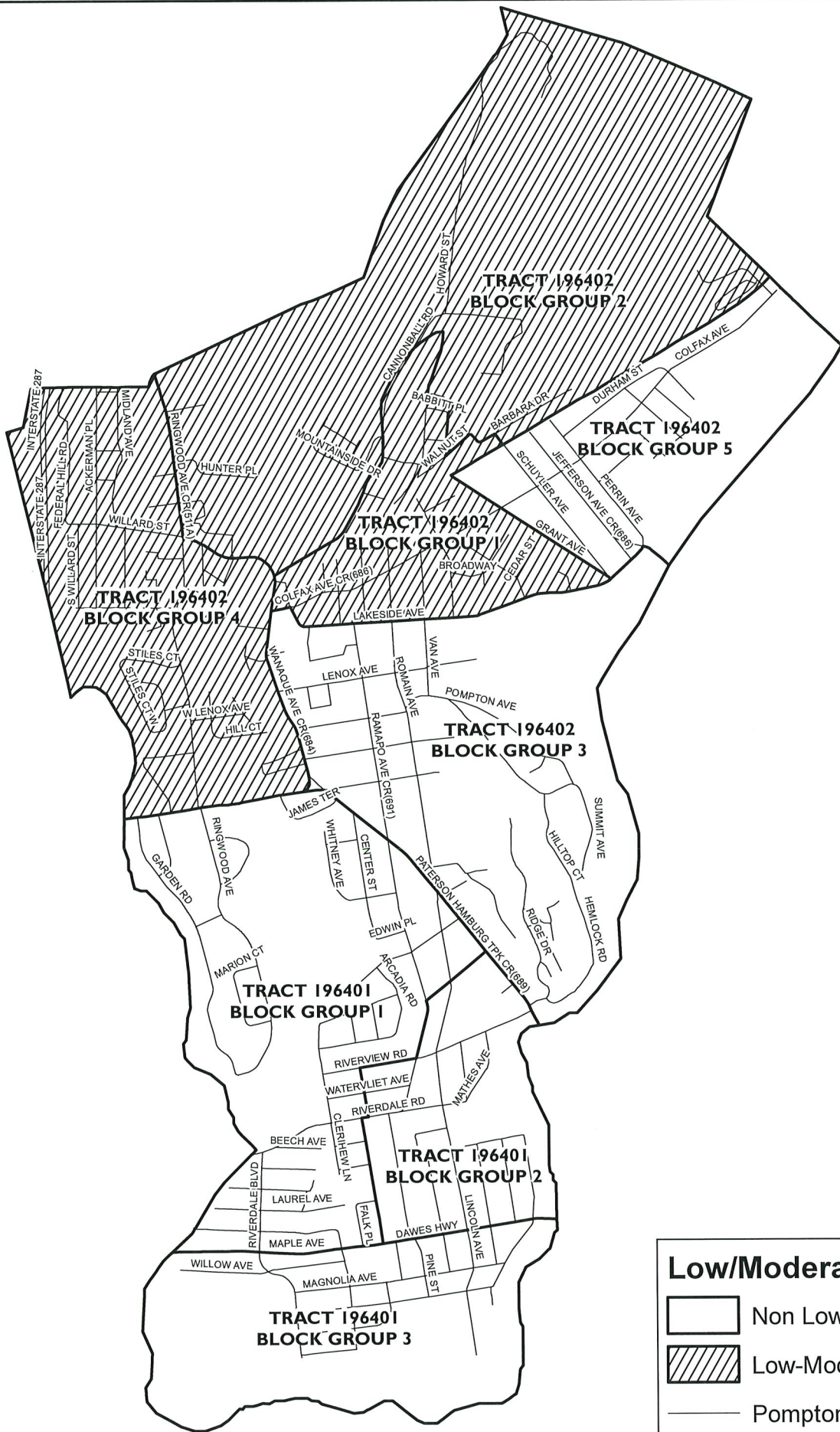
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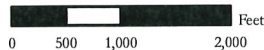
Low & Moderate Income Block Groups
 Community Development Block Grant
 North Haledon Borough

