

APPLICATION

City of Perth Amboy American Rescue Plan Act (ARPA) Community Aide

Non-Profit Assistance Grant (NAG) (Two Years Grant Term)

- EXTENDED DEADLINE-

Organization Name: _____

Program Name: _____

Community Aid Grant proposals must be submitted to the City of Perth Amboy no later than 4:00 P.M. on May 31, 2023.

This Request for Proposal will be available electronically beginning **March 30, 2023** on the City's website www.perthamboynj.org and in the Office of Economic and Community Development at City Hall, 260 High Street, Perth Amboy, NJ 08861.

NOTE: The signed application, the check list including all attachments may be electronically submitted or delivered **NO later than 4:00 P.M. on May 31, 2023.**

Submissions should be directed to:

City of Perth Amboy Office of Economic and Community Development
1 Olive Street – 2nd Floor
Perth Amboy, N.J. 08861
ATTN: Maritza C. Rodriguez, Coordinator of Federal and State Aide

We will be accepting electronic submissions of the application. Electronic submissions should be emailed to:

oecd@perthamboynj.org

Applications that are delivered/emailed after 4:00 P.M. on the due date will NOT be accepted.

Applications that are incomplete will NOT be considered for funding.

Applications should be prepared utilizing 12 point font with 1 inch margins.

Applications will be scored utilizing the evaluation criteria enclosed by a committee.

All questions must be answered in full in the application. Failure to do so will result in the application not being reviewed.

For any questions, please feel free to contact the Office of Economic and Community Development (732) 826 - 0290 Ext. 4860 or 4863 for more information.

Application Checklist

Organization Name _____

Program Name _____

- _____ Signed/Dated Application Cover Page
 - _____ Application Narrative
 - _____ IRS 501 (c) 3 Tax Determination Letter
 - _____ Unique Entity Identifier Number (sams.gov)
 - _____ NJ Business Registration Certificate (BRC)
 - _____ w9
 - _____ Board List
 - _____ Organizational Chart
 - _____ Resumes of key project personnel
-

Non-Profit Assistance Grant - Application Cover Page

APPLICANT: _____

PROGRAM NAME: _____

FEDERAL TAX ID NUMBER: _____ UEI #: _____

*All federal financial assistance recipients and sub-recipients must register on SAM.gov and renew their SAM registration annually to maintain an active status to be eligible to receive federal financial assistance. There is no charge to register or maintain your entity SAM registration. When returning the signed application the SAM's registration number (UEI#), **must** be provided. To register for a UEI number visit: <https://sam.gov/content/entity-registration>*

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

BRIEF PROGRAM DESCRIPTION: _____

THE GOAL OF THIS PROGRAM IS TO PROVIDE COMMUNITY AID TO THE FOLLOWING SUB-GROUP:

- | | | |
|--|---|--|
| <input type="checkbox"/> Youth & Families | <input type="checkbox"/> Nutrition & Food Support | <input type="checkbox"/> Arts & Culture |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> Refugee & Migration | <input type="checkbox"/> Capacity Building |
| <input type="checkbox"/> Broadband/Tech Improvements | | |

NUMBER OF INDIVIDUALS/FAMILIES TO BE SERVED: _____

FUNDS REQUESTED: \$ _____

TOTAL PROGRAM COST: \$ _____

OTHER FUNDING SOURCES: _____

IF AMOUNT AWARDED IS LESS THAN REQUEST, WILL YOUR ORGANIZATION STILL UNDERTAKE THE PROGRAM/PROJECT? : _____ YES _____ NO

APPLICATION MUST BE SIGNED AND DATED BY EXECUTIVE DIRECTOR OR EQUIVALENT OFFICER:

_____ NAME & TITLE	_____ SIGNATURE	_____ DATE
-----------------------	--------------------	---------------

Application Narrative (NAG Funding)

Please attach Application Narrative (responses) separately

- I. **NEED:** Describe the community problem or need this program/project is designed to address. What plans, studies, or reports support the need? What are the causes and possible solutions to this problem?
- II. **PROJECT DESCRIPTION:** Provide a detailed description of your program activities for which you are requesting funding. Make clear what tasks are to be done, by whom, and where and how they will be carried out. Is this program/project on-going, an expansion of an existing program, or a start-up? Cover the full range of activities you provide in this program or project.
- III. **PROJECT GOALS AND OBJECTIVES:** State the goals and objectives of your program clearly for a period of two (2) years. The goal and objectives should be related to the need you described above.
- IV. **PROJECT TIMELINE:** Please include a timetable for your project, indicating your date of completion (2 year grant).
- V. **COMMUNITY BENEFIT/PROGRAM BENEFICIARIES:** Community nonprofits are the backbone of the health and human services delivery system and have been on the frontlines of the COVID-19 pandemic response. ARPA funding presents an unprecedented opportunity for cities and towns to make key investments in community nonprofit programs and services necessary to help people recover from the pandemic. One of the defined uses of the ARPA funding is to support nonprofits.

