

**SONOMA COUNTY COMMUNITY
DEVELOPMENT COMMISSION
FUNDING APPLICATION: AFFORDABLE
HOUSING AND CAPITAL PROJECTS**

Please review the Notice of Funding Availability (NOFA), Application Guidelines, and the FY 2022–2023 CDBG and HOME Funding Policies before submitting your application. All applications must meet the eligibility criteria found in the Funding Policies and the requirements set forth in the NOFA.

This space reserved for CDC date and time stamp

Part 1: Applicant Information

| | |
|--|---|
| Legal name of organization: | |
| Organization's DUNS number: | |
| Contact Information | |
| Authorized Representative (City/Town Manager, Executive Director, or other): | Name, title: |
| | Phone: |
| | Email: |
| Primary point of contact: | Name, title: |
| | Phone: |
| | Email: |
| Organization is a: | <input type="checkbox"/> Non-profit organization <input type="checkbox"/> For-profit organization <input type="checkbox"/> Local government <input type="checkbox"/> Community Housing Development Organization (CHDO) <input type="checkbox"/> Community Based Development Organization (CBDO) |
| Organization mailing address: | |
| Organization website: | |
| Organizational Capacity and Experience | |
| Describe applicant's record of administrative and programmatic capacity using federal, state, local, and/or private grant funds, explaining any past issues or challenges administering grant funds. | |
| | |

Part 2: Project Description

Brief Description of Project or Program

The description provided here will be incorporated into the staff reports provided to the Community Development Committee, Cities and Towns Advisory Committee, and/or the Board of Supervisors. Descriptions MUST BE 125 words or less. It will not be edited and will be truncated at 125 words. For housing related applications, please include information on the number of affordable units in the project, accessible units (types, number of units, and accessibility type). A longer project description may be attached (see Part 6, Attachments). If you are requesting CDBG-CV funds, please include how the proposed activity will prevent, prepare for or respond to Coronavirus (*activities must demonstrate they respond to one or more*).

Part 3: Project Information

| | |
|--|---|
| Project Name | |
| Project Type Using Appendix A of the FY 2022-2023 CDBG and HOME Funding Policies, fill in the field below. | |
| CDBG or HOME eligible activity: | |
| Funding Request | |
| Estimated project budget: | \$ |
| Amount of funding request: | \$ |
| Funding source: | <input type="checkbox"/> CDBG <input type="checkbox"/> HOME <input type="checkbox"/> HOME-CHDO <input type="checkbox"/> CDBG-CV |
| Property Information (as applicable) | |
| Project location (physical address or cross streets): | |
| Assessor's Parcel Number(s): | |
| Census tract(s): | |
| Total acreage: | |
| Current use of site: | |
| Is project located in a 100-year flood plain? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| FEMA FIRM panel number: | |
| Is the project, or any part of it, located within the limits of any city/town? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which city/town? _____ |
| Which jurisdiction(s) must approve the project? | |
| What local approvals and entitlements will be required to develop the proposed project? | |
| Date entitlements and permits expected to be approved: | |

