

***Maryland***  
***Community Development Block Grant Program***

**Community Development/Special Projects**

**Application for Funding**  
**Statement of Assurances and Certifications**  
**Application Checklist**

**Revised April 2009**

Maryland Department of Housing and Community Development  
Division of Neighborhood Revitalization  
Community Development Block Grant Program  
100 Community Place  
Crownsville, Maryland 21032-2023  
(410) 514-7236 or (800) 756-0119  
Maryland Relay for the Hearing Impaired (800) 735-2258  
FAX (410) 514-7925

***Martin O'Malley, Governor***  
***Anthony G. Brown, Lt. Governor***  
***Raymond A. Skinner, Secretary***  
***Clarence J. Snuggs, Deputy Secretary***

**MARYLAND COMMUNITY DEVELOPMENT  
BLOCK GRANT PROGRAM APPLICATION  
Community Development/Special Projects Categories**

1. Name of jurisdiction:	2. County (municipal applicants only):
3. Address:	4. Subrecipient, if applicable:
5. FID Number:  DUNS Number:	6. Name & phone number of person to contact regarding this application (include email address and Fax #):
7. Project title, brief description & location ( <b>Full street address(es) and zip code of Project is required</b> ):	
8. Project type: <input type="checkbox"/> Housing <input type="checkbox"/> Public Facilities <input type="checkbox"/> Commercial Revitalization	9. National objective: (check only one) <input type="checkbox"/> Low and moderate income benefit <input type="checkbox"/> Elimination of slum/blight <input type="checkbox"/> Urgent need
10. CDBG request:       \$ _____  Local funds                \$ _____  Other funds                \$ _____  Total costs                 \$ _____	11. U.S. Congressional District No. State District No. (List State legislators for <b>entire</b> district):
12. Date required Public Hearing held:	13. Required Resolution attached?  <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Digital Photos and CD included? (each must be labeled) <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Date:
16. If applicable, did you complete Debarment Check on application subrecipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**PART A**

**PROJECT DESCRIPTION:** Describe the proposed project. Include location and specific activities to be undertaken.

**PART B**

**PROJECT NEED/IMPACT:** Describe the need for the proposed project. Include statistics and other documentation supporting the described need. How will the project make an impact on the described need?

**PART B WORKSHEET**

*This must be completed by every applicant.*

- 1. As CDBG funds are “Gap” financing, did you pursue appropriate other funds from state and/or federal agencies? What other funding sources did you pursue for this project? What is the status of those requests?**
- 2. Please provide copies of award and rejection letters.**
- 3. If applicable, please discuss subrecipient’s financial situation.**

**PART C**

**COMMUNITY SUPPORT AND INVOLVEMENT: Describe community involvement.  
Attach current letters of support.**

**PART D**

**LOCAL PLANNING/GROWTH MANAGEMENT: Answer the following questions:**

- 1. Describe how the proposed project conforms to a revitalization strategy, marketing study or comprehensive plan. Do *not* submit copies of the entire plan, but reference the name and date of the plan, the section and the page. You should attach a copy of the REFERENCED portion behind this page of the application.**

**NOTE: ATTACH MAPS**

**List Census Tract(s) and Block Groups for all projects:**

- 2. Is your project located in a Priority Funding Area? \_\_\_\_ Yes \_\_\_\_ No**

**PART E**

**NATIONAL OBJECTIVE:**

1. Using the attached “National Objective” chart, determine which national objective will be met by the proposed project.
2. Next, fill out the appropriate worksheet (A, B, C or D). Insert that page behind this one in your application.
3. In the space below, describe in narrative form how the project will meet ONE of the three national objectives.

- 1. Benefit to Low and Moderate Income Persons:**
- Area Benefit (LMA)** – \_\_\_% Determined by survey or census (Attach Survey Approval Ltr)
  - Housing (LMH)** -  Single Family  Multi-Family
    - Rental  Owner Occupied
    - Water and Sewer Connections
  - Limited Clientele (LMC)** -  Presumed
    - 51% of clientele are persons whose family is LMI
    - Nature and location conclude area is primarily LMI
    - Removal of architectural barriers

Total estimated number of beneficiaries \_\_\_ CDBG \$ per beneficiary \$

Total estimated number of LMI beneficiaries \_\_\_ CDBG \$ per LMI beneficiary \$

% of LMI beneficiaries to total \_\_\_%

- 2. Elimination of Slum and Blight:**  Area Basis  Spot Basis
- 3. Urgent Need**

