



Jerramiah T. Healy, Mayor  
CITY OF JERSEY

September 14, 2012

**2013 HUD ENTITLEMENT GRANT APPLICATIONS**

Dear Applicant:

This correspondence accompanies application kits for program year 2013 Department of Housing and Urban Development (HUD) Entitlement Grant funding. The following grants are part of this application kit: Community Development Block Grant (CDBG); HOME Investment Partnerships Program (HOME); Emergency Solutions Grant (ESG) and Housing Opportunities for Persons With AIDS (HOPWA). It is important that you follow the instructions provided in the application package, as well as the following requirements:

1. Your application must be 100% complete.
2. You must submit an original and one (1) copy (unless otherwise noted in the application) of each application on or before October 25, 2012. Applications received after this date will **not** be considered for funding.
3. You must submit one copy of your agency's most recent audited financial statements with your application. Should your audit contain questioned costs or material weakness findings, it may disqualify your agency from receiving federal funds. Because fiscal responsibility is so important, any application without an audit **will not be accepted**. If your organization is newly incorporated, the required audit / financial statement may be waived.
4. You must submit all of the items listed on the "Grant Application Checklist". (CDBG, HOPWA, and ESG)
5. You must detail how clients will benefit from your project. This is essential to comply with HUD's performance measurement requirements. Performance measurement is a process of identifying outcomes and measuring whether outcomes were achieved. Specifically, it tells the story about how your project will change existing conditions. This information is to be included in the objectives / outcomes section of your application. (CDBG, HOPWA and ESG)
6. You must identify how the proposed project is addressing priorities identified in the City's Five Year Consolidated Plan.

Projects that address the following priorities identified in the Consolidated Plan and Annual Action Plan will receive priority.

I. **SOCIAL SERVICES** will be prioritized in the following order:

**Creation of employment opportunities tied to existing jobs.\***

**Youth (up to age 18):**

After School Academic Enrichment; Counseling (Conflict Resolution and Substance Abuse); Guidance or Mentoring; Structured Recreation, Educational Workshops and the Arts (Cultural Enrichment).

\*All employment training requests must contain proof of partnerships/collaborations with other organizations for the purpose of creating jobs. Also, employment training requests must contain documentation of job placement success.

## 2013 ENTITLEMENT GRANT APPLICATIONS

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**Immigrants:** Information and Referral and Translation Services.

**Senior Citizens:** General Social Services; Health Services and Basic Needs (Housing, Health Care and Food).

**Disabled Persons:** Basic Needs (Housing, Health Care, and Food), Educational Training and Skills Development.

**Formerly Incarcerated Persons:** Employment Training geared for available jobs; Counseling (Mental Health Care, Substance Abuse); Basic Needs (Housing, Health Care and Food), Parenting Skills and Legal Services. Agencies that have documented success in placing clients will be viewed more favorably. Also, priority will be given to organizations providing services to Young Adults (ages 18 – 24).

**Adults (Working Poor/ Low Income):** Basic Needs (Housing, Health Care and Food); Skills Training /Literacy; Counseling (substance abuse and conflict resolution) and Child Care Services.

**Homeless / Special Needs Population:** Services tied to new supportive housing units for homeless and special needs populations.

### II. PUBLIC FACILITY/ CAPITAL IMPROVEMENTS will be prioritized as follows:

1. Street and Sidewalk Improvements
2. Existing Parks and Recreational Facility Improvements
3. Creation of Parking Facilities
4. Street Light Improvements
5. Water and Sewer Improvements
6. Creation of New Community Center(s)\*
7. Creation of New Parks and Recreational Facilities

Priority will be given to rehabilitation of existing facilities (ex., YMCA) as opposed to creating new community centers.

\*An operating plan documenting the strategy for financial sustainability of the center / facility must be submitted along with your CDBG Capital Improvements / Public Facility application.