Please describe how your proposed program will benefit Perth Amboy residents who were negatively impacted by COVID-19. Discuss the number of people to be served and the characteristics of the program's target group(s) who are anticipated to benefit directly from this program. If this program is on-going or an expansion of an existing program, please describe past year's program accomplishments and those of the current year thus far, including, but not limited to, how many people or households are currently benefiting from your services. If this is a start-up project, please project your anticipated level of service and a description of your target population.

- VII. **APPLICANT BACKGROUND:** Please provide the following information about your agency or department.
 - A. **AGENCY STAFFING:** List all project personnel, indicating whether full time, part-time or volunteer. Attach resumes of key program staff. Attach organizational chart.
 - B. **FISCAL ACCOUNTABILITY:** Identify personnel responsible for financial accountability, recordkeeping, etc., including accountant and auditor, where applicable.

C. **FUNDING:** List all funding currently being received/anticipated for this program/project and amount of each. List substantial in-kind funding sources.

IX. **BUDGET:** Please provide a total project budget below. For each line item requested, provide a brief narrative. If you have been funded for the same project multiple years, please tell us about your sustainability efforts.

Two (2) Years	NAG Request	All Other Sources	Total Project Cost
Salaries			
Fringe Benefits			
Materials/Supplies			
Transportation			
Equipment			
Professional Services			
Direct Services			
Other			
TOTAL			

IF AWARDED COMMUNITY AID FUNDING

- I. SCOPE OF SERVICES:** The Operating Agency shall, in a satisfactory and proper manner administer and operate a program in accordance with the description of such project that appears in the approved NAG application.
- II. TIME OF PERFORMANCE** - The services of the Operating Agency are to commence at the time of the executed agreement and shall be undertaken and completed in such sequence as to assure their expenditures completion in light of the purposes of the Agreement for a period of two (2) years, but in any event the agreement expires no later than December, 2025. Funding by the City of the Operating Agency is intended to finance the latter for its administration of the project for a period of two years.
- III. THE GRANT AND METHOD OF DISBURSEMENT** - The City shall pay the Operating Agency in the following manner:
 - 1) An initial payment of 50% shall be made to the Operating Agency at the beginning of the contract/agreement. Remaining funds will be paid as the agency submits reimbursement request along with a narrative and expense reports.
 - 2) It is expressly understood and agreed that in no event will the total compensation and, if any to be paid hereunder exceed the maximum sum of the contractual amount for all of the services required within the two (2) year contract. Reports and reimbursement request shall be submitted to the OECD in the format outlined below.

The format of said report may from time to time be revised and modified as mutually agreed upon by the OECD and the Operating Agency.

Said annual report shall be submitted to the OECD within 15 days of the end of each fiscal year. Failure to submit timely annual reports can result in delays in receiving grant payments.

Additionally, a final reporting document of aggregate numbers for the entire performance period should be submitted no later than 15 days of the end of the two year contract.

Program & Expenditure Report for Reimbursement

- a. The report shall contain a description of each program, the level of participation per session, the number of sessions held per year, a breakdown of activities according to site locations, and an indication of participation by residents. Special events should reflect similar information. Narratives covering highlights, problems, and other significant developments shall be provided in addition to the statistical information outlined. Attach copies of any news releases, publications, flyers, pamphlets, calendar of events or other public information data distributed through the Operating Agency this report period.
- b. Expenditures –A summary of all expenses must be provided to the Office of Economic and Community Development. Along with backup for all paid expenses including, invoices, purchase orders, canceled checks, payroll/benefits records, etc.

FOR APPLICANT INFORMATION PURPOSES ONLY
TO BE COMPLETED BY THE NON-PROFIT ASSISTANCE GRANT COMMITTEE

Applicant: _____ Program Title: _____

Reviewer: _____ Total Score: _____

Evaluation Criteria (NAG)	Score (1 – 20 per category)
<p>Need: How well does the applicant establish a need for their services or programs relating to COVID relief or recovery? Did they demonstrate knowledge of the City’s needs? Will your project be meeting a local priority? Do they understand the need of those beneficiaries they serve? Are the needs supported with demographic information or agency data collection?</p>	
<p>Goals and Objectives: Has the applicant clearly and concisely established goals and objectives for their project? Are the goals and objectives related to the need demonstrated in Section I of the application? Is it logical to think that these objectives will specifically address this need? Are they specific, measurable, and achievable?</p>	
<p>Project Description: How well did the applicant describe the project? Are the activities thoroughly described? Have they included a timetable and described project staffing? Is the project based on an evaluated model or best practice? Is the project innovative?</p>	
<p>Staffing: Is the project adequately staffed? Does the staff appear to have appropriate credentials? Are they culturally competent to deliver the proposed services?</p>	
<p>Budget: Is the overall request for funding reasonable? Does the project have diversified sources of funding? Does the applicant propose using the funds to support costs related to the project description? Is the cost per beneficiary reasonable?</p>	
<p>Other Comments:</p>	Total Score (out of 100)