| | | | | | | |
|---|------------|--|-------------|-------------|-------------|-------------|
| Status of Site Control | | | | | | |
| Identify the form of site control: | | <input type="checkbox"/> Ownership (attach copy of grant deed or deed of trust) <input type="checkbox"/> Lease (attach copy of lease) <input type="checkbox"/> Option agreement (attach copy of agreement) <input type="checkbox"/> Purchase agreement (attach copy of agreement) <input type="checkbox"/> Other; explain: _____ Note: If funding application is for acquisition, also attach copy of current appraisal if available. | | | | |
| Status of Environmental or Other Approvals | | | | | | |
| Applicant must obtain certification of project's consistency with the applicable general plan, signed by an authorized representative of the jurisdiction in which the project is located (housing rehabilitation projects excluded). | | | | | | |
| Status of environmental review: | | | | | | |
| Status of land use, building permits, or other approvals: | | | | | | |
| Explain any land use (zoning, lot split, set back, or environmental) constraints that must be resolved prior to proceeding with the project: | | | | | | |
| Status of Relocation Activities | | | | | | |
| In order to receive funding, projects must comply with the Sonoma County Residential Anti-Displacement and Relocation Assistance Plan. | | | | | | |
| Will the project involve demolition of any structure or relocation of any persons or businesses? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Explain the status of any demolition or relocation activities: | | | | | | |
| Existing Improvements | | | | | | |
| EXISTING COMMERCIAL IMPROVEMENTS | | | | | | |
| Number of structures | | | | | | |
| Year built | | | | | | |
| Number of vacant structures | | | | | | |
| Number of occupied structures | | | | | | |
| Number of structures to be demolished | | | | | | |
| Estimated cost of relocation | | | | | | |
| EXISTING RESIDENTIAL IMPROVEMENTS | | | | | | |
| | SRO | Studio | 1-BR | 2-BR | 3-BR | 4-BR |
| Number of existing units | | | | | | |
| Number of occupied units | | | | | | |
| Number of vacant units | | | | | | |
| Number of substandard units | | | | | | |
| Number of units to be demolished | | | | | | |
| Estimated cost of relocation | | | | | | |

Phasing

Can project proceed if phased or if given partial funding? Explain the effect of phasing or partial funding on the project's ability to move forward.

Demonstration of Need

Describe the need for the project or program and include evidence of need (e.g., cite waiting lists for services, census data, documentation of deteriorated conditions, or other evidence).

Outcomes

Describe the outcomes expected to result from the project or program.

Part 4: Timeline

Target Dates

List anticipated target date for each of the major milestones below. (Housing projects use timeline in supplemental application instead.)

| Major Milestone | Target Completion Date | Funds Expended |
|------------------------|-------------------------------|-----------------------|
| Environmental Review | | |
| Site Control | | |
| Design Completion | | |
| Bid Period Closes | | |
| Construction Begins | | |
| Construction Complete | | |
| Notice of Completion | | |

Part 5: Sources and Uses

Housing projects use budget in supplemental application instead.

Sources

| <i>Source of Funds</i> | <i>Donations</i> | <i>Loans</i> | <i>Grants</i> | <i>In Kind</i> | <i>Total</i> |
|------------------------|------------------|--------------|---------------|----------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

Uses

| <i>Projected Uses</i> | <i>Donations</i> | <i>Loans</i> | <i>Grants</i> | <i>In Kind</i> | <i>Total</i> |
|-----------------------|------------------|--------------|---------------|----------------|--------------|
| Land Acquisition | | | | | |
| Environmental Review | | | | | |
| Architect | | | | | |
| Engineering | | | | | |
| Project Fees | | | | | |
| Site Improvements | | | | | |
| Other: | | | | | |
| Other: | | | | | |
| Total | | | | | |

Part 6: Attachments Required

Project sponsors must submit the following documents, as applicable, with their funding application:

- Project Description: Provide a description of the project that includes specific location information and geographic boundaries. It should identify the maximum anticipated scope of the entire project, and delineate the specific activities for which the applicant is requesting funding at this time. Applications for housing-related projects should instead include a Housing Project Description, described in Supplemental Application below.
- Project Location Map: Attach an 8 1/2"x 11" map showing the project location, clearly showing the project area in relation to surrounding communities.
- Authorizing Resolution: For non-profit organizations, attach a resolution from the Board of Directors authorizing the submittal of the application.
- City/Town Authorizing Resolution: Attach a city/town council resolution endorsing the project for those located within the seven incorporated jurisdictions or for those sponsored by one of the seven incorporated jurisdictions.
- General Plan Consistency: Attach a certification of consistency with the applicable jurisdiction's General Plan.
- IRS Letter of Determination: Non-profit organizations only must submit an IRS Letter of Determination. Non-profit organizations are not eligible for consideration unless non-profit status has been verified.
- Community Housing Development Organization (CHDO) verification: For CHDO's applying for HOME CHDO funds, submit a Sonoma County CHDO letter or plan to become an independent, fully functioning CHDO entity.
- Letters of Commitment: Submit letters of commitment from all other funding sources.
- Financial Documentation:
 - Non-profit organizations must attach the following:
 - Current operating budget
 - Most recent completed final audit report
 - IRS Form 990 for the most current tax year
 - If organization is not audited, attach a copy of the most recent internal financial statement that has been approved by Board of Directors.

