

## DEPARTMENT OF COMMUNITY AFFAIRS

### *Application Instructions For Displaced Homemaker Centers*

#### General Instructions

Complete all items in the electronic application, starting with the left side of the Application Menu. If an item is not applicable to your program, enter **NA**.

For detailed instructions and definitions, download the [DCA SAGE User Manual](#) and/or the [Training Videos](#). Links to both of these resources may be found on the SAGE log in screen and in Quick Links on your Start Page.

#### Applicant Information

- Click [View Applicant Information](#) and review your agency's information.

If it has changed (phone numbers, address, etc.), submit a revised **Agency Information Update**. To modify your agency's information\* and submit a revised **Agency Information Update**, at your Agency Authorized Official or Agency Administrator's **Start Menu**, in **Quick Links**—

- Click [View All Agency Information Updates](#).
- At the **Search Agency Information Updates** screen, do *not* Search—Click the **Create Update** button
- At the **Agency Information Update** page, click **Edit**
- Revise the information that has changed since your previous Update
- **Save**
- **Submit Update**
- Return to the **Application Menu**

### *Components*

#### Program Components

- Click on [Program Components](#)
- **Program Type/Sub-Type** – Select a component from the drop down list.
- **Name** – Enter a specific Title for the program or project you will implement with *this* Component.
- **Location** – Specify the location (city and county) of the project.
- **Address** – Provide the address of the program's day-to-day administrator.
- **Room #** – If the project activities are located in the same facility as your official address, identify the room number.

- Click [Return to Application Menu](#)

## Service Areas

In this section, indicate what areas (counties and/or towns) will benefit from *this* project – not the area that your agency serves as a whole.

- Click on [Service Areas](#)
- **Counties** – This screen should only be used if the project benefits the entire County. Select the county or counties to be served and click **Add**.
- **Municipalities** – If your program will benefit the residents of one or more municipalities, select the “Municipalities” tab. Next select the County where the project will be located from the drop-down list and press “List.” A second drop-down list will appear with all of the municipalities in the selected County. Select the municipality which will benefit from this project and click **Add**. If the project will benefit more than one municipality, continue to add each municipality individually.

## Application Information

### Application Program Description

- Under **Application Information**, click on **Application Program Description**
- Click **Edit**
- Enter your **Application Title**. Use a concise descriptive title.
- Enter the following text as your **Program Description**: “to offer job counseling and other supportive services for women who have been dependent on the income of another household member; but due to death, disablement of a spouse, separation, divorce, must now support themselves.”
- Click **Save**

## Project Objectives

As part of the Application for Grant Funding, potential grantees are asked to submit project objectives. An objective is a specific and measurable statement that summarizes expected achievement in meeting the described need for funding. Number and briefly list what will be done to alleviate the need(s) described with a short description and a detailed description. The Division on Women has created standardized project objectives for programs applying for the Displaced Homemaker Program grant. Use the objectives listed below.

- Click on **Objectives**
- **Number** – Number your objectives in sequential order.
- **Short Description** – Provide an abbreviated version of the objective. (see table below)
- **Detailed Description** – Use this field to elaborate on the *Short Description* you

entered in the previous field. (see table below)

Objective Number	Short Description	Detailed Description
1	Individual screening and intake sessions	Provide an individual screening and intake session to all perspective clients. This grantee will provide a minimum of (INSERT #) new clients with an individual, onsite, case management session. This will include the development of a plan, short and long term goals, assessments, referrals, support services and follow-up.
2	Computer and Internet training	A minimum of (INSERT #) clients will complete on site computer and Internet literacy training.
3	Employment Services	Provide clients with employment services including ONE 24-Hour Structured Job Readiness Series, client assessments, job search skills, job development, employment referrals and job placement.
4	Job placements	Place a minimum of (INSERT #) clients in employment.
5	Six Workshops	Offer clients a minimum of SIX workshops including one topic on non-traditional careers for women.
6	Educational & Schooling assistance	Provide clients with the assistance they need to enter educational/technical schooling, ABE, GED, and ESL training.

