



## **Local Efficiency Achievement Program (LEAP)**

### **Application for a CHALLENGE GRANT**

#### **Application Instructions**

LEAP Grants support local units' study, development, and implementation of shared services projects across New Jersey. Program details, including application requirements and evaluation criteria, are set forth in the LEAP Challenge Grant Guidelines. Up to \$150,000 is available within each county. Consult the guidelines before preparing a grant application.

#### **Applicant Information**

New Jersey counties, municipalities, school districts, authorities, commissions and fire districts are eligible to apply.

#### **Application Submission**

DLGS must be in receipt of one electronic copy of the complete application package by 5:00 P.M. EST on February 26, 2021, in order for the applicant to be eligible to receive Challenge grant funding. The complete application package must be submitted electronically to [dlgs.leapgrant@dca.nj.gov](mailto:dlgs.leapgrant@dca.nj.gov). The date of email submission shall constitute the date filed. Two hard copies of the complete application package postmarked by February 26, 2021, must be received no later than seven (7) calendar days following email submission at:

Attn: LEAP Grant  
New Jersey Department of Community Affairs  
Division of Local Government Services  
P.O. Box 803  
Trenton, NJ 08625-0803

Incomplete applications will not be considered for funding. Applications not submitted on or before 5 p.m. February 26, 2021, will be rejected.

**Please review the Application Checklist to ensure that your application is complete.**

**Authorizing Resolution (See Sample)**

Every lead applicant and each participating local unit must submit a certified governing body resolution identifying the application's purpose and authorizing participation in the program

**Applicant and Participating Local Unit Identification (LEAP-1)**

Complete the data page (s): Identify the project name, lead entity, participating local unit (s), the contact information for the proposed grant program administrator and the amount of grant requested. To add additional participating local units, use Supplemental Form LEAP-1a.

**Project Narrative and Statement of Need (LEAP-2)**

Present a brief (300-500 word) narrative describing the project, estimate the total cost and summarize the anticipated results. Describe how the project is anticipated to advance the provision of services, improve operational efficiency, and whether it has the potential to scale or to be replicated.

In a brief (150-250 word) summary, demonstrate the need for the proposed project and identify the desired outcome. Need may be defined as the difference between current status and desired outcome. If appropriate, supporting documentation should be included to substantiate the need. Identify how the project is designed to satisfy the needs of the participating units in the short term and long term.

**Proposed Expenditure and Funding Report (LEAP-3)**

Use the Proposed Expenditure and Funding Report Form (LEAP-3) to show the estimated cost related to the project and proposed allocation of funds through the project period.

If funds from other sources will also be used for this project, identify the source, amount and proposed use of these funds. All proposed expenditures, including any contingencies, must be clearly and directly related to project activity and essential to accomplishing the project purposes. Proposed expenditures must demonstrate the prudent use of resources. The total grant funds requested must also be included on the Applicant Identification and Project Narrative Form (LEAP-1).

**Project Concept Detail (LEAP-4)**

All applications must include the Project Concept Detail Form, LEAP-4. The applicant must describe how the project concept differs from other shared service projects, provides potential productivity, financial or other efficiencies, whether or how the project concept can be scaled and/or replicated.

**Planned Expenditures Form – Consultant Services (LEAP-5)**

All consultant proposals are to be on a time and materials basis, not a single all-inclusive fee. Applicants must identify the consultant, describe the service to be provided, break down the activity, task, staff level assignment, rate per hour, estimated time for completion and other expenses. See guidelines for more information.

**ASSISTANCE**

For questions about the LEAP, the application, or the grant process, contact us at (609) 292-6858. You can also obtain additional information and copies of the application form at the following link: <https://www.nj.gov/dca/divisions/dlgs/leapgrants.html>.



## **Local Efficiency Achievement Program (LEAP) Challenge Grant APPLICATION CHECKLIST**

**PLEASE ENSURE THAT EACH OF THE FOLLOWING ITEMS IS IN YOUR APPLICATION PACKAGE.**

**PLEASE NOTE THAT, IN ADDITION TO E-MAIL SUBMISSION, TWO HARD COPIES OF THE APPLICATION PACKAGE MUST BE SUBMITTED BY REGULAR MAIL:**

- Application Checklist
- Certified governing body resolutions from all participating government units.
- Applicant Identification and Project Summary Form (LEAP-1)
- Project Narrative and Statement of Need Form (LEAP-2)
- Proposed Expenditure and Funding Report Form (LEAP-3)
- Project Concept Detail (LEAP-4)
- Planned Expenditures Form - Consultant Services (LEAP-5)
- RFP for consultant services (if applicable)

