



Project Name

TYPE OF GRANT APPLICATION

(Please pick one category - See Definitions on Page 3)

- ☐ **Community Development**
- ☐ **Entertainment / Special Event**
- ☐ **Municipal (City of Atlantic City ONLY)**

15 S. Pennsylvania Avenue
Atlantic City, NJ 08401

www.njcrda.com
Phone: (609) 347-0500

Phil Murphy, Governor
Sean Pattwell, Executive Director
Maisha Y. Moore, Deputy Executive Director

Received by staff on: _____

Revised November 2022

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Our Mission

The Casino Reinvestment Development Authority facilitates economic and community development in Atlantic City by leveraging its available assets and revenues with private investment capital to support redevelopment projects throughout the City. Supporting these efforts, the CRDA also oversees land use planning and clean and safe initiatives in the Atlantic City Tourism District. Concurrently, the CRDA continues its mission to attract visitors to Atlantic City by presenting world class entertainment events and conventions at Historic Boardwalk Hall, the Atlantic City Convention Center and other local venues.



Philip D. Murphy
Governor

Modia "Mo" Butler
Chairman

Elizabeth M. Muoio
State Treasurer

Matthew J. Platkin
Acting Attorney General

Sheila Y. Oliver
DCA Commissioner

James T. Plousis
Casino Control Commission

Mayor Marty Small, Sr.
City of Atlantic City

Michael D. Beson

Daniel Cosner

Debra P. DiLorenzo

Edward H. Gant

Michael I. Hanley

Gary L. Hill

Brett H. Matik

William T. Mullen

William C. Sproule

Karen Worman

Sean M. Pattwell
Executive Director

Dear Grant Applicant,

Thank you for your interest in applying for assistance from the Casino Reinvestment Development Authority (CRDA or Authority). The CRDA is dedicated to facilitating economic and community development opportunities throughout Atlantic City. The Authority seeks to achieve this by leveraging its available assets and revenues with private investment capital to support various projects meant to revitalize Atlantic City. Given that the CRDA oversees zoning, land use and planning in the Tourism District, it also continues its mission to create new opportunities to attract visitors to Atlantic City by presenting world class entertainment events and conventions at Historic Boardwalk Hall, the Convention Center and other local venues. We are dedicated to the reinvestment of Atlantic City through the support and creation of various initiatives.

If applying for a previously awarded grant, the applicant must show a progression towards financial sustainability separate from CRDA grant funding. Once we receive your completed application, our team will review and evaluate your submission. You will then be notified in writing of what the next steps in the process will be and of our decision for funding. No grant is considered awarded unless your application is approved by the Executive Director, the Board of Directors of the CRDA and/or the Deputy Executive Director and a contract has been executed between both parties. Please note that a processing timeframe for all applications typically range between 60 to 90 workdays. In most cases, expenditures sought for reimbursement must be supported by quarterly invoices and at the end of the grant term, a close out report will need to be provided to the CRDA.

Please make sure to follow all the instructions provided within this application packet. Should you need technical assistance, please do not hesitate to reach out to Lance Landgraf (*Economic Development grants*) or John Tracy (*Community Development, Municipal, Entertainment/Special Event grants*) at (609) 347-0500. We thank you again for your time and we look forward to working and partnering with you to build a better future for Atlantic City.

Sincerely,

Maisha Y. Moore

Maisha Y. Moore
Deputy Executive Director

Application Instructions

Please make sure to read all of the instructions for this Application and provide the requested documents upon submission. Please note, any omissions or failure to provide necessary documentation to the CRDA could delay the processing of this Application. **The CRDA reserves the right to deny or alter funding amounts as it deems necessary.**

Definitions:

Community Development: These projects are specific to the creation or support of community initiatives that emphasize access or the strengthening of social services. Although not limited to social services, these projects should seek to edify the community by providing services to vulnerable populations in Atlantic City.

Entertainment/Special Events: These projects are for initiatives such as special events, festivals, and concerts that take into account the cultural and historic significance of the communities in Atlantic City. These events will specifically benefit residents, visitors, and the Tourism District of Atlantic City.

**Applicants must secure special event permits for the event dates from the City of Atlantic City in advance of submitting the CRDA Grant Application.*

Municipal: These projects are for the Atlantic City municipal government ONLY.

This application can be delivered in person, emailed or sent by US Mail, Fed Ex or UPS.

Address:

Casino Reinvestment Development Authority
15 S. Pennsylvania Avenue
Atlantic City, New Jersey 08401
Attn: Deputy Executive Director

Email:

jtracy@njcrda.com

The name of the project must be listed on the cover sheet of this Application. The Applicants' name, address, and contact information must also be included in the Application package. **The Authority reserves the right to ask for any additional information and/or documentation pertaining to the project.**

Application Check List:

- ☐ Completely filled out Application Cover Sheet.
- ☐ Completely filled out Grant Application.
- ☐ If the Applicant is a non-profit, please provide a Federal ID # and attach the most recent financial statement of the organization.
- ☐ Community Impact Statement - Please complete for Applications for Community Development, Municipal, or Entertainment/Special Event initiatives.
- ☐ Economic Impact Statement – Please complete for Applications that have an economic impact to Atlantic City.
- ☐ Proposed Project Budget.
- ☐ Other supporting documentation, such as proposal and organizational background information.

