



Local Efficiency Achievement Program (LEAP)

Application for a School District Consolidation Study 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 Grant Guidelines. \$2 million is available for school district regionalization and countywide school district studies 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 FY2022 appropriation, and awards under the FY2022 funding cycle must be made on or before June 30, 2022. 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.

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 Identification and Project Summary Form (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.

In the space provided on LEAP-1, present a brief (150-200 word) narrative describing the proposed project or feasibility study. The narrative must describe the project or study, estimate the total cost, and summarize the objectives for the study. Indicate the amount of grant funds requested.

Statement of Need (LEAP-2)

In a one-page summary, demonstrate the need for the proposed project and identify the desired outcome. If appropriate, supporting information and documentation should be included to substantiate the need. Describe the current shared service coordination efforts or document the need for the services.

Project Description (LEAP-3)

This section should describe the planned study's participants, partnership commitment, objectives, and areas of focus. As appropriate, supporting information and documentation should be included. The information provided must include, but is not limited to, the following information:

- The basis for undertaking the study, including viability and commitment of the partnership (this must include the requisite governing body resolutions).
- Objectives related to enhancing the learning environment for participating school districts.
- Needs and goals related to coordinating curriculum on a K-12 basis.
- Initial indicators or projections related to improved efficiency and cost savings.

Planned Expenditure Report (LEAP-4)

Use the Planned Expenditures Report of LEAP Funds Form (LEAP-4) to show the proposed expenditure of all LEAP Funds, and the type and amount of local matching funds or resources to be applied to the project.

If funds from other sources will also be used for this project, identify the source, amount and projected 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 Summary Form (LEAP-1).

Project Reports

Grants reports must be submitted by the lead agency.

Report submission dates on required forms will be scheduled as part of the grant agreement. Reports will be reviewed to determine the degree of project progress within the scope of the work, and its conformance with aid requirements. **The accurate and timely submission of required reports is necessary to ensure the release of grant payments.** Funds will be withheld from any grantee whose reports are delinquent or not filed.

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
School District Consolidation Study
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:

- Resolutions: Applicant (lead entity); Participating local unit(s)
- Applicant Identification and Project Summary Form (LEAP-1)
- Statement of Need Form (LEAP-2)
- Project Description Form (LEAP-3)
- Planned Expenditure and Funding Report Form (LEAP-4)
- Consultant Proposal or Planned Expenditures Form - Consultant Assistance Form (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/Extension #:	Voice Phone/Extension #:
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/Extension #:	Voice Phone/Extension #:
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/Extension #:	Voice Phone/Extension #:
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/Extension #:	Voice Phone/Extension #:
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/Extension #:	Voice Phone/Extension #:
Fax:	Fax:
E-mail:	E-mail:

PROJECT SUMMARY: Summarize the project in the space below:

STATEMENT OF NEED - LEAP 2

Applicant:
Project Name:

Statement:

PROJECT DESCRIPTION - LEAP 3

Applicant:
Project Name:
Description:

PLANNED EXPENDITURE AND FUNDING REPORT - LEAP 4

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 match	
Applicant/Participant indirect costs	
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 indirect costs:

PLANNED EXPENDITURES FORM – CONSULTANT ASSISTANCE - LEAP 5
(Please refer to the Implementation Guidelines for eligible activities and consulting related reporting)

Applicant:
Project Name:

Identify the consultant and describe the service(s) provided. Or, attach a detailed approved and accepted proposal in response to RFP.

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.				
7.				
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”)	\$

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, \$2 million in LEAP Implementation Grant funds has been set allocated to support costs associated with school district consolidation studies; and

WHEREAS, (Names of Participating Local Units) have determined to evaluate whether (Names of Districts being studied) may be able to attain improved educational quality and efficiencies through consolidation or regionalization; and

WHEREAS, a formal study must be undertaken to accomplish this objective; and

WHEREAS, the (Name of Lead Entity Applicant) has agreed to be the lead entity in conducting this study and will submit the application for financial support for this study to DLGS on behalf of all participating units.

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 to support undertaking (insert description of study).

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, \$2 million in LEAP Implementation Grant funds has been set allocated to support costs associated with school district consolidation studies; and

WHEREAS, (Names of Participating Local Units) have determined to evaluate whether (Names of Districts being studied) may be able to attain improved educational quality and efficiencies through consolidation or regionalization; and

WHEREAS, a formal study must be undertaken to accomplish this objective; and

WHEREAS, the (Name of Lead Entity Applicant) has agreed to be the lead entity in conducting this study and will submit the application for financial support for this study to DLGS on behalf of all participating units.

NOW, THEREFORE, BE IT RESOLVED by the (Name of governing body of Lead Agency), that the (Name of Lead Entity) will apply for a LEAP Implementation Grant to support undertaking (insert description of study) on behalf of itself, and on behalf of (Name of the participating local unit(s)).

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 _____.