*Additional financial information may be requested by CDC staff as deemed appropriate.

- Sonoma County departments or agencies, the cities of Cotati, Cloverdale, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and the Town of Windsor are exempt from this requirement.
- Organizations are **required** to have **written** policies and procedures. The applicant must submit certification that they have the following policies and procedures. (Please complete the forms found in Part 7 – Certifications)
 - Accounting
 - Conflict of Interest
 - Procurement
 - Record Retention

Supplemental Application: Public Facilities or Other Infrastructure Projects

| | |
|--|--|
| Define project service area | |
| List all census block groups in service area: | |
| For sidewalk / curb cut projects | |
| Location of sidewalks (cross streets): | |
| Define the service area; list all Census block groups in service area: | |
| Number of curb cuts (anticipated): | |

Supplemental Application: Housing-Related Projects

Fill out this supplemental application if the project will result in the construction of new housing units, preservation of existing housing units, or the acquisition of land for new housing units.

| | | |
|---|--|--|
| Project Information | | |
| Project type: | <input type="checkbox"/> New construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition | |
| Total number of units to be constructed or rehabilitated: | | |
| Total number of affordable units (new construction or acquisition): | | |
| For HOME funding requests, total number of HOME-assisted units: | | |
| Total development costs: | \$ | |
| Contact Information of All Parties | | |
| APPLICANT INFORMATION | Name: | |
| | Address: | |
| | City, State, Zip: | |
| | Contact person: | |
| | Telephone: | |
| | Email: | |
| | Organization is a: | <input type="checkbox"/> Non-profit organization <input type="checkbox"/> For-profit organization <input type="checkbox"/> Local government <input type="checkbox"/> Community Housing Development Organization (CHDO) <input type="checkbox"/> Community Based Development Organization (CBDO) |
| PARTNER OR RELATED ENTITIES | Name: | |
| | Address: | |
| | City, State, Zip: | |
| | Contact person: | |
| | Telephone: | |
| | Email: | |
| | Organization is a: | <input type="checkbox"/> Non-profit organization <input type="checkbox"/> For-profit organization <input type="checkbox"/> Local government <input type="checkbox"/> Community Housing Development Organization (CHDO) <input type="checkbox"/> Community Based Development Organization (CBDO) |
| ARCHITECT | Name: | |
| | Address: | |
| | City, State, Zip: | |
| | Contact person: | |
| | Telephone: | |
| | Email: | |