- **Method(s)** – List the method(s) to be used to attain objective(s) described above and note the dates of estimated completion. This should illustrate the steps taken to generate the desired outcome. Include who will be providing the service, where, when (hours, days) how, etc. desired outcome. Include who will be providing the service, where, when (hours, days) how, etc.
- **Evaluation** – Briefly describe how the project is to be evaluated by the grantee. Describe the methods that will be used to evaluate the progress and outcomes of the grant program. Indicate who will be responsible for data collection and program evaluations. Describe how evaluation information is used to improve program services and clients success. Please mail DOW a copy of your client satisfaction/program evaluation/questionnaire/survey.
- **Application Program Component** –Use the drop down menu to select the Program Component that corresponds to this Objective.

- Click **Save** after entering each objective.

### **Scope of Services**

- Click on **Scope of Services**
- Enter: Provide services to Displaced Homemakers, including individual screening, intake sessions to a minimum of (INSERT #) new clients who will receive individual, onsite case management sessions, on site computer and Internet literacy training to a minimum of (INSERT #), employment services including a minimum of one 24-hour structured job readiness series, a minimum of SIX workshops, assistance for educational/technical schooling, ABE, GED, and ESL to a minimum of (INSERT #), and place a minimum of (INSERT #) clients in employment.
- Click **Save**
- [Return to Application Menu](#)

### **Contacts**

#### **Assigning staff to work on the Application**

- Click [Control Access to Application](#)

The name of the individual who initiated the application is listed under **Application Main Contract** as the **Application Administrator**. The Application Administrator may **Add** additional staff members or a consultant to access the application, as needed. Follow the directions provided on the screen or refer to the [DCA SAGE User Manual](#).

- Click [Return to Application Menu](#)

### **Application Forms**

After completing each form, click **Save**. You can access other forms by clicking the **Application Menu** button or by clicking the **Next** button to work on the next form.

#### **Application Statement Forms**

##### **Statement of Board President/Agency Description**

This form is to be completed by the President of the Board of Directors/Trustees of your organization. It must be completed unless otherwise noted in the "Notice of Available Grant Opportunities" Section.

- Briefly describe your agency and its ability to implement the proposed project, and include your agency's mission statement. Describe any past track record and expertise serving displaced homemakers and how this program would benefit from being in your agency.
- **Save** the form

- Return to the **Application Menu** or click **Next** to go to the next form.

## **Application Program Information Forms**

### ***Target Population***

#### **PRIOR YEAR REPORT**

Enter the number of clients served by *last year's* program in each of the fields provided.

#### **CURRENT TARGET POPULATION**

In the **Narrative** text box, describe the population to be served for the *current year* as a result of the grant funds you are requesting.

### ***Assessment of Needs***

List the need(s) which document/illustrates the reasons for the project/program. Provide a description of what the proposed program will look like including staffing, geographic location, case management plan, proposed skills training including computer literacy, recruitment efforts and collaborations.

Describe your outreach plan. Detail plans to reach specific target groups of women including older females and women with disabilities. Describe how your program will develop contacts/networks with local businesses and industries. Describe how affiliation agreements and collaborative efforts will be developed and/or established with other community agencies such as the local domestic violence agency, county one-stop center, housing programs, community colleges, etc.

## **Application Budget Information Forms**

### ***Agency Sources of Funding***

List the sources of any other funding (other than DCA) that will be considered other sources of funding or match funds and identify the source agency's type.

### ***Schedule A: Personnel***

Use Schedule A to list both administrative and program staff for each program component.


- Enter the staff member's Name
- Enter the staff member's Position/Title
- Indicate if the position is a New or Vacant Position
- Complete the Annual Salary, Weekly Hours on Project, % of Weekly Work Time On Project, and Grant Funds Requested from State fields.
- Enter Responsibilities/Duties of staff member
- Upload each staff member's resume by clicking **Browse** – or print the resumes and forward them to DCA

### **Schedule B: Consultants**

If you are using consultant services, complete a separate form for each consultant.