#### Based on the following criteria:

- Low / Moderate income areas
- Redevelopment areas
- Urban Enterprise Zones

### III. HOUSING will be prioritized as follows:

#### A. **Rental Housing:**

- New construction of rental housing in areas most affected by foreclosures
- Substantial rehabilitation of rental housing in areas most affected by foreclosures

Targeting the following populations:

- Large families
- Low Wage Earners (Working Poor)
- Senior Citizens
- Disabled Individuals

**Note: Applicants wishing to apply for CDBG funds for multi-family housing rehabilitation must contact the Division of Community Development for additional guidance.**

**B. Homeownership:**

- New construction of home ownership units in areas most affected by foreclosures
- Substantial and moderate rehabilitation to preserve existing units in areas most affected by foreclosures

(Green building features and pre-purchase counseling are required components for all affordable housing units).

Projects that have the greatest neighborhood impact will receive priority

Projects that have mixed use elements in commercial corridors in need of continual investment will receive priority.

**IV. HOMELESS SERVICES** will be prioritized as follows:

- Production of affordable housing units for homeless and disabled persons.
- Services designed to help homeless individuals become self sufficient
- Shelter services for individuals without income or financial subsidies

**V. SPECIAL NEEDS PERSONS** services will be prioritized as follows:

- Creation of housing units for senior citizens, disabled persons and persons with HIV/AIDS.
- Provision of rental assistance for special needs populations.

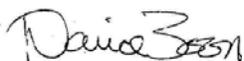
**VI. ECONOMIC DEVELOPMENT** will be prioritized as follows:

- Services to assist primarily low / moderate income residents to start or expand their own businesses, including incubators and micro-loans.
- Improved employment opportunities for working poor, unemployed and underemployed.
- Neighborhood commercial revitalization.

Projects that **do not** meet these needs will not be considered for funding. A technical assistance session will be held on Thursday, October 4, 2012 at 6:00 P.M. at the Mary McLeod Bethune Life Center, 134-150 Martin Luther King Drive, Jersey City, New Jersey. Also, individual appointments may be made by contacting the Division of Community Development at 201-547-5916. These sessions are being held to assist organizations with the application process. **All applicants are strongly encouraged to attend one session of technical assistance.**

All applications for new social services or public facilities must include documentation of community outreach. Please be advised that all applications and evaluation criteria are available at <http://jerseycitynj.gov/hedc.aspx?id=5332>. Best wishes and we look forward to working with you to build a better Jersey City.

Sincerely,



**Darice Toon**  
**Director**

DT:sah

Enclosures

cc: Carl Czaplicki, Director - HEDC

Applicant: \_\_\_\_\_

## GRANT APPLICATION CHECKLIST

This checklist includes requirements for completing a grant application for the **FY2013 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) – REHABILITATION / CAPITAL IMPROVEMENTS**. This checklist **MUST ACCOMPANY** your submission. Grantees should indicate those items that have been included in the submission by placing an “X” in the appropriate box. Instructions for completing the application are included at the beginning of the packet.

### **REHABILITATION / CAPITAL IMPROVEMENTS**

DCD Use Only	Submitted by Grantee	
<input type="checkbox"/>	<input type="checkbox"/>	Grant Application Introduction and Instructions Checklist
<input type="checkbox"/>	<input type="checkbox"/>	Application Cover Sheet (Application: Page 1)
<input type="checkbox"/>	<input type="checkbox"/>	Agency Description
<input type="checkbox"/>	<input type="checkbox"/>	Site Information / Property History
<input type="checkbox"/>	<input type="checkbox"/>	Detailed Project Description
<input type="checkbox"/>	<input type="checkbox"/>	Scope of Work
<input type="checkbox"/>	<input type="checkbox"/>	Needs and Objectives of Project / Outcomes
<input type="checkbox"/>	<input type="checkbox"/>	Site Control Information / Conformance with Governmental Regulations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Project Schedule
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Schedule A: 2013 CDBG Budget
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Schedule B: Cost Estimate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Schedule C: Other Sources of Funding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Site Photos
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Site Location Map
<input type="checkbox"/>	<input type="checkbox"/>	List of Board of Directors
<input type="checkbox"/>	<input type="checkbox"/>	Articles of Incorporation (New Applicants Only)
<input type="checkbox"/>	<input type="checkbox"/>	Organizational Chart
<input type="checkbox"/>	<input type="checkbox"/>	IRS Determination Letter (New Applicants Only)
<input type="checkbox"/>	<input type="checkbox"/>	Agency By-Laws (New Applicants Only)
<input type="checkbox"/>	<input type="checkbox"/>	Most Recent Completed Audit Report

## **INTRODUCTION**

The City of Jersey City is accepting applications for the FY2013 – 2014 Community Development Block Grant (CDBG – Rehab) Program. CDBG rehabilitation funds are awarded to eligible non-profit organizations and / or developers that provide affordable housing in primarily low / moderate income areas.