| | | | | | | |
|--|---|---------------|-------------|-------------|-------------|------------|
| GENERAL CONTRACTOR | Name: | | | | | |
| | Address: | | | | | |
| | City, State, Zip: | | | | | |
| | Contact person: | | | | | |
| | Telephone: | | | | | |
| | Email: | | | | | |
| | License no.: | | | | | |
| PROPERTY MANAGER | Name: | | | | | |
| | Address: | | | | | |
| | City, State, Zip: | | | | | |
| | Contact person: | | | | | |
| | Telephone: | | | | | |
| | Email: | | | | | |
| Status of Entitlements and/or Services | | | | | | |
| If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for: | <input type="checkbox"/> State Density Bonus Program <input type="checkbox"/> County of Sonoma Supplemental Density Bonus Program <input type="checkbox"/> Housing Element Type A Rental Housing Opportunity Program <input type="checkbox"/> Housing Element Type C Ownership Housing Opportunity Program Date of application: _____ If answering yes to any of the above, contact Commission staff to discuss schedule for preparation and Board approval of Affordable Housing Agreement. | | | | | |
| Status of planned water and sewer service: If not yet provided, explain how water and sewer service will be provided. | | | | | | |
| Does the project have Article 34 authority from the jurisdiction in which it is located? | <input type="checkbox"/> Yes. If yes, attach a copy of the allocation letter. <input type="checkbox"/> No. If no, attach written legal opinion describing why Article 34 referendum authority is not required. | | | | | |
| Proposed Tenancy | | | | | | |
| <i>Household types:</i> | SRO | Studio | 1 BR | 2 BR | 3 BR | 4BR |
| Number of each type of unit | | | | | | |
| Average square feet per unit | | | | | | |
| Total number of units: | | | | | | |
| How many of the total units will be reserved for the following: | | | | | | |
| Homeless persons | | | | | | |
| Elderly persons | | | | | | |
| Disabled persons (see note) | | | | | | |
| Special needs populations | | | | | | |
| Resident manager | | | | | | |
| Other; specify: | | | | | | |
| Unrestricted | | | | | | |

Note: In new construction and substantial rehabilitation rental projects assisted with HOME or CDBG funds, at least five percent of units (not less than one unit) must be accessible to persons with mobility impairments, and an additional two percent of units (not less than 1 unit) must be accessible to persons with sensory impairments. Projects assisted with other funds must satisfy applicable federal, state, and local regulations regarding the provision of accessible housing. Ownership housing projects assisted with funds from these programs must comply with applicable federal, state, and local laws regarding the provision of accessible units.

Estimated Monthly Rent Levels (before deduction of utility allowances)

| Household types: | SRO | | Studio | | 1 BR | | 2 BR | | 3 BR | | 4BR | |
|-----------------------------------|-------|------|--------|------|-------|------|-------|------|-------|------|-------|------|
| | Units | Rent | Units | Rent | Units | Rent | Units | Rent | Units | Rent | Units | Rent |
| Extremely Low-Income (30% of AMI) | | | | | | | | | | | | |
| Very Low-Income (50% of AMI) | | | | | | | | | | | | |
| 60% of AMI | | | | | | | | | | | | |
| Low-Income (80% of AMI) | | | | | | | | | | | | |
| Market Rate (>80% of AMI) | | | | | | | | | | | | |
| Resident Manager's Unit | | | | | | | | | | | | |
| Estimated Utility Allowance* | | | | | | | | | | | | |

*Please provide list of tenant-paid utilities, the utility profile for all appliances, and the Utility Allowance for each unit type.

Estimated Affordable Sales Prices (ASP)

| Household types: | SRO | | Studio | | 1 BR | | 2 BR | | 3 BR | | 4BR | |
|-----------------------------------|-------|-----|--------|-----|-------|-----|-------|-----|-------|-----|-------|-----|
| | Units | ASP | Units | ASP | Units | ASP | Units | ASP | Units | ASP | Units | ASP |
| Extremely Low-Income (30% of AMI) | | | | | | | | | | | | |
| Very Low-Income (50% of AMI) | | | | | | | | | | | | |
| 60% of AMI | | | | | | | | | | | | |
| Low-Income (80% of AMI) | | | | | | | | | | | | |
| 100% of AMI | | | | | | | | | | | | |
| 120% of AMI | | | | | | | | | | | | |

LENGTH OF AFFORDABILITY PERIOD

What is the proposed length of affordability for the affordable units?
 See *Funding Policies*