2/22/2019



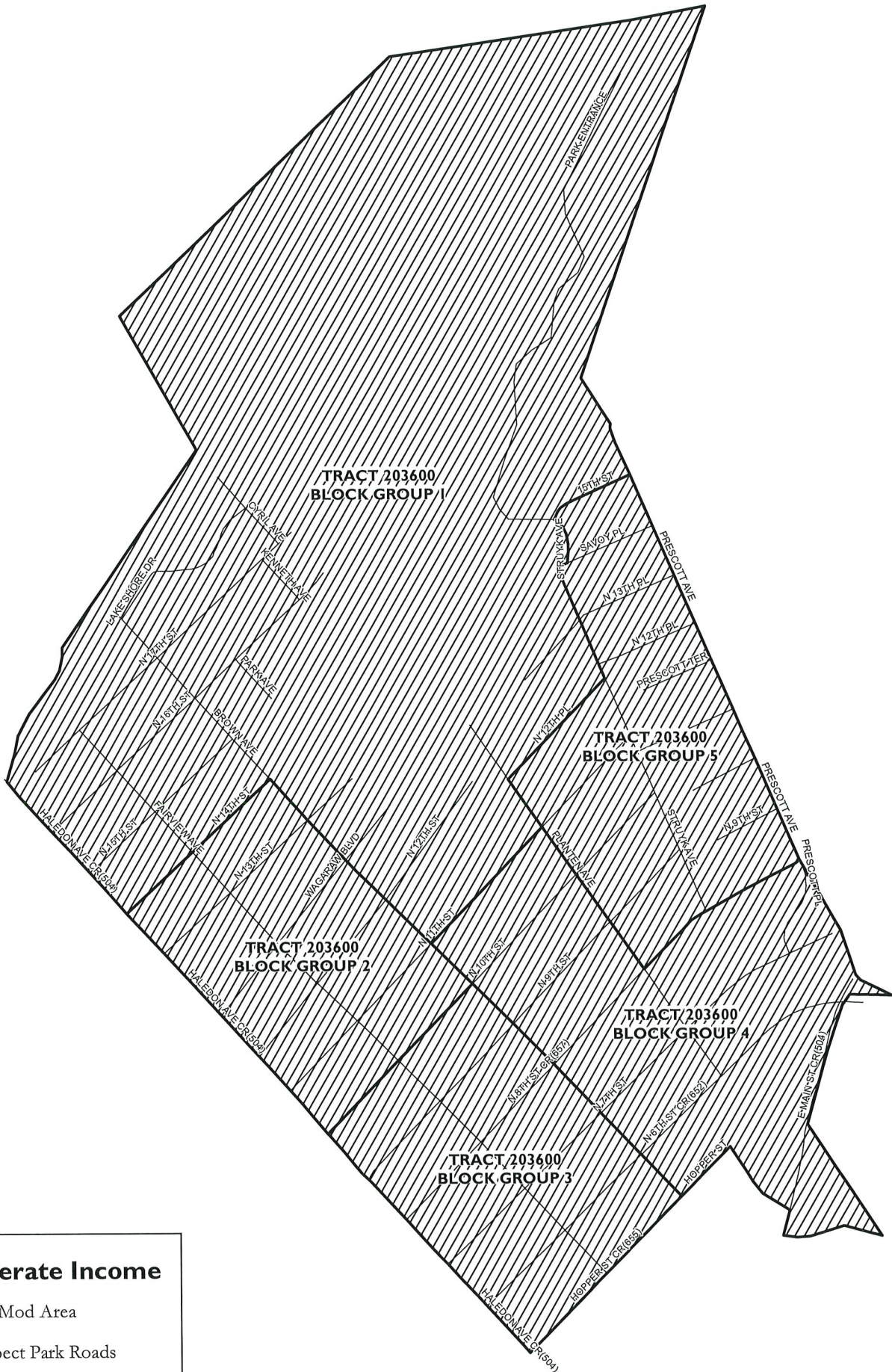
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**Low & Moderate Income Block Groups
Community Development Block Grant
Pompton Lakes Borough**

2/22/2019



Low/Moderate Income

-  Low-Mod Area
-  Prospect Park Roads



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**Low & Moderate Income Block Groups
Community Development Block Grant
Prospect Park Borough**