- Enter Type of Consultant
- Enter the Name of Consultant
- Enter Firm's Name, Street Address, City, State and Zip Code
- Enter Phone Number, Fax Number and Email Address
- Complete the Annual Salary, Weekly Hours on Project, % of Weekly Work Time On Project, and Grant Funds Requested from State fields.
- Upload Consultant's resume by clicking **Browse** – or print the resume and forward them to DCA
- Upload Description of relevant service by clicking **Browse** – or print the Description of relevant service and forward them to DCA

### **Generate Coveragepage PDF**

Click  **Application PDF** (lower left of the Application screen)

- Click **Generate Coveragepage PDF**

### **Certification Sheets**

The Certification Form (FS-401) must be submitted with every grant application indicating compliance with program requirements. It specifies several assurances to which the applicant will agree.

Check "Yes" or "No" to each item listed. If an item does not apply to your organization, check N.A.

The **Certification Sheet** contains links to Schedules G, H, and I. When you click the [link](#) to each Schedule, the form is displayed as an Adobe PDF document. **Print** each of the forms from this window. Go to <http://www.adobe.com> if you need Adobe Acrobat instructions.

Schedule G – Certification Regarding Debarment and Suspension: Check the appropriate box

Schedule H – Certification Regarding Lobbying: Check the appropriate box.

Schedule I – Resolution: Check appropriate box. (A resolution must be submitted prior to the awarding of funding. In the case where a resolution has not been signed prior to the deadline, a memorandum indicating the date it will be forwarded must accompany the application and be signed by the Official contact).

Note: At the bottom of the Certification Form, the **Non-profit Certificate of Good Standing issued by the NJ Department of the Treasury** Is not required for this application. Select NA.

## Budget

- Click on [Budget Overview](#) at the bottom of the **Application Forms** list. (**Do not use** the **Budget Page** link on the left side of the **Application Menu** to create your budget.)
- Click on the [Program Component](#) link on the **Budget Overview** page; it will take you to the **Budget Detail** page.
- Click the **Add a Budget Item** tab.
- Select a **Budget Category** from the drop down list in the top field.
- Fill in the **Provide a short description for this budget item** field. Identify with title.
- Fill in the **Provide a more detailed description of this budget item** field. Provide a **detailed** justification for **every entry**. For space costs provide information about the exact rent of useable space (useable space is the actual square footage of floor or office area that is used to house personnel, equipment and furniture for actual office use plus total useable square footage of open space used for program activities on a prorated basis). Also provide specific information regarding the prorated share (percentage) of the building expenses for purposes of assessing additional rent (utility/service, security, or ancillary building services and cost of extra use). If the space cost is calculated using another method, provide information regarding this method of calculation.
  
- Enter the amount you are requesting in the **Grant Funds Requested from State** field.
- Enter any funds you will be receiving from any other sources in the **Funds from Other Sources** field
- Click **Save**
- Continue adding Budget Items until your budget is complete
- [Return to Application Menu](#)

## Submission Requirements

- Click  **Application PDF**
- Click **Generate Full PDF**

A full version of the application will be produced overnight, which can be saved for your records. You will receive an email when the file is ready, and you can retrieve it from the same screen.

**Print** the following pages. An authorized representative of your agency must sign the appropriate documents, as indicated on the individual forms. All attachments must be submitted by due date.

### ***Attachments***

- Cover Sheet
- Statement of Board President/Agency Description
- Copy of Center Brochure
- Staff resumes (unless you have uploaded them digitally in Schedule A)
- Copy of the agency's personnel policy for pay scales and salary increases
- Copy of your client satisfaction/program evaluation/questionnaire/survey
- Pertinent agreements for Other Cost Categories (unless you have uploaded them digitally in Schedule C)
- Certification Sheet
- Schedules G, H, and I
- IRS Determination Letter (New Applicants, Non-profit, Non-government only)
- Organizational Chart

**All attachments must be submitted *with or prior to* the submission of the application, without exception.**

### **Where to Send the Attachments**

Forward all hard-copy attachments (signed, when appropriate) to your Grant Program at DCA. Click the [Application Manager](#) link in the green box at the top left of the **SAGE Application Menu** for the correct address.

### **Submitting the Application**

When you have completed all the Application Forms, Certifications, and Budget, click on the **Submit Application** button on the upper right side of the Application Menu.

The system will alert you if you have omitted required information in any of the forms.

**Be sure to turn pop-up blockers OFF** in your Internet browser or you may not be able to see the explanations of the errors.