## **APPLICATION REQUIREMENTS**

All applications must contain the following documents in order to be complete:

- Introduction and Instructions
- Application Cover Page
- Grant Application Checklist
- Agency Description
- Site Information / Property History
- Detailed Project Description
- Need(s) and Objectives of Project / Outcome(s) Form
- Conformance with Governmental Regulations
- Project Schedule
- Schedule A – 2013 CDBG Budget Form
- Schedule B – Other Sources of Funding Related to this Application Form
- Site Photos
- Site Location Map
- List of Board of Directors
- Articles of Incorporation (New Applicants Only)
- Organizational Chart
- IRS Determination Letter (New Applicants Only)
- By-Laws (New Applicants Only)
- Most Recent Completed Audit Report

## **INSTRUCTIONS**

All applicants must submit an original application and one (1) additional copy of the application to:

**Darice Toon, Director**  
Department of Housing, Economic Development and Commerce  
Division of Community Development  
30 Montgomery Street, Suite 404  
Jersey City, New Jersey 07302

**All applications must be received no later than Thursday, October 25, 2012 at 4:30 P.M. either by hand delivery or mail. Only typed applications will be accepted. No handwritten applications will be accepted.**

## **AGENCY DESCRIPTION AND DETAILED PROJECT DESCRIPTION**

### **Agency Description**

- Concisely describe the purpose of your agency / organization, the proposed project, your target area and what you intend to do and accomplish.

### **Site Information / Property History**

- Provide required information on the property to be assisted, if applicable.

### **Detailed Project Description**

- Provide a detailed description of the proposed scope of work. Clearly spell out the specific work to be performed by the contractor. For example, identify the type of work materials to be used and locations. Provide information on the proposed site and a history of the property(ies) included in the project. Project histories are required for all new projects only.
- Provide a detailed description of your project. Be sure to specify boundaries of your service area, blocks and lots and other information that will make the project easily identifiable. Attach a map identifying the block(s) and lot(s) and site photos. Refer to the following descriptions when responding to inquiries on project benefit:

### **Low to Moderate Income Persons and Families**

**Direct Benefit Activities** serve persons specifically enrolled in programs with an intake process that requires information on family size and income which will be used to determine that at least 51% of the clientele are persons whose family income does not exceed the L/M limit e.g., day care program, vocational training, housing rehabilitation loans or grants, youth recreation program, substance abuse counseling. Income limits for participation in CDBG funded programs are established by the U.S. Department of Housing and Urban Development (HUD). Below is a listing of the most current income limits established by HUD:

<b>2012 HUD LOW AND MODERATE INCOME GUIDELINES</b>								
<b>FAMILY SIZE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>MAXIMUM INCOME</b>	<b>\$41,250</b>	<b>\$47,150</b>	<b>\$53,050</b>	<b>\$58,900</b>	<b>\$63,650</b>	<b>\$68,350</b>	<b>\$73,050</b>	<b>\$77,750</b>

Define the neighborhood which the project or facility will serve by boundary street names, or indicate if the activity benefit will be Citywide.

**Area Benefit Activities** must be located in service areas that have at least 51% low/moderate income residents to be eligible for CDBG funding. These areas have been identified by HUD based on the 2000 Census data. The Community Development office will determine the eligibility of the project based on the information you provide.

If your project is an Area Benefit Activity (i.e., public facility, street repair, sewer repair, tree planting) you must identify the street boundaries (i.e., Bergen Avenue between Montgomery Street and Fairmount Avenue) of the service area.