2/22/2019

Legend



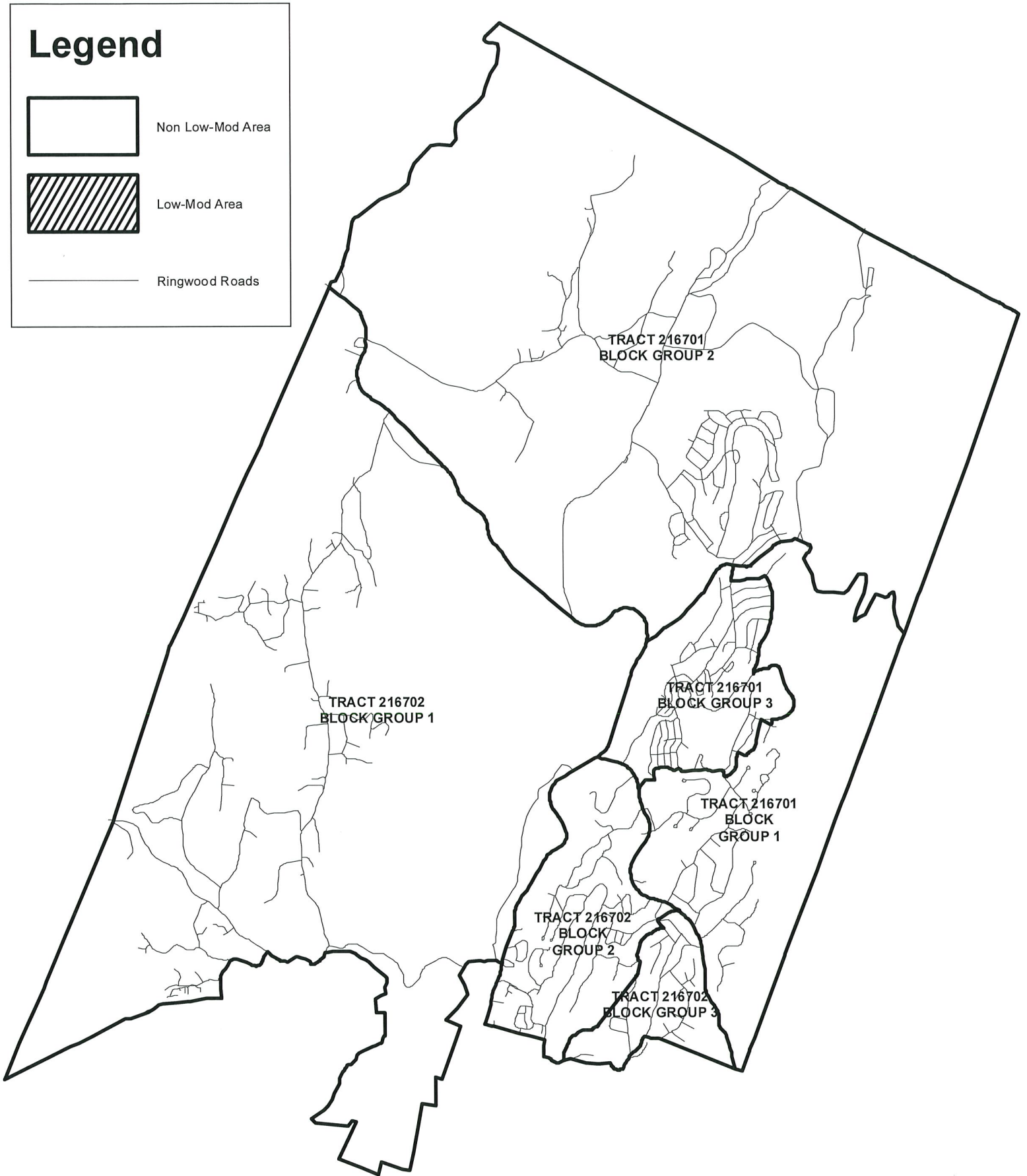
Non Low-Mod Area



Low-Mod Area



Ringwood Roads



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Low & Moderate Income Block Groups Community Development Block Grant Ringwood Borough



