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City of Trenton  
Housing and Economic Development  
**2021 City of Trenton CDBG Request for Proposals**  
Deadline: 5/12/2021

## Print Preview Prop

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**\$ 0.00** Requested

**Additional Contacts**  
*none entered*

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### Application [top](#)

**1. Choose one (1) eligible Category that best describes this proposal:**

- CDBG Public Services Youth Educational Enrichment
- CDBG Public Services Youth Recreation
- CDBG Public Services Youth Crime Prevention and Personal Development
- CDBG Public Services Adult Employability and Life Skills Development

**2. Briefly describe the proposed program, the work to be performed, the service to be provided and the population to be served. Include the specific program activity you are seeking CDBG/ESG funding for.**

*Example: The XYZ program will provide ABC to X City of Trenton residents. We are seeking \$xx,xxx of CDBG funding to pay for XYZ.*

*-no answer-*

**3. Why is this project needed by City of Trenton Residents? How did you determine that this need exists, and how will your program address this need?**

*-no answer-*

**4. Are the beneficiaries of the proposed program Individuals or Households?**

*(Activities benefiting youth/children must use HH Income to determine eligibility)*

- Individuals
- Households

**5. Enter the estimated number of unduplicated City of Trenton individuals or households within the following income categories that will benefit or be served by the proposed project/program in the program year.**

What is the total estimated number of LMI persons to be served by this project? (Less than 80% of median income)

What is the total estimated number of Non-LMI persons to be served by this project? (More than 80% of Median income)

Total estimated number of persons to be served by this project

**TOTAL**

6. A) Provide a detailed description of the proposed activity including how the activity will address the community need you have indicated. B) Identify whether the activity is new or expanded from previous years. Only new or expansions of a previously funded CDBG funded project will be considered for funding. If the project is an expansion of a project previously funded with CDBG, you must document how CDBG will provide for the increased level of services.

An expansion is considered to be serving a larger number of low income persons than were previously served.  
-no answer-

7. A) Describe your organization's client intake process. B) What kind of documentation do you collect and for how long is it retained? C) Describe how you will document the program is benefiting low to moderate City of Trenton residents.

-no answer-

8. A) Describe your agency's outreach and methods used to inform beneficiaries about your program. B) How will clients get to you project location? C) What efforts will your organization make to promote the project and reach individuals.

-no answer-

9. A) Please describe the history, mission and services of the Organization. Include the year of incorporation, years of direct experience with the program, and federal grant management experience. B) Please describe your organization's experience in working with the target population and undertaking similar projects.

-no answer-

10. A) Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success. B) Please describe the readiness of your organization to implement the services or project that you are proposing.

-no answer-

11. A) Identify the person(s) responsible for program and financial management of the activity. B) Identify all other persons involved in this activity noting whether these positions are existing or proposed, pending this award. How many staff will work on performing the funded activity? Describe the experience of the specific staff member(s) in providing the service for which funding is requested.

-no answer-

12. How will you measure the program success? Describe how you plan to monitor your organization's activities, measure outcome and document the results of your efforts in meeting your goals and objectives.

-no answer-

13. A) Please explain how your organization is currently providing services during the pandemic. B) Describe how your agency will carry out the proposed activity during the COVID-19 Pandemic. C) Describe the safety precautions your organization have in place to prevent the spread of the Covid 19.

-no answer-

14. What is your organization's contingency plan if your organization does not receive the requested CDBG funding, or receives less than the amount requested?

-no answer-

**Budget** [top](#)

Funding Sources/Revenues	Amount				
-none-	<b>\$ 0.00</b>				
Funding Uses/Expenses	Total Budget Amount	CDBG Request	In-Kind Match	Cash Match	All Other Grants
-none-	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

<b>CDBG/ESG % of Program Budget</b>	<i>calculation error</i>
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## Program Timeline & Performance Measures

Quarter	Activities	Outputs	Outcomes	Funds
<b>1st Quarter</b>				
July 2021				\$
August 2021				\$
September 2021				\$
<b>2nd Quarter</b>				
October 2021				\$
November 2021				\$
December 2021				\$
<b>3rd Quarter</b>				
January 2022				\$
February 2022				\$
March 2022				\$
<b>4th Quarter</b>				
April 2022				\$
May 2022				\$
<b>Total</b>				<b>\$ 0</b>

## Personnel Budget

Position Title	Is this an existing or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	% of time spent on the CDBG program	Total position cost requested from CDBG/ESG
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$
		\$	\$	\$		\$

## Documents [top](#)

### Documents Requested \*

### Required? Attached Documents \*

501 (c) IRS Determination Letter. Pending letters will not be accepted.



Articles of Incorporation



Copy of the Organization's most recently submitted IRS Form 990



Audit: All applicants must submit an audit (A-133 Audit, Audited Financials, or an Annual Certified Financial Statement). Except for A-133 Audits, Audits may not be older than FY 2017.



Current list of Board of Directors



Conflict of Interest Statement	✓
Completed Certificate of Non-Collusion Form	✓
Job Descriptions	✓
An Executed Statement of Applicant Form.	✓

\* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 124545

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