## **Elimination of Slums or Blight**

Please identify the duly designated redevelopment area (i.e., Morris Canal Redevelopment Area), the date of blight and the specific condition(s) of blight to be addressed.

## **NEED(S) AND OBJECTIVES OF PROJECT / OUTCOMES**

### **Assessment of Need(s)**

- Briefly list the need(s) which document the reason for the project.
- Be able to describe:
  - What is the problem?
  - Who has the problem?
  - Where is the problem?
  - What is the magnitude of the problem?

### **Objective(s) of Project / Outcomes**

- An objective is a specific and measurable statement that summarizes expected achievement in meeting the described need.
- Be able to state / describe the **outcome** of the project:
  - The outcome is a positive benefit, behavior, or change in condition, functioning, or problem accruing to individuals, families and communities resulting from a service or activity.

## **CONFORMANCE WITH GOVERNMENTAL REGULATIONS** (Self-explanatory)

## **PROJECT SCHEDULE**

- Darken the appropriate box(es) for quarters when different tasks will occur. Identify all activities related to the development of the proposed project. Please feel free to copy the schedule if additional space is needed.

## **SCHEDULE A: 2013 CDBG BUDGET**

- This page is to be completed in order to reflect the funding that the grantee is requesting for the proposed project.

## **SCHEDULE B: COST ESTIMATE**

- Provide an itemized cost estimate for work to be performed. Cost estimates must be prepared by a qualified professional.

## **SCHEDULE C: OTHER SOURCES OF FUNDING RELATED TO THIS APPLICATION**

- Indicate all other sources and amounts of funding committed to this project.

## **SITE PHOTOS** (Self-Explanatory)

## **SITE LOCATION MAP** (Self-Explanatory)

**Note:** All applicants requesting funds for housing rehabilitation must contact the Division of Community Development (DCD) for additional instructions.

## **ADDITIONAL DOCUMENTS**

Please provide the following documents in order to have a complete application:

- List of Board of Directors
- Articles of Incorporation (New Applicants Only)
- Organizational Chart
- IRS Determination Letter (New Applicants Only)
- By-Laws (New Applicants Only)
- Most Recent Completed Audit Report

Note: See attached page for income limits for participation in CDBG funded programs:

# City of Jersey City

2012 HUD LOW AND MODERATE INCOME GUIDELINES								
FAMILY SIZE	1	2	3	4	5	6	7	8
MAXIMUM INCOME	\$41,250	\$47,150	\$53,050	\$58,900	\$63,650	\$68,350	\$73,050	\$77,750

## CALENDAR

### **SEPTEMBER 11, 2012**

- Public Hearing to obtain citizen views on housing and community development needs and to inform the public about the availability of funds

### **SEPTEMBER 14, 2012**

- Applications are available for interested organizations and citizens

### **OCTOBER 4, 2012**

- Technical assistance for all HUD entitlement grants

### **OCTOBER 9 – OCTOBER 18, 2012**

- Individual technical assistance sessions may be scheduled on Tuesdays, Wednesdays and Thursdays

### **OCTOBER 25, 2012**

- Applications are due on Thursday, October 25, 2012 at 4:30 P.M.

### **JANUARY 2013**

- Public hearing to receive comments on proposed projects and application
- Recommendations are submitted to City Council for authorization

### **FEBRUARY 15, 2013**

- Application is submitted to the U.S. Department of Housing and Urban Development (HUD) for review

### **APRIL 2013**

- Fiscal year begins for all grants
- Actual contract awards projected to occur by June 2013



DEPARTMENT OF  
Housing, Economic Development & Commerce  
**Division of Community Development**  
30 Montgomery Street, 4<sup>th</sup> Floor, Jersey City, NJ 07302  
Phone: (201) 547-6910  
Fax: (201) 547-5104