NATIONAL OBJECTIVE CHART				
Nat. Objective	Subcategory	Definition	Test	Examples
Low/Moderate Income Persons	Area Benefit (LMA)	Activity benefits all residents in an area where at least 51% of the residents are LMI	<ul style="list-style-type: none"> <li>* Census - 51% of persons residing in the service area are LMI, determined by using the most recently available decennial Census information</li> <li>* Survey - applicant may do a survey of residents in the service area. The results must meet statistical reliability standards and be approved by DHCD.</li> </ul>	<ul style="list-style-type: none"> <li>* water and sewer lines</li> <li>* neighborhood facilities</li> </ul>
Low/Moderate Income Persons	Limited Clientele (LMC)	Activity that benefits a limited number of people as long as at least 51% of those served are LMI	<ul style="list-style-type: none"> <li>Activity must qualify under one of the following: <ul style="list-style-type: none"> <li>* Presumed Clientele - benefit to a group presumed to be principally LMI: abused children, battered spouses, elderly persons, severely disabled adults (see Worksheet B for definition of severely disabled adults), homeless persons, illiterate adults, persons living with AIDS and migrant workers; or</li> <li>* Require documentation on family size and income in order to show that at least 51% of the clientele are LMI; or</li> <li>* Income eligibility requirements limiting activity to LMI persons only; or</li> <li>* Be of such a nature and in such a location that it can be concluded that clients are primarily LMI</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>* construction of senior center</li> <li>* public services for the homeless</li> <li>* meals on wheels for the elderly</li> <li>* construction of job training facilities for the handicapped</li> </ul>
Low/Moderate Income Persons	Housing Activities (LMH)	Activity that is undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by LMI persons	<ul style="list-style-type: none"> <li>* Structures with one unit must be occupied by LMI persons</li> <li>* If structure contains more than 1 unit, at least 51% must be LMI occupied</li> <li>* 2-unit structures must have at least one unit occupied by a LMI household</li> <li>* Rental buildings under common ownership and management located on the same or contiguous properties may be considered as a single structure</li> <li><i>Exception to 51% Rule:</i> <ul style="list-style-type: none"> <li>* Assistance is for an eligible activity that reduces the development cost of new construction of non-elderly, multi-family rental housing project; and</li> <li>* At least 20% of units will be occupied by LMI households; and</li> <li>* The proportion of cost borne by CDBG funds is no greater than the proportion to be occupied by LMI households.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>* property acquisition or rehab for permanent housing</li> <li>* conversion of non-residential structures into permanent housing</li> <li>* infrastructure for new housing</li> </ul>
Slum/Blight	Area Basis (SMA)	Activity that aids in the prevention or elimination of slums or blight in a designated area	<ul style="list-style-type: none"> <li>* Delineated area in which the activity occurs must meet definition of slum, blighted, deteriorated or deteriorating area under state or local law; and</li> <li>* Substantial number of deteriorated or deteriorating buildings or public improvements in the area, and the activity must address one or more of the conditions which contributed to the deterioration of the area; and</li> <li>* Documentation must be maintained by recipient on the boundaries of the area and the conditions that qualified the area at the time of its designation</li> </ul>	<ul style="list-style-type: none"> <li>* assistance to commercial or industrial businesses</li> <li>* public facilities or improvements</li> <li>* code enforcement</li> </ul>
Slum/Blight	Spot Basis (SBS)	Activity that eliminates specific conditions of blight or physical decay on a spot basis not located in a slum or blighted area	<ul style="list-style-type: none"> <li>* Only acquisition, clearance, relocation, historic preservation and building rehabilitation activities qualify for this national objective</li> <li>* Rehabilitation is limited to the extent necessary to eliminate a specific condition detrimental to public health and safety</li> </ul>	<ul style="list-style-type: none"> <li>* elimination of faulty wiring, or other similar conditions that are detrimental to all potential occupants</li> <li>* demolition of vacant, deteriorating building</li> </ul>
Urgent Need	(URG)	Activity that alleviates emergency conditions	<ul style="list-style-type: none"> <li>* The existing conditions pose a serious and immediate threat to the health and welfare of the community; and</li> <li>* Existing conditions are of recent origin or recently become urgent; and</li> <li>* Recipient is unable to finance the activity on its own; and</li> <li>* Other sources of funding are not available</li> </ul>	<ul style="list-style-type: none"> <li>* City hit by hurricane within past few months does not have other resources to demolish severely damaged structures</li> </ul>

**Low/Moderate Income Benefit  
Worksheet A  
Area Basis (LMA)**

If you have determined that the proposed project will meet the national objective of benefit to low and moderate income (LMI) persons - area benefit (LMA), please fill out the following form and then attach it to Part F of your application.

1. **Estimated** Total Beneficiaries \_\_\_ *Count only by Persons*
2. **Estimated** Total LMI Beneficiaries \_\_\_ *Count only by Persons*
3. **Estimated** Race and Ethnicity Data: *Count by Persons in the service area* \*\*\* Even if you the area of service is designated as LMI by the 2000 Census or by survey, the following is required for Civil Rights reporting.

