

**South Brunswick Township Proposal Application  
for the  
Middlesex County Community Development Block Grant  
(CDBG Program FY 2025 - 2026)**

**I N S T R U C T I O N S**

**PROPOSALS DUE**  
**Monday, December 2, 2024**

**Please return completed application to:**  
**Di Shonay Pittman, Grant Coordinator/Affordable Housing**  
**South Brunswick Municipal Building**  
**P. O. Box 190**  
**Monmouth Junction, New Jersey 08852**

**Telephone: (732) 329-4000, x 7219**

***Purpose***

South Brunswick Township is one of 19 municipalities in Middlesex County that submits proposals to the County of Middlesex for funding under the Community Development Block Grant (CDBG). This county grant program began in 1975 as a consolidation of several specialized Federal programs administered by the County. As a “block grant” it provides local flexibility in how the funds may be used within certain eligibility criteria and other regulations. **The principal criteria are that allocations be designated for facilities and services within South Brunswick Township and that they benefit only individuals of low or low/moderate income, older adults, and/or adults with disabilities. Funds are used to provide reimbursement for incurred expenses. HIGH PRIORITY WILL BE GIVEN TO APPLICATIONS FOR CAPITAL PROJECTS, RATHER THAN FOR SERVICE PROJECTS.**

**Who Can Apply**

Applications are limited to South Brunswick Township municipal departments or agencies and non-profit organizations within the Township that serve its residents of low or low/moderate income.

## Application Criteria

The grant must

- **be used** for housing and/or community development projects, with **PRIORITY GIVEN TO CAPITAL PROJECTS**.
- **be used** to reimburse for incurred expenses
- **serve only** individuals of low or low/moderate income, and/or older adults, and/or adults with disabilities
- **be used** within South Brunswick Township and serve its residents

## Disallowable Items

The grant does not fund furniture, equipment, office equipment / supplies, or construction equipment.

## Instructions on Completing Application

The grant application will be available on the web at [www.sbtnj.net](http://www.sbtnj.net) under Affordable Housing. **An original plus 10 copies of the application (pages 4 through 7) must be postmarked no later than Monday, December 2, 2024.**

**First-time Not-for-Profit applicants must also submit a copy of the 501(c)(3) Determination Letter and a history and description of the organization,**

**Please answer all questions on the application. Applications must be typed.** Be certain that you have included information on the

- **identified needs**
- **nature of the project** and how it will address the identified needs
- **implementation process**
- **time period** over which the project will take place
- **site at which the project will occur** or whether it will cover the entire Township.

The Project budget should reflect:

- **Income:** Sources and amount from each source
- Anticipated itemized **expenditures**
- Amount of **CDBG funds** requested

## Application Procedure

Applications will be reviewed by the South Brunswick Housing and Community Development Block Grant Citizens Advisory Committee.

Applicants who have submitted completed applications meeting the grant criteria may be asked to answer additional questions by the time of the first meeting in January, 2025 of the Citizens Advisory Committee. Funding decisions are made by this committee and recommended to the Township Council for approval.

**COUNTY OF MIDDLESEX**  
**APPLICATION FOR FY 2025 CDBG FUNDS**

**Municipal Applicant:**

**Applicant Address:**

**Municipal CDBG Contact Name/Title:**

**CDBG Contact Phone:**

**CDBG Contact Fax:**

**CDBG Contact Email:**

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**Project Title:**

**CDBG Requested Project Funding: \$**

**CDBG Category (check one)**

Public Improvement or Public Facility

Code Enforcement

Public Service

Housing Rehab

Economic Development

Other (Please explain) \_\_\_\_\_

**Project Description**

*Please describe in detail how the CDBG funds will be used in this project/activity.*

**Project Address/Location:**

**Project Eligibility**

*To be eligible for CDBG funds, the applicant must document how the project meets one of the following project eligibility criteria. Please check one and complete section:*

Project is located and serves population in eligible Census Tract Area

Please provide Census Tract and Block Group(s) for the project:

Project serves a Limited Clientele that is at least 51% low and moderate

How will you determine that at least 51% of project participants/beneficiaries are low/moderate income?

Does your project have program income eligibility requirements and how are they monitored/documented?

Project serves the following Presumed Benefit population(s) (check one or more)

Senior Citizens/Elderly

Severely disabled adults

Abused Children

Battered spouses

Homeless persons

Illiterate adults

Persons living with AIDS

Migrant farm workers

Project that serves to remove material or architectural barriers to the mobility or accessibility of elderly persons or of severely disabled adults

\_\_\_ Project will prevent or eliminate slum & blight (*please consult with the County Community Development staff to verify eligibility*)

\_\_\_ Project will address community development need having a particular urgency (*please consult with County Community Development staff to verify eligibility*)

**Project Detail**

1. CDBG funding for this project will be used to (check one):
  - a. \_\_\_ Fund a new activity
  - b. \_\_\_ Expand or improve existing program/facility
  - c. \_\_\_ Maintain existing level of service for community need
  
2. Please select the appropriate HUD unit of service measurement for this project
  - a. \_\_\_ People
  - b. \_\_\_ Households
  - c. \_\_\_ Facilities
  - d. \_\_\_ Housing Units
  - e. \_\_\_ Businesses/jobs
  
3. What is the approximate number of the above units of service this project will serve?
  
4. Please provide an Implementation Schedule for this project (Grant Year is 7/1/2025 – 6/30/2026), identifying major progress steps such as accepting bids, starting construction, etc.
  
5. Please describe project need and how the need has been determined

6. If this project has a different contact person than the Municipal CDBG Contact indicated on page 1, please provide that person's name, title, phone, fax and email address.

Project Contact Name & Title:

Project Contact Phone:

Project Contact Fax:

Project Contact Email:

7. Who will be responsible for completing the quarterly progress reports for this project?

**Project Budget**

Please complete budget documenting requested CDBG funding and total project funding

<b>Budget Category</b>	<b>CDBG Funds</b>	<b>Other Funds</b>	<b>Total Budget</b>
Salary & Wages, Fringe			
Space Cost			
Rental, lease or purchase of equipment (including vehicle purchase)			
Consumable supplies/materials			
Architectural/Engineering and other soft costs			
Acquisition of real property			
Construction/Rehab costs			
Other Costs (specify)			
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>