Jerramiah T. Healy, Mayor  
CITY OF JERSEY CITY

## CDBG (Rehabilitation) FY2013 Program Year Application

1. Name of Applicant (Organization / Agency)			
2. Street Address			
City	State	Zip Code	Ward
3. Official Contact Person (i.e., Executive Director, Director, CEO, etc.)		Title	Phone Number
E-mail Address			Fax Number
4. Proposed Project Title		5. Project Location (if Different from Applicant Address)	
6. Operating Schedule Beginning Date: _____ Completion Date: _____		Hours of Operation:  Days of Operation:	Type of Entity:  <input type="checkbox"/> Non-Profit 501C3 <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> City Dept. / Division <input type="checkbox"/> Autonomous Organization
7. DUNS Number		8. Employer Identification Number (EIN)	
9. Briefly describe the project for which you are seeking funds.			
10. Consolidated Plan (Public Facility / Capital Improvements) Priority to be Addressed (i.e., Streets, Sidewalks, Parks, etc.) – See cover letter for priority populations			
11. Total Cost of the Project		12. Requested Amount	13. Funds from Other Sources
14. Type of Request:  <input type="checkbox"/> Infrastructure Improvements <input type="checkbox"/> Park Improvements <input type="checkbox"/> Public Facility Improvements <input type="checkbox"/> Other (Specify) _____		15. Public Facility / Capital Improvements Priority to be Addressed: (Refer to cover letter for Priorities)	
16. <b>Certification:</b> The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct. The document has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulation, and rules issued by U.S. Department of Housing & Urban Development (HUD) which include provisions described in grant applications instructions.			
Name and Title of Applicant (Print)		Signature of Applicant	Date of Application

# AGENCY DESCRIPTION / SCOPE OF WORK / SITE INFORMATION / PROJECT HISTORY

Name of Applicant	Proposed Project Title	Date of Application
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**AGENCY DESCRIPTION:** Describe your agency's capacity for implementing the proposed project.

**SITE INFORMATION / PROPERTY HISTORY (Specify Whether Property is Vacant or Occupied):** Check appropriate boxes and provide additional information as applicable. (New Projects Only)

- Site Location:

Street Address(es)	Block(s) No.	Lot(s) No.	Property vacant less than 12 mos.	Property vacant more than 12 mos.	Property Occupied

Please provide the following information for all occupied properties that have been vacant for less than 12 months (Attach additional sheets).

- Rent and Occupancy data detailing the number of residents, businesses, churches and non-profit organizations that have moved from the site(s) within the past 12 months or in current occupancy.

Note: A copy of your detailed relocation plan must be attached for all properties vacant less than twelve (12) months or occupied properties.

## DETAILED PROJECT DESCRIPTION

**DETAILED PROJECT DESCRIPTION:** Provide a detailed description of your project. Be sure to specify boundaries of your service area, blocks and lots and other information that will make the project location easily identifiable. Attach a map identifying the block and lot.

## SCOPE OF WORK

**SCOPE OF WORK:** Provide a detailed description of the proposed scope of work. (See Schedule B: Page 10 – Cost Estimate Schedule)

Is this a Low / Moderate Area benefit activity?    \_\_\_ Yes    \_\_\_ No

If yes, explain how this was determined and provide boundaries for the area: (See Instructions: Page 3)

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**SCOPE OF WORK (Cont'd)**

Is this activity located in a designated redevelopment area (slum / blighted area)?  Yes  No

If yes, specify the redevelopment area, attach a copy of the Redevelopment Plan and state the specific conditions of blight to be addressed:

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Will the proposed activity support the production of housing units?  Yes  No

If yes, please complete the following:

Total Number of Units

Number of Low / Moderate Income Units

Will the proposed activity contain a commercial component?  Yes  No

If yes, please describe the nature of use:

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## NEED(S) AND OBJECTIVES OF PROJECT / OUTCOMES AND OPERATING PLAN

**ASSESSMENT OF NEED(S)** – List the need(s) which illustrate the reason for the project. Describe specifically the number of low and moderate income persons to be served.

**OBJECTIVE(S) OF PROJECT / OUTCOMES** – Objectives should be specific, measurable, and time oriented. Outcomes are the changes that will occur as a result of the proposed project / activity. For example, 300 households will benefit from improved access to public facilities / services.

Is this a new public facility?

Yes       No

If yes, provide a detailed description of your operating plan. Attach additional pages as necessary to explain your strategy for covering operating cost for the project.