	<i>RACE</i>	<i>Ethnicity (Hispanic or Latino)</i>
Count for all estimated persons in the service area:		
a. Total White	_____	_____
b. Total Black or African American	_____	_____
c. Total Asian	_____	_____
d. Total American Indian or Alaska Native	_____	_____
e. Total Native Hawaiian or Other Pacific Islander	_____	_____
f. Total American Indian or Alaska Native and White	_____	_____
g. Total Asian & White	_____	_____
h. Total Black or African American & White	_____	_____
i. Total American Indian or Alaska Native & Black or African American	_____	_____
j. Other Multi-Racial	_____	_____
Total ( number of all by <u>Race</u> must be the same as #1 above)	_____	_____

4. Percent of LMI Beneficiaries to Total \_\_\_%
5. What is the area that will benefit?
6. Percent of LMI in area: \_\_\_%
7. **Estimated** Number of Female-Headed Households \_\_\_\_\_
8. **Estimated** Number of Disabled \_\_\_\_\_

9. **Using the 2000 Census, list** the Census tracts for the area(s) to be served. If the area includes entire Census tracts, *do not* list individual block groups within such tracts. If the service area contains less than the total Census tract, you must enter the block groups covered by the service area. Enter Census Tract information in the proper format. If you need additional assistance contact the MD State Department of Planning or go to the US Census Bureau: <http://factfinder.census.gov/servlet/BasicFactsServlet>

<b>Census Tracts</b>	<b>Block Groups</b>	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Describe the proposed accomplishments of the project:

**Low/Moderate Income Benefit  
Worksheet B  
Limited Clientele (LMC)**

If you have determined that the proposed project will meet the national objective of benefit to low and moderate income (LMI) persons - limited clientele (LMC), please fill out the following form and then attach it to Part F of your application.

1. If the project benefits a group *presumed* to be low and moderate income, please tell us what presumed group that is:
  
2. If the project is of such a *nature* and in such a *location* that it can be concluded that the clients are primarily low and moderate income, please explain why the nature and location demonstrate this:

3. **Estimated** Total Beneficiaries \_\_\_ *Count by Persons*

4. **Estimated** Race and Ethnicity Data: *Count by Persons*

	<b>RACE</b>	<b>Ethnicity (Hispanic or Latino)</b>
a. Total White	_____	_____
b. Total Black or African American	_____	_____
c. Total Asian	_____	_____
d. Total American Indian or Alaska Native	_____	_____
e. Total Native Hawaiian or Other Pacific Islander	_____	_____
f. Total American Indian or Alaska Native and White	_____	_____
g. Total Asian & White	_____	_____
h. Total Black or African American & White	_____	_____
i. Total American Indian or Alaska Native & Black or African American	_____	_____
j. Other Multi-Racial	_____	_____
<b>Total</b> ( number by <b>Race</b> must be the same as #3 above)	_____	_____

5. **Estimated** Number of Female-Headed Households \_\_\_\_\_

6. **Estimated** Number of Disabled \_\_\_\_\_

7. **Estimated** Income Data

a. Percentage of Low and Moderate Income Beneficiaries	_____
b. Total Low and Moderate Income Beneficiaries	_____
c. (earn 80% of area's median income)	_____
d. Total Low Income Beneficiaries	_____
e. (earn 50% of area's median income)	_____
f. Total Extremely Low Income Beneficiaries	_____
g. (earn 30% of area's median income)	_____

8. Describe the proposed accomplishments of the project: Use additional page as necessary:

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**Definition of Severely Disabled Adults**

Persons are considered severely disabled if they:

1. use a wheelchair or another special aid for 6 months or longer;
2. are unable to perform one or more functional activities (seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs and walking), need assistance with activities of daily living (getting around inside the home, getting in or out of bed or a chair, bathing, dressing, eating and toileting) or instrumental activities of daily living (going outside the home, keeping track of money or bills, preparing meals, doing light housework and using the telephone);
3. are prevented from working at a job or doing housework;
4. have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility or dementia or mental retardation; or
5. are under 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

**Low/Moderate Income Benefit  
Worksheet C  
Housing (LMH)**

If you have determined that the proposed project will meet the national objective of benefit to low and moderate income (LMI) by providing or improving permanent residential housing (LMH), please fill out the following form and then attach it to Part F of your application.