Project Schedule

Include all major milestones such as land acquisition, general plan amendment and rezoning, density bonus / housing element housing opportunity area approval, design review approval, schematic design, design development, construction documents, construction phase, initial occupancy, and, if applicable, assignment of the project to a limited partnership or other entity. Specify tentative dates for closing the proposed loan and first request for funds, as well as when construction financing and permanent financing will close. **Please provide realistic dates for completion of activities and expenditure of funds. These dates will be included in the applicable funding agreement.**

| Major Milestone | Target Completion Date | Funds Expended |
|-----------------|------------------------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

| Development Budget | | | | | |
|--|---------------|-----------------------------|-----------------|--------------------------|-------------------------------|
| ESTIMATED PREDEVELOPMENT AND CONSTRUCTION FINANCING | | | | | |
| <i>Lender</i> | <i>Amount</i> | <i>Interest Rate / Term</i> | <i>Use(s)</i> | <i>Commitment Status</i> | <i>HOME match qualifying?</i> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |
| ESTIMATED PERMANENT FINANCING | | | | | |
| <i>Lender</i> | <i>Amount</i> | <i>Interest Rate / Term</i> | <i>Use(s)</i> | <i>Commitment Status</i> | <i>HOME match qualifying?</i> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |
| Summary of First-Year Operating Budget | | | | | |
| Rental projects only | | | | | |
| | Total | | Per unit | | |
| Gross potential rental income | | | | | |
| Plus other income (e.g., laundry) | | | | | |
| Less 5% vacancy / rent loss | | | | | |
| Effective Gross Income | | | | | |
| Less total operating expenses* | | | | | |
| Less payment to replacement reserves | | | | | |
| Less payment to other reserves | | | | | |
| Net operating income | | | | | |
| Less debt service payments | | | | | |
| Net cash flow | | | | | |
| Debt service coverage ratio | | | | | |
| <i>*Include \$75 per unit, per year monitoring fee in the operating budget</i> | | | | | |

Affirmatively Furthering Fair Housing

In planning for the use of CDBG and HOME, the County of Sonoma must adhere to the mandate in the Fair Housing Act to Affirmatively Further Fair Housing. This means that not only must all HUD funded programs and activities combat discrimination, but they must also overcome patterns of segregation and the denial of access to opportunity that are part of national and local history. The ways in which a project or program can do this meaningfully are listed below, and to be considered for funding, all applicant projects must overcome patterns of segregation in one or more of the ways listed.

In which of the following ways does the proposed project overcome patterns of segregation and the denial of access to opportunity (check all that apply)? Please provide an explanation of how the project accomplishes the item (s) checked.

It makes an investment in a segregated and high poverty neighborhood to improve conditions and eliminate disparities in access to opportunity between residents of this neighborhood and the rest of the jurisdiction and region.

Explain:

It maintains and preserves existing affordable rental housing stock to reduce disproportionate housing needs.

Explain:

It provides affordable housing in an area(s) of opportunity to combat segregation and promote integration.

Explain:

It provides mixed income housing designed to integrate racially and ethnically concentrated areas of poverty.

Explain:

It increases access for individuals with protected characteristics to existing affordable housing in higher opportunity areas.

Explain:

Homelessness-Related Questions

If project is a permanent supportive housing project, identify service provider:

Describe approach to lowering barriers to potential tenants to entering permanent housing (i.e., accepting referrals from Coordinated Intake:

Additional Attachments Required

In addition to the attachments required in Part 6 of the funding application, housing-related project sponsors must submit the following as attachments to their applications:

