

**COUNTY OF UNION
COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION
FISCAL PROGRAM YEAR 2018 – 2019 (YEAR 44)**

I - Project Name

Project Name	Senior Citizen High Risk Health Care Fair & Health Care Programs		
Project Address	15 East Fourth Street, New Providence	Amount Requested	\$6,000
Census Tract(s)	381.01 & 381.02	Block Group(s)	
Contact Person	Janice Gironda, PHN	Title	New Providence Public Health Nurse
E-mail Address	jgironda@newprov.org		
Phone Number	908-743-1049	Fax Number	908-665-9272

II – Name of Applicant

Name of Applicant	Janice Gironda	DUNS #	89205 181
Applicant Address	360 Elkwood Avenue, New Providence, NJ 07974		
Contact Person:	Janice Gironda		
Email Address:	jgironda@newprov.org		
Phone Number	908-743-1049	Fax Number	908-665-9272

III - Person Preparing Drawdowns

Contact Person:	Janice Gironda		
Address:	360 Elkwood Avenue, New Providence, NJ 07974		
Email Address:	jgironda@newprov.org		
Phone Number	908-743-1049	Fax Number	908-665-9272

IV - Person Preparing Progress Reports / Final Reports

Contact Person	Janice Gironda		
Applicant Address	360 Elkwood Avenue, New Providence, NJ 07974		
Email Address:	jgironda@newprov.org		

Phone Number 908-743-1049

Fax Number 908-665-9272

V. CDBG Eligibility

National Objective

Check one

- | | |
|-------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | Benefit Low/Mod Income Persons |
| <input type="checkbox"/> | Prevent/Eliminate Slums or Blight |
| <input type="checkbox"/> | Urgent need |

Type of Project

Check One

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Facility/Public Improvement
Complete page 9 + 10 |
| <input type="checkbox"/> | Housing
Complete page 11 + 12 |
| <input checked="" type="checkbox"/> | Social Services
Complete page 13 |
| <input type="checkbox"/> | Administrative & Planning
Attach separate description
**NOTE: All applicants must complete pages 14-17. |

Activity Category

Check One

- | | |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> | Acquisition |
| <input type="checkbox"/> | Public Facilities & Improvements |
| <input checked="" type="checkbox"/> | Social Services |
| <input type="checkbox"/> | ADA Improvements |
| <input type="checkbox"/> | Housing Rehabilitation |
| <input type="checkbox"/> | Planning & Administration |

Certification of Eligibility

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Number of Persons benefiting from the project |
| <input type="checkbox"/> | Number of Low/Mod Income Persons Benefitting from Project (per HUD Sections 8 Income Limits) |
| <input checked="" type="checkbox"/> | Percentage of Low/Mod Income Persons Benefitting from Project (Must be at least 51% of total) |

Data Source

Check one

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Low/ Mod Job Creation |
| <input type="checkbox"/> | Limited Clientele |
| 381.01 | Census Tract |
| <input type="checkbox"/> | Section 8 |

VI. Performance Measures

A. Objective of Project

1. Identify which objective will be addressed by the activity proposed in this application.
Choose only one objective:

x	Suitable Living Environment - This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.
	Decent Affordable Housing - This objective focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort.
	Creating Economic Opportunities - This objective applies to the types of activities related to economic commercial revitalization or job creation.

B. Expected Outcome of Project

2. Identify which outcome category best reflects what you are seeking to achieve (the results) in funding this particular activity.

Choose only one outcome:

	Availability / Accessibility - This outcome category applies to activities that make services, infrastructure, housing, or shelter available or accessible to low and moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low and moderate income people.
	Affordability - This outcome category applies to activities that provide affordability in a variety of ways in the lives of low and moderate income people. It can include the creation of maintenances of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
x	Sustainability: Promoting Livable or Viable Communities - This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefits to persons of low and moderate income, or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

VII. Budget Information/Project Funding

Complete budget pages

VIII. Prior CD Funds Received

CD / Year 43

CD / Year 42

CD / Year 41 \$5,000

VIII. Certification

I hereby certify that all information included in this application is correct to the best of my knowledge.

Janice Gironda, Public Health Nurse
SIGNED

New Providence Health Department

AGENCY

Date the application has been discussed at a local public meeting

MAYOR'S SIGNATURE

DATE

***Please Note: Certain types of proposals can be combined. For example, if requesting funding for a senior social service program and a senior bus program, one application can be submitted. Also, if an application is for performing several improvements to a senior center, it is okay to one application that includes all the activities rather than submitting separate applications.**

***IMPORTANT: ALL APPLICANTS MUST SUBMIT THEIR DUNS NUMBER. NON-PROFITS MUST INCLUDE THEIR 501 (C)(3) DOCUMENTATION, A LISTING OF THE MEMBERS OF THEIR BOARD OF DIRECTORS OR EQUIVALENT, AND A COPY OF THEIR LAST AUDIT.**

Social Services

1. Project Description: Describe very specifically what you would want to use CD funds for below. (i.e. pay salary of senior bus driver; pay salaries of after school instructors; purchase food to provide free meals to seniors; pay fees/salaries for classes for seniors; etc.) (DO NOT SAY "See Attached")

The funds will help to cover the cost of the annual senior citizen health fair, senior health screenings, educational programs/workshops and senior exercise programs. There will be a new program introduced this grant year called, "Ageless Grace". This interactive program will teach ways to develop the neuroplasticity of the brain which diminishes over time leading to cognitive changes in the brain. This class helps to practice mental and physical tools which help to improve waning cognitive abilities.

