

**2018 CDBG PUBLIC IMPROVEMENTS AND FACILITIES
APPLICATION COVER PAGE**

Organization Name & Address	Project Title	Project Category
Borough of North Plainfield 263 Somerset Street North Plainfield, NJ 07060	Route 22 West & North Drive Sanitary Sewer Rehabilitation	Public Improvement Public Facilities
Contact Person Name & Title (cannot be an elected official)	Contact Address (if different from above)	Contact Phone, Fax and E-mail Address
Mr. David E. Hollod, P.E. Business Administrator Borough of North Plainfield	N/A	T: (908) 769-2902 F: (908) 769-2901 Email: dhollod@npsmail.org
Consolidated Plan Need Addressed	Consolidated Plan Priority (circle or boldface one below)	Project Type (circle or boldface one below)
<u>Public Facilities & Improvements Sewer Improvements</u>	Low Medium High	Limited Clientele Categorically Eligible Low/Mod Income Area (LMA)
Municipal Sponsor	Project Ranking	HUD Matrix Code (to be completed by CD Staff)
Borough of North Plainfield	This project ranks priority 1 of 1 submitted applications.	

PROJECT FUNDING REQUEST

CDBG Funds Requested (Limit of <i>three</i> applications with a maximum aggregate request of \$100,000)	\$ 100,000.00
Total of other funding sources	\$ 174,000.00
Total Project Cost	\$ 274,000.00
CDBG Funds Awarded (to be completed by CD Staff)	\$

I. GENERAL PROJECT INFORMATION

A. Please provide a detailed description of this project, including the scope of the work to be done, steps taken to date, and why the project is necessary.

Community Development funds are being sought by the Borough of North Plainfield for the rehabilitation of sanitary sewer along Route 22 West and North Drive. The scope of work specifically includes the rehabilitation of sanitary sewer that spans from the manhole at the intersection of Route 22 West and North Drive to manhole approximately 300 LF southwest along Route 22 West.

The project area is within Census Tract 520.02, Groups 1 and 3, and the existing sewers to be rehabilitated are located at and southwest of Route 22 West's intersection with North Drive. This existing sewer conveys flow for approximately 535 residents and 3 commercial properties. Upon completion of the proposed sewer rehabilitation, three defects will be restored, the useful life of the sanitary sewer will be extended and, capacity of the sanitary sewer will be restored. These improvements will therefore mitigate potential for gravity sanitary sewer pipe failure and sewer surcharges.

B. Is this a **new** or **continuing** project? (circle one)

C. Provide the following identifying information for the project. Census information can be found at www.factfinder.census.gov.

1. Street Address:	Route 22 W & North Drive, North Plainfield, New Jersey	
2. Municipality:	Borough of North Plainfield	Tax Map Block: N/A Lot: N/A
3. Owner of Record:	Borough of North Plainfield	
4. Census Tract(s) and Block Group(s): (for LMA projects only)	Census Tract 520.02, Groups 1 and 3	

D. Has this property or project type (i.e. sewers, sidewalks) been previously assisted with CDBG funds? **Yes** **No** (Circle one)

If yes, provide the history of awards covering the past five years (PY 2013 – PY 2017).

<u>Project Year</u>	<u>Grant Amount</u>	<u>Project Name</u>
2012	\$ 100,000	Northwood Apartments Sanitary Sewer Replacement
2013	\$ 100,000	Grove Street Sanitary Sewer Replacement
2014	\$ 100,000	Cypress Gardens Sanitary Sewer Trenchless Rehabilitation
2015	\$ 100,000	Dahlia Terrace Sanitary Sewer Replacement
2016	\$ 63,295	West End Sanitary Sewer Improvements
2017	\$ 84,245	Somerset Street Sanitary and Storm Sewer Rehabilitation

E. Has this property ever been assisted with HOME Funds? **Yes** **No** (Circle one)

If yes, provide grant year, amount, and use of funds (i.e. acquisition, rehabilitation).

<u>Grant Year</u>	<u>Grant Amount</u>	<u>Use of Funds</u>
N/A	N/A	N/A

II. PERFORMANCE MEASUREMENT

A. Provide the specific outputs or units of accomplishment that will be realized by this project. This may include such outputs as number of doors/windows replaced, linear feet of sewer pipe installed, or square feet of floor tile replaced.
Work includes the replacement of three-hundred (300) linear feet of estimated eight (8) inch diameter sanitary sewer and three (3) existing sanitary sewer manholes.