- Housing project description: Provide a written narrative to describe your project. At a minimum, the narrative should include the following:
 - Description of the type of housing proposed
 - Target population(s)
 - Planned services for residents
 - Proposed use(s) of the requested funding and anticipated environmental issues (i.e., vernal pools, heritage trees, riparian corridor, contamination, flood plain, endangered species, historical and archeological impacts)
 - Authorized entity that will execute the funding agreement and loan documents if applicable for the funds requested in this application
 - If the project will use a tax credit limited partnership to finance the project, please describe the organizational structure of the partnership and the roles of various partners or other related organizations
- Current preliminary title report
- Evidence of site control
- Current appraisal, if available. Appraised value of property must fully secure the Commission's loan(s). In addition, the total purchase price may not exceed the "reasonable cost" for the property
- Environmental clearances/reports
- Site plan and elevations or schematic drawing
- Project Location Map: Attach an 8 1/2"x 11" map showing the project location, clearly showing the project area in relation to surrounding communities
- Contractor's cost breakdown
- Using the Sonoma County Community Development Commission Utility Allowance Schedule, <http://sonomacounty.ca.gov/CDC/Housing-Authority/Property-Owners/Utility-Allowances/>, list the tenant-paid utilities and utility allowance for your project
- Itemized development budget, including a sources and uses table, identifying distributions to the owner, developer, partners or other entities during the development phase
- Narrative description of the development's financial plan, indicating expected dates for obtaining approvals for any uncommitted financing
- Rental projects: A 30-year operating budget and cash flow projection that shows estimated project income, operating expenses, reserves, debt service, and distributions. Please include a "totals" column after year 30
- Article 34 Authority: Attach allocation letter or legal opinion that allocation is not required.

Part 7: Certifications

- Grant Certification Form – 1 (Application Completeness & Accuracy & Signatory Authority)
- Grant Certification Form – 2 (Federal Regulations)
- Grant Certification Form – 3 (Conflict of Interest)
- Grant Certification Form – 4 (Policies and Procedures)

Grant Certification Form – 1

Application Completeness & Accuracy & Signatory Authority

I hereby certify that _____ (*insert name of organization requesting funds*) has complied with all applicable laws and regulations pertaining to the application and is an eligible applicant for the requested funding.

The organization proposes to provide the program services or complete the project identified in this application. If this application is approved and this organization receives the requested funding this organization agrees to adhere to all relevant Federal, State, and local regulations and other assurances as required by the Commission.

In addition, the content of the application shall be incorporated as part of the written agreement and, as such, will be used to monitor performance. Activities, commitments, and representations described in the written agreement that are not subsequently made a part of the program/project as funded shall be considered a material contract failure and may result in a repayment of all awarded funds and/or suspension from participation in future funding rounds.

I hereby certify that the organization is fully capable of fulfilling its obligation under this application, as stated herein.

I further certify that the information provided in this Funding Application is correct, accurate, and complete.

Signature/Authorized Representative of Organization

Printed Name: _____

Title: _____

Date: _____

Grant Certification Form – 2

Federal Regulations – CDBG

| Requirements | Federal Regulations | Other References |
|--|---|---|
| Federal Labor Standards - Davis-Bacon - Copeland Act (Anti-kickback) - Contract Work Hours and Safety Standards | 24 CFR 92.354 29 CFR Parts 1, 3, and 5 | 40 U.S.C. 3141; 40 U.S.C. 3701 |
| Section 3 | 24 CFR 135 | Section 3 of the HUD Act of 1968, as amended (12 U.S.C. 1701u); 2 CFR 200.321 |
| Minority and Women Business Enterprise Participation (MBE/WBE) | Small Business Act, Section 3(a) 15 U.S.C. 632 | 12 U.S.C. 1701 |
| Civil Rights and Non-Discrimination | Title VI of Civil Rights Act of 1964 Title VIII of the Civil Rights Act of 1968 Section 104(b) and 109 of Title I of the Housing and Community Development Act of 1974 | Section 504 of Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990 Age Discrimination Act of 1975 Executive Orders 11063, 11246, 11375, 11478, 12107, 12086, and 13279 |
| Equal Employment Opportunity | 24 CFR 570.601-602; 570.607 41 CFR 60 | Executive Orders 11246; 12086 12 USC 1701u |
| Fair Housing | Fair Housing Act (42 U.S.C. 3601-3620) Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000d) Equal Opportunity in Housing Section 504 of the Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990 | 24 CFR Parts 8, 107, and 146 42 U.S.C. 200(d) Executive Orders 11063, as amended by Executive Order 12259 Age Discrimination Act of 1975, as amended (42 U.S.C. 6101) |
| Debarred or Ineligible Contractors | 24 CFR 570.609; 24 CFR 24 | Executive Orders 12549 and 12689 |
| Reasonable Accommodation | 24 CFR Part 8; 24 CFR 570.601-602 | Section 504 of Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990 |

