

The Atlantic City  
Community Development  
Program

Grant Application

Offered By

The Casino Reinvestment Development Authority  
(CRDA)

1014 Atlantic Avenue  
Atlantic City, NJ 08401

Phone: (609) 347-0500

[www.njcrda.com](http://www.njcrda.com)

**IMPORTANT DATES**

Availability of Applications:

Friday, June 10, 2011

Application Due Date:

Friday, July 29, 2011

Anticipated Award Date:

Friday, October 7, 2011

## Application Instructions

All applicants must provide two (2) originals and three (3) copies of a complete application described below. The applications may be sent by US Mail, delivery service such as Fed Ex or UPS and/or delivered in person to the CRDA offices. All applications must be sealed and delivered to the following by the date and time located on the cover page of the Grant package:

Casino Reinvestment Development Authority  
1014 Atlantic Avenue  
P.O. Box 749  
Atlantic City, New Jersey 08401  
Attn: Bunny Rixey, Assistant Director, Real Estate

Applicants are cautioned to allow adequate delivery time to ensure timely receipt of applications. The CRDA shall not be held responsible for the applicant or any delivery services' failure to deliver in a timely fashion. **THE EXTERIOR OF ALL APPLICATION PACKAGES ARE TO BE LABELED "CRDA- APPLICATION FOR THE ATLANTIC CITY COMMUNITY DEVELOPMENT GRANT PROGRAM", ATTN; BUNNY RIXEY, THE APPLICANTS NAME AND ADDRESS MUST ALSO BE LISTED ON THE APPLICATION PACKAGE. Applications that are faxed or emailed will not be accepted.**

### **Application Requirements**

- A one (1) page cover letter that indicates the location of the project, a description of the project and the amount requested.
- The completed application form provided by CRDA.
- A brief narrative of the organization.
- Define the organization's governing body including a list of board members.
- Indicate the number of paid staff and volunteers of the organization.
- Indicate the types of projects/programs the organization has offered to the Atlantic City community over the past two (2) years. Describe the success of the project.
- What is the organization's current budget and source of funding? Attach the most recent financial statement of the organization.
- Provide evidence of support from the community and/or public officials for the project.
- If the applicant is a non-profit organization, provide current evidence of not-for profit status.
- The budget for the project including uses and sources of funds.
- Define who will be served and how they will benefit from the project.

# CRDA Application

## The Atlantic City Community Development Program

MODIFICATION TO GRANT

**SECTION 1 APPLICANT INFORMATION**

NO: \_\_\_\_\_

Name of Applicant

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title of Fiscal Contact	E-mail Address	Telephone No.
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Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name Attorney for Agency	E-mail Address	Telephone No.
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Employer ID No.	Amount Requested
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Location of Proposed Project	Site Location
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A. Will any member of the Board of Directors/Trustees receive any direct or indirect personal or Monetary gain from the funding of this grant?  YES  NO

B. Does any member of the Board of Directors/Trustees serve on any board, council commission, Committee or Task Force which has regulatory or advising influence on the funding program?  YES  NO

<p>Type of Agency (check one)</p> <p><input type="checkbox"/> NON-PROFIT 501 (c)3    <input type="checkbox"/> GOVERNMENT    <input type="checkbox"/> TAX EXEMPT</p> <p><input type="checkbox"/> NOT FOR PROFIT    <input type="checkbox"/> OTHER (Specify) _____</p>	<p>Project Type:</p> <p><input type="checkbox"/> Family Development                      <input type="checkbox"/> Senior Services</p> <p><input type="checkbox"/> At Risk Youth                                      <input type="checkbox"/> Community Facilities</p> <p><input type="checkbox"/> Open Space Development                      <input type="checkbox"/> Health and Nutrition Needs</p> <p><input type="checkbox"/> Recreation    <input type="checkbox"/> Public Information/Communications</p>
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Agency Fiscal Year End	Agency Accounting System	A. Budget Period Month/Day/Year
	<input type="checkbox"/> Cash Basis	FROM _____ THROUGH _____
	<input type="checkbox"/> Accrual Basis	
	<input type="checkbox"/> OTHER (Specify) _____	B. Project Period Month/Day/Year

Total Funds Needed	<b>1</b> Funds Requested from the CRDA	<b>2</b> Funds From Other Sources	<b>3</b>
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**CERTIFICATION**—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, regulations and rules issued by the Casino Reinvestment Development Authority which includes provisions described in grant application instructions.

Name and Title of Applicant (Please Print)	Signature of Applicant	Date of Application
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**CRDA Application**

**The Atlantic City Community Development Program**

**SECTION 1 APPLICANT INFORMATION – Continued**

**Please provide a brief narrative of your organization:**

**Define the organization's governing body including a list of Board Members/Trustees and their duties:  
(Attach Resumes)**

**Indicate number of paid staff and volunteers; their identity and their responsibilities held:**

**CRDA Application**

**The Atlantic City Community Development Program**

**SECTION 1 APPLICANT INFORMATION—Continued**

**Indicate the type of projects/programs the organization has offered to the Atlantic City community over the past two (2) years. Describe the success of the projects:**

**Please attach the most recent financial statement of the organization:**

**Please provide evidence of support from the community and/or public officials for your project:**

**CRDA Application**

**The Atlantic City Community Development Program**

**SECTION 2 PROJECT INFORMATION**

**What is the purpose of your project and where is the project?**

**Who will be served and how will they benefit from your project?**

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**The Atlantic City Community Development Program**

**SECTION 2 PROJECT INFORMATION**

**TOTAL COST OF PROJECT: \$ \_\_\_\_\_**

<u>SOURCES OF FUNDS</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

<u>USE OF FUNDS</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>