



Local Efficiency Achievement Program (LEAP)

Application for an IMPLEMENTATION 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 Implementation Guidelines document. \$3.8 million is available statewide. 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

This is a rolling application process. Although there is no deadline for submission, potential applicants are reminded that limited funding is available under the applicable FY2021 appropriation, and awards under the FY2021 funding cycle must be made on or before June 30, 2021. A completed application package must be submitted electronically to DLGS at dlgs.leapgrant@dca.nj.gov. The date of email submission shall constitute the date filed. Two (2) hard copies of the completed application package must follow by mail to:

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. Each application may only be submitted once. If not approved for funding, the application and its project may not be resubmitted for additional consideration in this funding cycle.

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 any key personnel assigned to supervise or participate in the implementation grant program and the amount of grant requested. For additional participating local units use Supplemental Form LEAP-1a.

Project Narrative Statement of Need (LEAP-2)

Present a brief (300-500 word) narrative describing the project, estimate the total cost and summarize the anticipated results and how the project will advance the provision of services, improve operational efficiency and 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 will satisfy the needs of the participating units in the short term and long term.

Planned Expenditure and Funding Report (LEAP-3)

Use the Planned 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. Planned expenditures must demonstrate the prudent use of resources. The total grant funds requested must also be shown on the Applicant Identification and Project Narrative Form (LEAP-1).

Planned Expenditures Form – Consultant Services (LEAP-4)

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.

Estimation of Savings (LEAP 5)

All requests for LEAP Implementation Grants must reflect a good faith estimate of potential savings that will come from the program and be identified on form LEAP 5. The applicant must demonstrate the potential for cost savings or cost avoidance as a result of the shared service.

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) Implementation 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 each participating local unit.
- Applicant Identification and Project Summary Form (LEAP-1)
- Project Narrative and Statement of Need Form (LEAP-2)
- Planned Expenditure and Funding Report Form (LEAP-3)
- Consultant Proposal or Planned Expenditures Form - Consultant Assistance Form (LEAP-4)
- Estimation of Savings (LEAP-5)
- RFP for consultant services (if applicable)

APPLICANT IDENTIFICATION AND PROJECT SUMMARY FORM - LEAP 1

Project Name:

Applicant (Lead Entity):

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

Total Grant Amount Requested: (Insert Grant Amount from Form LEAP-4)	\$
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Participating Local Unit:

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

Participating Local Unit:

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

Participating Local Unit:

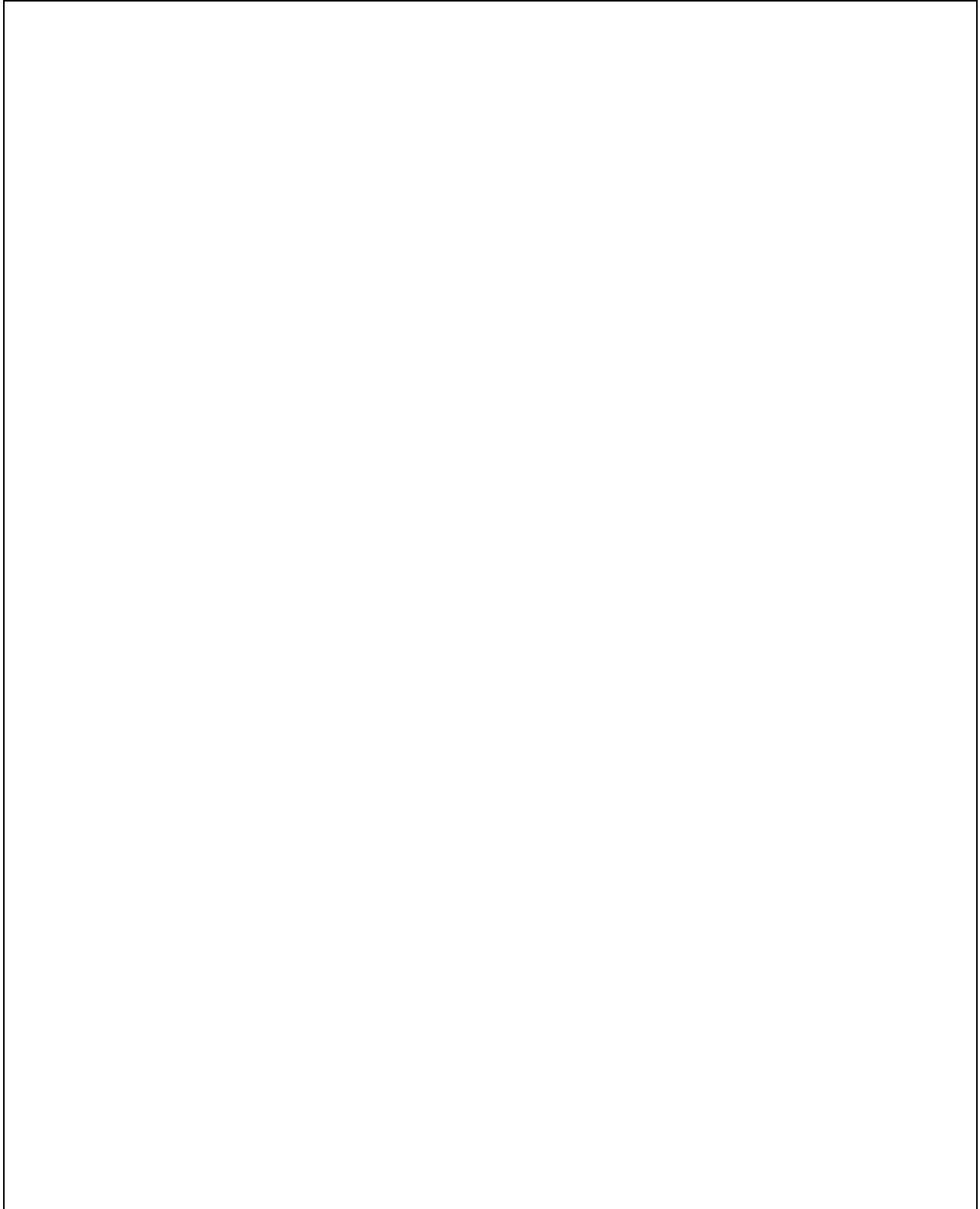
Entity Name:		County:
Address:		
Program Contact Information		
<i>Grant Administrator:</i>		<i>Contact Person & Title:</i>
Voice phone:		Voice phone:
Fax:		Fax:
E-mail:		E-mail:

PROJECT NARRATIVE AND STATEMENT OF NEED – LEAP-2

PROJECT NARRATIVE: Summarize the project in the space below:

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

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

Applicant:
Project Name:

PLANNED EXPENDITURES
(Please refer to the Implementation Guidelines for eligible activities)

ACTIVITY/TASK	Project Total
	\$
Professional Services (Submit proposal with application) ¹	
Consulting	
Engineering	
Legal	
TOTAL PLANNED EXPENDITURES	\$

PARTICIPANT CONTRIBUTION BREAKDOWN

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

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

² Insert Amount on LEAP Form 1

Explanation of In-Kind Resources:

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Explanation of Other Funds:

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PLANNED EXPENDITURES FORM – CONSULTANT SERVICES - LEAP 4

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

Applicant:
Project Name:

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

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.				
TOTAL				\$

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

ESTIMATE OF POTENTIAL SAVINGS - LEAP 5

Achieving cost savings and efficiencies through shared services motivates the LEAP. The information provided below is an important factor in application assessment. Please be as specific as possible. Although the outcome of local or regional service activities cannot be fully predicted in advance, please be as specific as possible and refer to your goals. Savings can include reduction of current expenditures, productivity improvements, current or future cost avoidance, reduced rates of cost increases, or improved service levels without increased expenditures. Provide an additional page if necessary.

1. List each area in which the participating local units anticipate efficiencies and cost savings will arise due to undertaking the proposed shared service project. For each identified area, list the current total operating costs for all initial participants and project (in dollars or %) potential savings.

Cost areas	Current cost	Potential Savings

1. Describe potential productivity or other efficiencies that can result from local or regional agreement.

2. Describe reductions in staffing that could result from the areas described above.

3. Describe potential costs or expenditures that can be avoided.

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 IMPLEMENTATION GRANT

WHEREAS, the State of New Jersey has appropriated \$10 million for Shared Services and School District Consolidation Study and Implementation Grants to assist local units with the study, development and implementation of new shared and regional services; and

WHEREAS, the Department of Community Affairs, Division of Local Government Services (DLGS) is tasked with administering these grant funds through the Local Efficiency Achievement Program (LEAP); and

WHEREAS, LEAP Implementation Grants exist to support costs associated with shared service implementation to ensure that meaningful, efficiency generating initiatives are not hindered by short term transitional expenses; and

WHEREAS, the (Name of Lead Entity Applicant and Participating Local Units) propose to enter into a shared services agreement, but face certain expenses associated with implementation that present a burden to the local units; and

WHEREAS, the purpose of this shared services agreement is to (describe services/project title), which will benefit the residents of (both or all) participating local units; and

WHEREAS, the (Name of Lead Entity Applicant) has agreed to be the lead agency in this program and will submit the application to DLGS on behalf of all participating units; and

NOW, THEREFORE, BE IT RESOLVED by the Governing Body of the (Name of Participating Local Unit), that the (Name of Participating Local Unit) does hereby join with (Name of Applicant) in applying for a LEAP Implementation Grant in the amount of \$_____ to support implementation of this shared service.

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 IMPLEMENTATION GRANT

WHEREAS, the State of New Jersey has appropriated \$10 million for Shared Services and School District Consolidation Study and Implementation Grants to assist local units with the study, development and implementation of new shared and regional services; and

WHEREAS, the Department of Community Affairs, Division of Local Government Services (DLGS) is tasked with administering these grant funds through the Local Efficiency Achievement Program (LEAP); and

WHEREAS, LEAP Implementation Grants exist to support costs associated with shared service implementation to ensure that meaningful, efficiency generating initiatives are not hindered by short term transitional expenses; and

WHEREAS, the (Name of Lead Entity Applicant and Participating Local Units) propose to enter into a shared services agreement, but face certain expenses associated with implementation that present a burden to the local units; and

WHEREAS, the purpose of this shared services agreement is to (describe services/project title), which will benefit the residents of (both or all) participating local units; and

WHEREAS, the (Name of Lead Entity Applicant) has agreed to be the lead agency in this program and will submit the application to DLGS on behalf of all participating units; and

NOW, THEREFORE, BE IT RESOLVED by the (Name of governing body of Lead Agency), that the (Name of Lead Agency) will apply for a LEAP Implementation Grant in the amount of \$_____ to support implementation of this shared service.

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 _____.