B. Quantify the number of persons that will be assisted by this project. Of the persons assisted, enter the number that:

Now have new access to this facility/improvement 0

Now have improved access to this facility/infrastructure 535

Now are served by this facility/infrastructure that is no longer substandard 535

III. PROJECT IMPLEMENTATION SCHEDULE AND BUDGET

A. Please indicate the estimated timeline for the project using the following chart. Dates must be no earlier than September 2018 and project must be completed by February 28, 2020. If an activity isn't applicable to this project, please enter N/A.

<u>ACTIVITY</u>	<u>COMPLETION DATE (Month & Year)</u>
Advertise for A/E Firm	September 2018
Receive A/E Proposals	September 2018
Award A/E Contract	October 2018
Solicit Construction Bids	February 2019
Receive Construction Bids	May 2019
Award Construction Contract	June 2019
Pre-Construction Meeting	July 2019
Commence Construction	August 2019
Complete Construction	September 2019

B. Please enter the project's budget detail, showing use of CDBG funds and other funds, and total project cost.

Budget Categories	Total Program Operating Budget	CDBG Funds	Other Funds	Source of Other Funds
A. A/E Design Fees	\$20,000	\$10,000	\$10,000	Borough Funds
B. Project Construction Cost	\$221,000	\$80,000	\$141,000	Borough Funds
C. A/E Supervision Costs	\$18,000	\$10,000	\$8,000	Borough Funds
D. Other Procurement	\$3,000	\$0	\$3,000	Borough Funds
E. Other Permitting	\$2,000	\$0	\$2,000	Borough Funds
F. Contingency	\$10,000	\$0	\$10,000	Borough Funds
G.TOTAL	\$274,000	\$100,000	\$174,000	Borough Funds

C. Identify all other funding that has been or is being pursued for this project and discuss the outcome or status of the applications:

<u>Source</u>	<u>Fund Amount</u>	<u>Status</u>	<u>Purpose of Funds</u>
N/A	N/A	N/A	N/A

IV. ENVIRONMENTAL & OTHER FACTORS

A. Complete the following chart as it relates to this specific project. Public Improvement projects do not need to complete questions 1–3.

	<u>Yes</u>	<u>No</u>
1. Disturb <u>any</u> previously undisturbed land?		X
2. Involve/Impact a structure or streetscape that is in a historic district?		X
3. Be located in or near a 100 year floodplain? Please indicate Flood Insurance Rate Map (FIRM) Panel Number for this project: <u>34035C0093E</u>		X
4. Be located within 100 feet of any wetlands? Please indicate New Jersey Wetlands Inventory (NJWI) location for this project: _____		X
5. Are there any impediments to prompt implementation of this project, including requirements for State permits or special local action?	X	

B. Explain/elaborate all "Yes" answers in the previous chart, including the current status of any pending or previous environmental reviews. State "N/A" if all answers were no.

New Jersey Department of Transportation (NJDOT) "Application for Utility Opening" permit will be required.

C. Will this project require any local building permits? Yes No (Circle one)
If yes, please list what permits will be required.

V. **PROJECT MANAGEMENT**

- A. Who is the designated Project Manager that will manage the day to day activities of this proposed project?

**Kyle A. Smith, P.E., C.M.E.
Associate
Municipal & County Services
Mott MacDonald**

- B. Is the Project Manager a regular employee of your organization or a consultant?

The project manager is a consultant.

- C. Briefly describe the qualifications of your Project Manager as they relate to the scope of this particular project.

Mr. Smith currently acts as a wastewater consultant to the Borough of North Plainfield and has successfully completed sanitary sewer related projects in the past for the Borough of North Plainfield. Mr. Smith is experienced in the design, permitting, and construction of sanitary sewer system improvement projects of this nature.

- D. What percentage of the Project Manager's time will be dedicated to the day to day management of this project?

5%

- E. Who does your Project Manager report to and will this change during the course of the project?

Mr. Smith will report to David Hollod, P.E., Business Administrator for the Borough of North Plainfield. This is not anticipated to change during the course of the project.

VI. REDUCED FUNDING REQUEST & IMPACT

A. Summarize the basic phases or components of the proposed project and provide the estimated cost for each:

<u>Phase/Component</u>	<u>Project Cost</u>
Field Survey of Existing Conditions.....	\$4,000.00
Completion of Design and Construction Documents.....	\$16,000.00
Procurement.....	\$3,000.00
Construction.....	\$221,000.00
Construction Inspection Services.....	\$18,000.00
Permitting.....	\$2,000.00
Contingency.....	\$10,000.00
	\$274,000.00

B. What is the **minimum** funding required to begin or to continue the project?

\$70,000

C. What phases or components would such minimum funding be used for, or what level of performance could be achieved with the minimum funding?