1 inch = 4,500 feet

9/16/2019



Low/Moderate Income

-  Non Low-Mod Area
-  Low-Mod Area
-  Totowa Roads

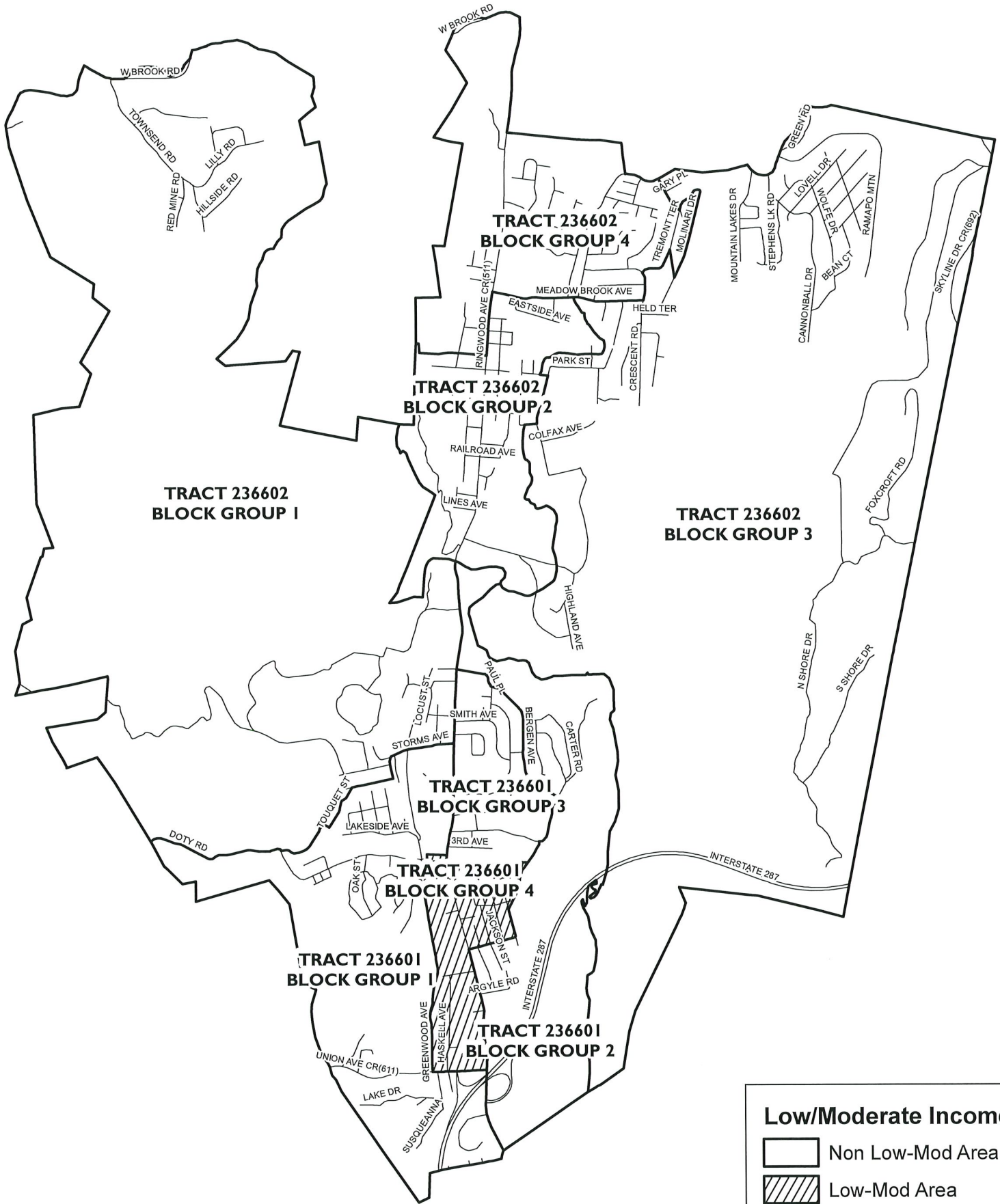
**Low & Moderate Income Block Groups
Community Development Block Grant
Totowa Borough**