2. Specific Anticipated Accomplishments: (i.e. number of clients to be served, classes to be held, etc.)

The annual senior citizen health fair has had an attendance of over 200 people yearly. The educational programs and workshops and exercise classes can have attendance of over 30-50 people depending on the program topic. The goal is to meet the needs and interests of this age group requesting program feedback and maintaining open lines of communication. There will be a new series offered this grant year entitled, "Ageless Grace," the purpose is to instruct new methods/ways to increase and improve the neuroplasticity of the aging brain.

3. a. Type of Service New Continued Increased Decreased

b. Project Level of unduplicated clients		Month	300	Year
c. This CD level of service unduplicated clients		Month	300	Year

4. Sub-grantee Organization and Social Service capability (Give a brief history of your organization, a brief description of previous efforts in similar activity, and a description of the organization's capability in undertaking the proposed activity). Explain how your project would function should CD funding cease.

The Health Department would attempt to continue to offer some of these program and services on a much smaller scale by obtaining assistance from local professional groups, organizations and hospitals. Some of the programs would be discontinued without grant funding.

5. Document how all Community Development funds will be spent within the 12 month contract period.

The funds will be spent on the annual health fair, screening services, educational programs and workshops, exercise programs, instructors, guest speakers, medical and office supplies and refreshments. Some of the presenters receive a fee for their services.

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Budget Information & Project Funding

Total Cost of Project

Grant Amount Requested

Percentage Total

Total of Other Funding

Other Agencies Applied to for Funds

Name	Amount	Status (Check)
No other applications submitted to date.	\$	Pending
		Approved
		Declined
	\$	Pending
		Approved
		Declined
	\$	Pending
		Approved
		Declined
	\$	Pending
		Approved
		Declined
	\$	Pending
		Approved
		Declined
	\$	Pending
		Approved
		Declined
	\$	Pending
		Approved
		Declined
	\$	Pending
		Approved
		Declined
	\$	Pending
		Approved
		Declined

Proposed Budget

Budget Category	Amount	Description
Project Cost	\$6,000	
Project Salary	\$16,000	
Project Fringe	\$	
Architect / Engineer	\$	
Consultant	\$	
	\$6,000	Total Budget Request

Matching Funds

Budget Category	Community Development Share	Agency / Municipal Share	Other Federal & State Funds	Other Source Share	Total Program Budget
Project Cost	\$6,000	\$	\$	\$	\$6,000
Project Salary	\$	\$16,000	\$	\$	\$16,000
Project Fringe	\$	\$	\$	\$	\$
Architect / Engineer	\$	\$	\$	\$	\$
Consultant	\$	\$	\$	\$	\$
Total	\$6,000	\$16,000	\$	\$	\$22,000

Project Activity Timetable

Government Agency	County of Union
Date (Month and Year)	Fiscal Year 2018 – 2019; September 1, 2018 to August 31, 2019
Project	

Project Activities	First Quarter			Second Quarter			Third Quarter			Fourth Quarter		
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Ageless Grace Program							x	x				
Blood Pressure Screenings	x	x	x	x	x	x	x	x	x	x	x	x
Blood Glucose Screenings							x		x			
Chair Yoga Program	x	x	x					x	x	x		
File of Life Program	x	x	x	x	x	x	x	x	x	x	x	x
In Control Exercise Program	x	x	x					x	x	x		
Nutrition / Osteoporosis Workshops/ Screening	x	x	x					x		x		
Reflections Support Group	x	x		x		x		x		x		x
Senior Citizen Health Fair <ul style="list-style-type: none"> • Multiple Screenings 									x			

Application Check List

Please review the checklist to insure all the necessary steps have been taken to submit a completed application.

<input checked="" type="checkbox"/>	Item
x	Is the project eligible for funding? (See Criteria for Eligibility)
x	Does the project meet a National Objective?
	Does your Organization have records to document low income eligibility? (i.e. Housing and Social Services need to meet Section 8 Income Limits (copy enclosed) and must obtain information pertaining to family size and income. Public Improvements/Facilities need to show service area and include eligible low income census tracts.)
x	Did you conduct a public hearing and include the public notice ad and minutes of that meeting with the application?
	Did you include Priority Listing of projects submitted?
x	Is the application signed by the Mayor of your municipality?
	Is the application and FOUR copies being submitted in a sealed envelope with the label firmly attached? (If submitting more than application, each application and copies must be in separate envelopes)
	For non-profit agency: Did you include a copy of 501(C)(3) IRS designation letter, listing of your Board of Trustees, and copy of latest audit?
x	Did you include your agency's DUNS number?
x	Did you clearly describe the project in detail (Question #1 "Project Description" pages of application depending on the category of request)?