Minimum funding would be used for professional engineering services and construction. Due to the nature of the work, the work cannot be significantly reduced in scope. Should the minimum funding be received, then the remaining cost would be funded through Borough finances.

VII. CERTIFIED COST ESTIMATE

A Cost Estimate from an independent professional credentialed to propose, evaluate and estimate the specific work must be submitted as part of the application. The firm preparing the Cost Estimate **will not be eligible to bid** on the proposed work if the project receives CDBG funding. The Cost Estimate should assume that the full requested amount of CDBG funds will be received and should specify how the CDBG funds will be used for each component of the project. Please explain any unusual cost factors. Mark as Attachment A.

See attached Certified Cost Estimate as prepared by Mott MacDonald.

VIII. PROJECT MAP

Attach an 8.5” by 11” sized project location map. The map should indicate specific property address or, if a Public Improvement, a delineated service area. Mark the map **Attachment B** and insert it after Certified Cost Estimate (Attachment A). If the proposal seeks to qualify as an LMA, the map must demonstrate that the proposed project is located in an eligible area. **See attached Project Location Map as prepared by Mott**

IX. PROJECTED BENEFIT BY MUNICIPALITY

Please indicate the percentage of persons or households projected to benefit from the project by municipality

MUNICIPALITY	PERCENT	MUNICIPALITY	PERCENT
Bedminster Township	-	Montgomery Township	-
Bernards Township	-	North Plainfield Borough	100%
Bernardsville Borough	-	Peapack and Gladstone	-
Bound Brook Borough	-	Raritan Borough	-
Branchburg Township	-	Rocky Hill Borough	-
Bridgewater Township	-	Somerville Borough	-
Far Hills Borough	-	South Bound Brook Borough	-
Franklin Township	-	Warren Township	-
Green Brook Township	-	Watchung Borough	-
Hillsborough Township	-	Out of County	-
Manville Borough	-	Project/Program Total:	100%
Millstone Borough	-		

2018 COMMUNITY DEVELOPMENT BLOCK GRANT CERTIFICATION PAGE

APPLICANT NAME: Borough of North Plainfield

PROJECT NAME: Route 22 West and North Drive Sanitary Sewer Rehabilitation

APPLICANT MUST COMPLETE

A. Applicant Certification:

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

Signature of Preparer/Contact Person

David E. Hollod, P.E.

Typed/Printed Name

B. Funding Certification:

I acknowledge that receipt of any Subgrant recommended by the Community Development Committee is subject to approval by the Board of Chosen Freeholders and the release of funds by the US Department of Housing & Urban Development, and that release of payments will be subject to documenting compliance with all requirements listed in the Subgrant Agreement to be executed with Somerset County.

I further acknowledge that the Community Development Program **will not** be responsible for any project costs incurred prior to the full execution of a Subgrant Agreement, unless specifically noted in Attachment A of the executed Subgrant Agreement.

I further acknowledge that the Community Development Program must approve any purchases or the award of any contracts to be funded in full or in part with Community Development Subgrant funds; and

I agree that implementation of any project funded in full or in part with Community Development Subgrant funds **will not proceed** without full execution of a Subgrant Agreement with the County, unless specific approval is received from the Community Development Office.

Signature of Chief Executive Officer

Typed/Printed Name

MUNICIPALITY TO COMPLETE

C. Municipal Certification

The Mayor of the sponsoring municipality certifies the following:

1. The Governing Body of the municipality has been notified of the submission of an application entitled _____ for consideration by the Somerset County Community Development Committee for funding under the 2018 Community Development Block Grant Program.
2. This application was discussed at a local public meeting held in full compliance with all State and local public notice requirements on _____, 20____, and all public comments received are noted below for the public record.

All Applications must have the signature of the Mayor and Clerk of the municipal sponsor provided in the space below.

Mayor's Signature

Date

Michael Giordano, Jr., Borough of North Plainfield

(Typed/Print Name and Municipality)

Clerk's Attest and Seal

Date

D. Public Comments (check one)

None Received

Comments summarized and attached

--END PUBLIC FACILITIES/IMPROVEMENTS APPLICATION