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Low/Moderate Income

-  Non Low-Mod Area
-  Low-Mod Area
-  Wanaque Roads

**Low & Moderate Income Block Groups
Community Development Block Grant
Wanaque Borough**

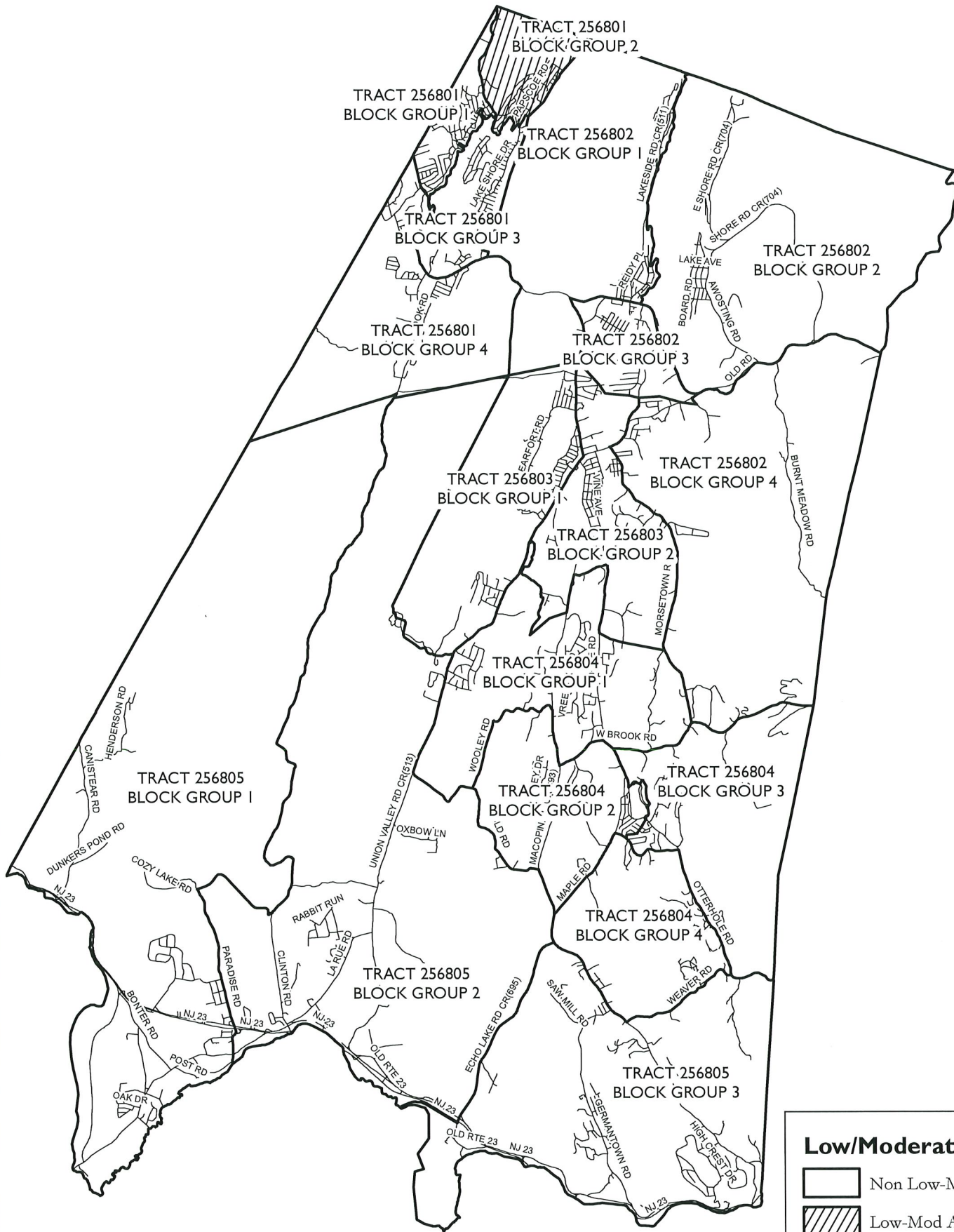


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2/22/2019



Low/Moderate Income

- Non Low-Mod Area
- Low-Mod Area
- West Milford Roads