| | | |
|--|---|--|
| Fire Safety Codes | | Local ordinances |
| Building, Housing, and Zoning Codes Housing Quality Standards | 24 CFR 570.208(b)(1)(iv); 208(b)(2) | Local ordinances |
| Lead-Based Paint | 24 CFR 570.608; 24 CFR Part 35 | 42 U.S.C 4821 et seq. |
| Anti-Lobbying | Appendix II to Part 200 J; 31 U.S.C. 1352 | |
| Environmental, Historic Preservation, National Environmental Policy Act, Flood Insurance Requirements - Sitting near airports and coastal barrier - Fish and wildlife protection - Flood plain/flood insurance - National Historic Preservation - Noise abatement and control - Wetlands/Coastal zones - Air quality - Endangered species - Thermal/Explosive hazards | 24 CFR 570.503(b)(5)(i); 570.604; 570.605; 570.202; 24 CFR 58 References at: 24 CFR 58.6; 58.5570.605 | Section 104(g), HCDA 42 U.S.C 4001 et seq. |
| Relocation, Real Property Acquisitions, and One-for-One Housing Replacement - Uniform Relocation Act - Residential anti-displacement and relocation assistance | 24 CFR 570.201(i); 570.606(b), (c), (d) 49 CFR 24 42 USC 4601 et seq | Sections 104(d); 105(a)(11), HCDA www.hud.gov/relocation |
| Competitive Procurement | 2 CFR 200.319 | |
| Insurance and Bonding | 2 CFR 200.310 and 200.325 | |
| Administrative and Accounting Standards | 2 CFR Part 200 | |
| Cost Considerations | 2 CFR 200.402, 403, 404, 405, 406 and 407 | |
| Documentation and Recordkeeping | 24 CFR 570.506 24 CFR 570.502 | |
| Conflict of Interest | 2 CFR 200.112 and 24 CFR 570.611 | |
| Section 108 Loan Guarantees | 24 CFR 570.700-570.709 | Section 108, HCDA |

To the best of my knowledge and belief, I certify that all data contained in this application and all supportive documentation is true, correct and will incorporate the above requirements. This submission has been duly authorized by the governing body of _____.

Signature/Authorized Representative of Organization

Printed Name: _____

Title: _____

Date: _____

Grant Certification Form – 3

Conflict of Interest – CDBG

The standards in 2 CFR 200.318 provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

- A. Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to participate in the decision making process for approval of this application?
Yes No
- B. Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to gain inside information with regard to approval of this application?
Yes No
- C. Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds obtain a financial interest or substantial benefit from this activity?
Yes No
- D. Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the program year and one year thereafter? Yes No

If you answered YES to any of the above questions, a letter must be submitted with the application that includes the following information:

- 1) A disclosure of the nature and extent of the conflict
- 2) A description of how public disclosure will be made
- 3) A qualified attorney's opinion that the conflict of interest does not violate federal, state, or local law

Note: If you are approved for funding, the Commission must issue a public notice of the disclosure with a 15-day public comment period, and then submit to HUD for approval prior to execution of a grant agreement or release of funds.

Signature/Authorized Representative of Organization

Printed Name: _____

Title: _____

Date: _____

Grant Certification Form – 4

Policies & Procedures

The undersigned does hereby certify that the applicant organization has the following policies and/or procedures and can produce them if requested by the Commission:

1. Accounting policy/procedure
2. Procurement policy/procedure
3. Conflict of Interest policy/procedure
4. Record Retention policy/procedure
5. Language Access Plan & Limited English Proficiency Policy

Signature/Authorized Representative of Organization

Printed Name:_____

Title:_____

Date:_____