Application Cover Sheet

PLEASE FILL OUT THE AREAS THAT CORRESPOND TO YOUR APPLICATION TYPE

Date of Application: _____

Project Type: ☐ **Community Development** ☐ **Entertainment / Special Event**
☐ **Municipal**

Name of Entity / Organization: _____

(If Organization, this should be the same as on IRS determination letter and as supplied on IRS Form 990)

Federal ID # : _____

(Issued by Federal Government for Tax Purposes)

Current Annual Operating Budget: \$ _____

(Please provide a copy of recent financial statement for organization)

Timeline of Project: *from* _____ *to* _____

Amount Being Requested: \$ _____ Total Project Cost: \$ _____

Primary Contract: _____

(Name of authorized representative)

Email: _____

Phone: _____

Fax: _____

Project Name: _____

Have You Received Prior Funding From the CRDA? ☐ Yes ☐ No If Yes, What Year? _____

Type of Project: _____ Amount Given: \$ _____

Are You or Any of Your Immediate Family Members Employed by the CRDA? ☐ Yes ☐ No

If Yes, Please State Name(s): _____

Project Purpose / Goals: (Please use additional page if you need more space or you can attach proposal documents)

(Please use additional page if you need more space or you can attach proposal documents)

Grant Application

Name of Entity/Organization:

Street Address

City:

County:

State:

Zip Code:

Entity/Organization Website:

E-mail Address:

Telephone #:

Name of Authorized Representative Signing Contract:

E-mail Address:

Telephone #:

Street Address:

City:

County:

State:

Zip Code:

Total Project Cost:

Funds From Other Sources:

What Will These Funds Be Used For?

\$

\$

Total Amount Requested From CRDA:

Has This Project Been Funded By CRDA Previously?

If Yes, What Year?

\$

☐ Yes

☐ No

Entity/Organization is a: (check one)

Private Business: ☐

Non-Profit 501 (c)3: ☐

Government Entity: ☐

Other (Specify): _____

Project Type:

Community Development: ☐

Municipal: ☐

Entertainment/ Special Event (Specify):

☐ Concert ☐ Parade ☐ Festival ☐ Other: _____

Other Questions:

A. Is your organization a non-profit? ☐ Yes ☐ No If so, what is your federal ID #?: _____

B. If your organization is classified as a Nonprofit / Tax Exempt or government entity, will any member of your team receive any direct or indirect personal monetary gain from the funding of this grant? ☐ Yes ☐ No

C. Does any member of the Board of Directors/Trustees serve on CRDA's Board of Directors or Atlantic City's Governing Body? ☐ Yes ☐ No

CERTIFICATION

The entity/organization's authorized representative (identified below) certifies that to the best of his/her knowledge and belief, all information/data/documentation supplied in this Grant Application and attachments are true and correct and the Application has been duly authorized for submission by the entity/organization. The authorized representative further agrees and understands that any grant received by the CRDA in relation to the instant Application shall be subject to the conditions and other policies, regulations and rules established by the CRDA which include provisions set forth in the Grant Application instructions. The authorized representative further attests that the entity/organization is in good financial standing.

Name and Title of Authorized Representative (Please Print):

Signature of Authorized Representative:

Date of Application:

Social Impact Statement

PLEASE FILL OUT THIS SECTION IF YOU ARE FILING FOR A COMMUNITY DEVELOPMENT OR ENTERTAINMENT/SPECIAL EVENT APPLICATION TYPE

The CRDA is committed to ensuring that all project funds have a return on investment to the Atlantic City community. Please answer the following questions to the best of your abilities with respect to scope and what groups stand to benefit from this project.

Please describe your Entity/Organization's track record in Atlantic City prior to this Grant Application. *(Please use an additional sheet if necessary)*

Please describe the recipients that will benefit from the funding of this Grant Application, if awarded. Are they Atlantic City residents? Please be as specific as possible and please provide an estimated number of people to be impacted. *(Please use an additional sheet if necessary)*

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. All information provided in this section of this application is correct and truthful.
2. If awarded a grant by the CRDA, funds will not be re-distributed or used to benefit any other organization.
3. All funds granted by the CRDA will not be used for unlawful purposes.

Signature(s):

*Authorized Representative(s) to Sign on Behalf of
Entity/Organization*

Print Name

Date

Economic Impact Statement

The CRDA is committed to ensuring that all project funds have a return on investment to the Atlantic City community. Please answer the following questions to the best of your abilities with respect to scope and target groups who stand to benefit from this project.

Has your organization/entity conducted an economic assessment for this project? If so, please provide the economic viability for this project.

How will the funding of this project spur additional economic development in Atlantic City? Please be as detailed as possible.

I CERTIFY, TO THE BEST OF MY KNOWLEDGE, THAT:

1. All information provided in this section of this application is correct and truthful.
2. If awarded a grant by the CRDA, funds will not be re-distributed or used to benefit any other organization.
3. All funds granted by the CRDA will not be used for unlawful purposes.

Signature(s):

*Authorized Representative(s) to Sign on Behalf of
Entity/Organization*

Print Name

Date

Proposed Project Budget

Please attach a detailed line item budget in support of your pending request.

These items should include, but are not limited to wages, supplies, other materials, program support services, IT hardware & consultative/contracted services.

***SAMPLE BUDGET SHEET ***

Project Name: <i>Name on Cover Page</i>			Date: <i>Application Submission Date</i>
Grant Recipient: <i>Name of Organization/Company</i>			
Company Name	Invoice #	Description of Work	Amount to be paid
Example LLC.	####	Talent	\$ x,xxx.xx
	###	Hospitality	\$ x,xxx.xx
	####	Security	\$ x,xxx.xx
	###	Salary	\$ x,xxx.xx
	####	Supplies	\$ x,xxx.xx
	###	Hospitality	\$ x,xxx.xx
	####	Production	\$ x,xxx.xx
		Overall Total	\$x,xxx.xx

Please note, all funds will be distributed on a draw-down basis. Unless otherwise agreed upon, all expenditures MUST be supported by quarterly invoices and at the end of the grant term, a close out report will need to be provided to CRDA's Deputy Executive Director, Maisha Y. Moore.