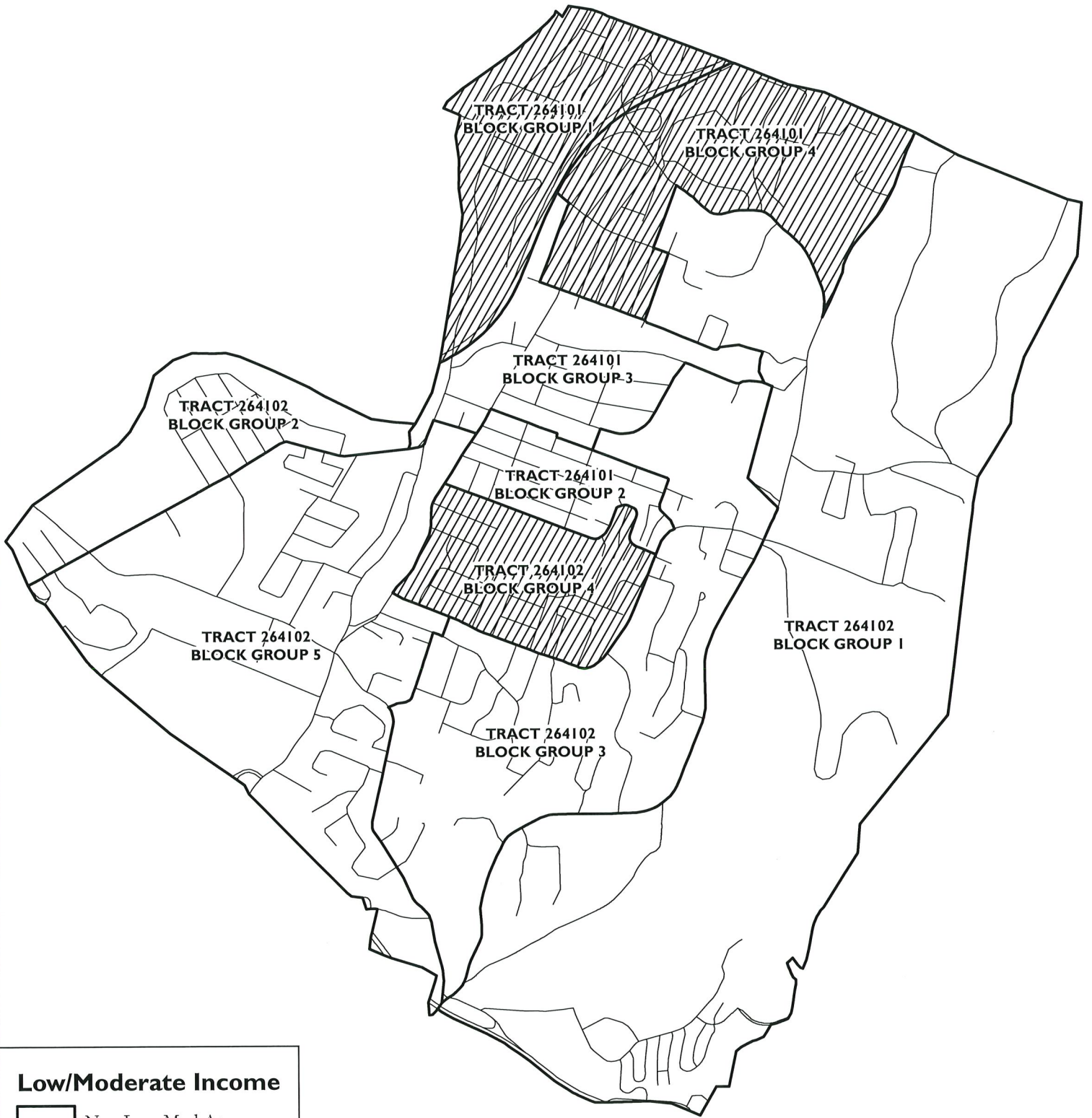
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**Low & Moderate Income Block Groups
Community Development Block Grant
West Milford Township**

2/22/2019



Low/Moderate Income

 Non Low-Mod Area

 Low-Mod Area

 Woodland Park Roads



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**Low & Moderate Income Block Groups
Community Development Block Grant
Woodland Park Borough**

2/22/2019