**APPLICANT IDENTIFICATION AND PROJECT NARRATIVE FORM - LEAP-1**

<b>Project Name:</b>
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**Applicant (Lead Entity):**

Entity Name:	County:
Address:	
<b>Program Contact Information</b>	
<i>Program Administrator:</i>	<i>Contact Person &amp; Title:</i>
Voice phone:	Voice phone:
Fax:	Fax:
E-mail:	E-mail:

<b>Total Grant Amount Requested:</b> (Insert Grant Amount from Form LEAP-3)	\$
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**Participating Local Unit:**

Entity Name:	County:
Address:	
<b>Program Contact Information</b>	
<i>Program Administrator:</i>	<i>Contact Person &amp; Title:</i>
Voice phone:	Voice phone:
Fax:	Fax:
E-mail:	E-mail:

**Check this box if there are additional participants. Include the required information on supplemental sheet (LEAP-1a).**

**APPLICANT IDENTIFICATION SUPPLEMENTAL FORM - LEAP-1A**

**Participating Local Unit:**

Entity Name:	County:
Address:	
<b>Program Contact Information</b>	
<i>Program Administrator:</i>	<i>Contact Person &amp; Title:</i>
Voice phone:	Voice phone:
Fax:	Fax:
E-mail:	E-mail:

**Participating Local Unit:**

Entity Name:	County:
Address:	
<b>Program Contact Information</b>	
<i>Program Administrator:</i>	<i>Contact Person &amp; Title:</i>
Voice phone:	Voice phone:
Fax:	Fax:
E-mail:	E-mail:

**Participating Local Unit:**

Entity Name:	County:
Address:	
<b>Program Contact Information</b>	
<i>Program Administrator:</i>	<i>Contact Person &amp; Title:</i>
Voice phone:	Voice phone:
Fax:	Fax:
E-mail:	E-mail:

**PROJECT NARRATIVE AND STATEMENT OF NEED – LEAP-2**

**PROJECT NARRATIVE:** Summarize the project plan in the space below:

**STATEMENT OF NEED:** Summarize the statement of need in the space below:

A large, empty rectangular box with a thin black border, intended for the applicant to write their statement of need. The box occupies most of the page's vertical space below the instruction.

**PLANNED EXPENDITURE AND FUNDING REPORT - LEAP 3**

<b>Applicant:</b>
<b>Project Name:</b>

**PROPOSED EXPENDITURES**

ACTIVITY/TASK	Project Total
	\$
<b>Professional Services (Submit contracts with application) <sup>1</sup></b>	
Consulting	
Engineering	
Legal	
<b>TOTAL PROPOSED EXPENDITURES</b>	<b>\$</b>

**PARTICIPANT CONTRIBUTION BREAKDOWN**

Funding Source	Amount
Grant funds <sup>2</sup>	\$
Applicant/participant cash	
Applicant/Participant in-kind resources	
Other funds	
<b>TOTAL PROGRAM COST</b>	

<sup>1</sup> Complete Planned Expenditures Form - Consultant Assistance (LEAP-5) or submit detailed consultant proposal.

<sup>2</sup> Insert Amount on LEAP Form 1



**Explanation of In-Kind Resources:**

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**Explanation of Other Funds:**

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### **PROJECT CONCEPT DETAIL - LEAP 4**

Most shared service projects are designed to reduce cost, promote efficiency, increase operational effectiveness and enhance service delivery. The overall goal of the challenge grant is to stimulate new ideas, promote pioneering thinking, build community engagement and consensus, and develop new shared service programs that can be scaled and replicated. For the questions below, please be as specific as possible:

1. Describe how the proposed project differs from other shared service initiatives.

2. Describe potential productivity or other efficiencies that can result from the project concept.

3. Describe whether/how the project can be scaled to allow for expansion to other local units.

4. Describe whether/how the project can be replicated by other local units to achieve similar results.

5. Describe any other financial or administrative advantages that may be attained through implementation of the proposed project concept.

**PLANNED EXPENDITURES FORM – CONSULTANT SERVICES - LEAP 5**

*Submit this form or a separate consultant proposal detailing the following information.*

<b>Applicant:</b>
<b>Project Name:</b>

<b>Identify the consultant and describe the service(s) to be provided.</b> (Continue on the back of this form if additional space is needed)

Activity/Task	Consultant Staff Level Assigned	Rate Per Hour/Per Day	Est. Time for Completion (hours/days)	(A) Cost Per Activity/Task
1.		\$		\$
2.				
3.				
4.				
5.				
6.				
<b>TOTAL</b>				\$

OTHER EXPENSES (Itemize)	(B) COST
	\$
<b>TOTAL Column (B) Costs</b>	\$
<b>TOTAL Columns (A) and (B) Costs</b> (Also enter this amount on Form LEAP-4 next to "Consulting")	\$

Participating Local Unit Acknowledgement

By signing this application form, each participating local unit signatory attests to the express authority to sign on behalf of the local government he or she represents and to the accuracy of the information contained in the application.