**SITE CONTROL INFORMATION / COMPLIANCE WITH GOVERNMENTAL REGULATIONS**

**1. SITE CONTROL INFORMATION [Applicant must have site control, contract or authority to execute a long term (15-year) leasehold mortgage for any facility improvements exceeding \$50,000.]**

- \_\_\_\_\_ Contract of Sale (Attach Copy)
- \_\_\_\_\_ Municipal Conveyance of Property
- \_\_\_\_\_ Deed of Ownership (Attach Copy of Deed) \_\_\_\_\_
- \_\_\_\_\_ Other (Specify and Provide Documentation) \_\_\_\_\_

Are there liens (mortgages) or other encumbrances (Deed Restrictions, etc.) on the property?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, please explain. (Be sure to specify the mortgage company, amount owed and terms. Provide details regarding all encumbrances.)

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**2. What, if any, federal, state and local governmental requirements, i.e., permits, approvals, licenses, matching grants, etc., are required?**

## SITE CONTROL INFORMATION / CONFORMANCE WITH GOVERNMENTAL REGULATIONS

3. Are there any potential impediments to this project?

Yes  No

If yes, please explain:

4. Please describe any contingency, including environmental contamination, which might delay or preclude project completion. Environmental reviews are required for all rehabilitation and construction activities. The level of review varies from project or project.

**Note: All projects must comply with applicable laws, codes and regulations, including but not limited to lead based paint, historic preservation, environmental remediation, etc.**

# PROJECT SCHEDULE

(Darken appropriate boxes for quarter(s) when task / activity will occur)

PROJECT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_

NO.	ACTIVITY DESCRIPTION	April –	July –	October –	January –	April –	July –	October –
		June 2013	September 2013	December 2013	April 2014	June 2014	September 2014	December 2014
1	SITE PLAN APPROVAL							
2								
3								
4								
5								
6								
7								
8								
9								
10								

**SCHEDULE A: BUDGET FOR REHABILITATION / HOUSING / ECONOMIC DEVELOPMENT PROJECTS**

**2013 CDBG BUDGET**

	<b><u>CDBG FUNDS</u></b>	<b><u>OTHER SOURCES</u></b>	<b><u>TOTAL</u></b>
1. Acquisition	_____	_____	_____
2. Clearance & Demolition	_____	_____	_____
3. Environmental Remediation	_____	_____	_____
4. Relocation	_____	_____	_____
5. Architectural / Engineering Fees	_____	_____	_____
6. Professional Services:			
a. Appraisal	_____	_____	_____
b. Audit	_____	_____	_____
c. Legal	_____	_____	_____
d. Consultants (specify type)	_____	_____	_____
_____	_____	_____	_____
*7. Rehabilitation	_____	_____	_____
*8. New Construction	_____	_____	_____
9. Other (please describe)	_____	_____	_____
10. Total Cost for each Source	_____	_____	_____

- **Please be advised that any rehabilitation or new construction projects must be publicly bid. In addition, under most circumstances, federal wage rates (Davis - Bacon) are applicable.**

+ Permits

+ Site Improvement:

- Sewer
- Water
- Curbs
- Sidewalk
- \_\_\_\_\_ (Specify)  
(Other)

**SCHEDULE B: COST ESTIMATE**

Description of Work	Unit Measure	Unit Price	Total

**Cost Estimator**

**Estimator's Name & Company**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note: This form must be completed for all rehabilitation or new construction projects. Failure to complete this form will automatically disqualify your application.**

**SCHEDULE C: OTHER SOURCES OF FUNDING RELATED TO THIS APPLICATION**

Code all listed fund sources as either (F) Federal Government, (S) State Government, (L) Local City/County Government, (LP) Local Private/Charity Agency, (TP) Third Party Payer or (PI) Program Income.

ATTACH ADDITIONAL SHEETS IF NEEDED

SOURCE	AMOUNT	COMMITTED (Yes or No)	CODE
<b>TOTAL FUNDS FROM OTHER SOURCES RELATED TO THIS APPLICATION ONLY</b>	<b>\$</b>		

**SITE PHOTOS:** (Attach photos of site)

**SITE LOCATION MAP:** (Attach copy of map)