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature  
(Print) Name and Title: \_\_\_\_\_  
(Print) Lead Entity: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature  
(Print) Name and Title: \_\_\_\_\_  
(Print) Participating Local Entity: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature  
(Print) Name and Title: \_\_\_\_\_  
(Print) Participating Local Entity: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature  
(Print) Name and Title: \_\_\_\_\_  
(Print) Participating Local Entity: \_\_\_\_\_

**SAMPLE**  
**PARTICIPANT'S RESOLUTION**  
**LEAP CHALLENGE GRANT**

WHEREAS, the State of New Jersey has allocated \$150,000 within each county for a statewide total of \$3.15 million in Local Efficiency Achievement Program (LEAP) funds to promote innovation among peer local units across New Jersey, and

WHEREAS, the Department of Community Affairs, Division of Local Government Services (DLGS) administers the LEAP grant program; and

WHEREAS, the LEAP Challenge Grant exists to challenge municipalities and counties to collaborate on more extensive partnership and collaborations to produce efficiencies through shared services; and

WHEREAS, (Name of Applicant) and (Name of Participating Local Unit(s)), have determined to apply for a LEAP Challenge Grant through the State of New Jersey Local Efficiency Achievement Program in the amount of \$\_\_\_\_\_; and

WHEREAS, the (Name of Lead Entity Applicant) has agreed to be the lead agency in this program; and

WHEREAS, the State of New Jersey has made LEAP grants available to assist local units to study, develop and implement new shared services initiatives; and

WHEREAS, the purpose of the project submitted in this grant application is intended to provide benefits to the participant local units' residents through the sharing of (describe services/project title).

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of the (Name of Local Unit), that the (Name of Local Unit) does hereby join with (Name of Lead Entity Applicant) in applying for a LEAP challenge grant to support undertaking this endeavor.

**CERTIFICATION**

I, \_\_\_\_\_, (Clerk/Secretary of the Local Unit) of the (Name of Local Unit) in the County of \_\_\_\_\_, and the State of New Jersey do hereby Certify that the foregoing Resolution is a true copy of the Original Resolution duly passed and adopted by a majority of the full membership of the (Name of Governing Body) at its meeting of \_\_\_\_\_.

**SAMPLE**  
**APPLICANT’S RESOLUTION**  
**LEAP CHALLENGE GRANT**

WHEREAS, the State of New Jersey has allocated \$150,000 within each county for a statewide total of \$3.15 million in Local Efficiency Achievement Program (LEAP) funds to promote innovation among peer local units across New Jersey, and

WHEREAS, the Department of Community Affairs, Division of Local Government Services (DLGS) administers the LEAP grant program; and

WHEREAS, the LEAP Challenge Grant exists to challenge municipalities and counties to collaborate on more extensive partnership and collaborations to produce efficiencies through shared services; and

WHEREAS, (Name of Lead Entity Applicant) and (Name of Participating Local Unit(s)), have determined to apply for a LEAP Challenge Grant through the State of New Jersey Local Efficiency Achievement Program in the amount of \$ \_\_\_\_\_; and

WHEREAS, the (Name of Lead Entity Applicant) has agreed to be the lead agency in this program; and

WHEREAS, the Governing Body of (Name of Lead Entity Applicant), is acknowledging and accepting the responsibility of acting as applicant and administrator for this grant on behalf of all participating local units.

WHEREAS, the State of New Jersey has made LEAP grants available to assist local units to study, develop and implement new shared services initiatives; and

WHEREAS, the purpose of the project submitted in this grant application is intended to provide benefits to the participant local units’ residents through the sharing of (describe services/project title).

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of the (Name of Lead Entity Applicant), that the (Name of Lead Entity Applicant) does hereby make application for a LEAP challenge grant to support undertaking this endeavor.

**CERTIFICATION**

I, \_\_\_\_\_, (Clerk/Secretary of the Local Unit) of the (Name of Local Unit) in the County of \_\_\_\_\_, and the State of New Jersey do hereby Certify that the foregoing Resolution is a true copy of the Original Resolution duly passed and adopted by a majority of the full membership of the (Name of Governing Body) at its meeting of \_\_\_\_\_.