1. **Estimated #** \_\_\_\_\_ Units serving estimated total Beneficiaries  
Count both \_\_\_\_\_ Households \_\_\_\_\_ Persons

2. **Estimated Race and Ethnicity Data**  
**For Housing, count both Households and the Persons in the households**

	Households		People	
	Race	Ethnicity (Hispanic Or Latino)	Race	Ethnicity (Hispanic Or Latino)
f. Total White	_____	_____	_____	_____
g. Total Black or African American	_____	_____	_____	_____
h. Total Asian	_____	_____	_____	_____
i. Total American Indian or Alaska Native	_____	_____	_____	_____
j. Total Native Hawaiian or Other Pacific Islander	_____	_____	_____	_____
k. Total American Indian or Alaska Native & White	_____	_____	_____	_____
l. Total Asian & White	_____	_____	_____	_____
m. Total Black or African American & White	_____	_____	_____	_____
n. Total American Indian or Alaska Native & Black or African American	_____	_____	_____	_____
o. Total Other Multi-Racial	_____	_____	_____	_____
Total (number by <b>Race</b> should be same as #1 above)	_____	_____	_____	_____

3. **Estimated** Number of Female-Headed Households \_\_\_\_\_

4. **Estimated** Number of Disabled Persons \_\_\_\_\_

5. **Estimated** Income Data:

	Households	Persons
a. Percentage of Low and Moderate Income Beneficiaries	_____	_____
b. Total Low and Moderate Income Beneficiaries (earn 80% of area's median income)	_____	_____
c. Total Low Income Beneficiaries (earn 50% of area's median income)	_____	_____
d. Total Extremely Low Income Beneficiaries (earn 30% of area's median income)	_____	_____

4. If new construction, how many total units will be constructed? \_\_\_\_

5. Please tell us about the units (if any) *before* rehabilitation or renovation:

- a. Total units \_\_\_\_\_
- b. Total occupied units \_\_\_\_\_
- c. Total units occupied by low or moderate income people \_\_\_\_\_

6. Please tell us about the **expected completed** units:

- a. Total units \_\_\_\_\_
- b. Total occupied units \_\_\_\_\_
- c. Total units occupied by low or moderate income people \_\_\_\_\_

7. Total non-CDBG funds for project \_\_\_\_\_

8. Describe the proposed accomplishments of the project:

**Slum/Blight OR Urgent Need  
Worksheet D**

If you have determined that the proposed project will meet the national objective of the elimination of slum/blight (SMA or SMS) or meeting an urgent need (URG), please fill out the following form and then attach it to Part F of your application.

Check One:    \_\_\_ Slum and Blight – Area Basis  
                  \_\_\_ Slum and Blight – Spot Basis  
                  \_\_\_ Urgent Need

1.     Boundaries of blighted or urgent condition (This is NOT the Census tract/block group data required for an LMA)

2.     If the project addresses slum and blight on an area basis, does the area:

- Have an official designation of blight by local government?    No    Yes  
      If yes, what is the date of designation?
  
- Meet a definition of slum, blighted, deteriorated or deteriorated area under State or local law?    No    Yes
  
- Have a substantial percentage of deteriorated buildings?    No    Yes  
      What is the percentage - \_\_\_%

4.     Does the activity address one or more of the blighting conditions? How? (Identify each type of improvement located within the area and its condition at the time the area was designated slum/blight.)

5.     Describe the proposed accomplishments of the project:



**PART G**

**STAFFING AND GRANTS MANAGEMENT:** Applicants should provide clear information on whom at the local level is responsible for general administrative requirements of the CDBG program. In addition, identify the organization responsible for implementing the project (i.e. municipal or county department/office, subrecipient, private consultant). If they are the same for both, indicate "SAME" in section 2. If a salary or portion of a salary is paid with CDBG funds, indicate if it is to be paid with general administration (GA) or project administration (PA).

**1. Local government department/office responsible for general administration of the grant:**

POSITION	DUTIES	% OF TIME ON CDBG	\$ AMT. OF SALARY PAID BY CDBG
		%	\$
		%	\$
		%	\$
		%	\$

**2. Local government department/office, subrecipient, or private consultant responsible for implementation of the project activities:**

POSITION	DUTIES	% OF TIME ON CDBG	\$ AMT OF SALARY PAID BY CDBG
		%	\$
		%	\$
		%	\$
		%	\$
		%	\$

**PART H**

**PROJECT SCHEDULE:** Using the month of grant award as Month 1, list all project activities and the month number in which the activity is expected to begin and reach completion. (A CDBG grant agreement generally is for a 24-month implementation period so all activities to be paid for with CDBG funds must occur between months 1-24.) If an activity is completed prior to application or award, indicate the actual dates.

**EXAMPLE:** (Assume Anytown submitted a CDBG application on 5/16/08. CDBG funds are being requested for site acquisition and construction; local government is paying for design/A&E. If the project is approved, Anytown anticipates beginning land acquisition in the second month after *grant award*, design in Month 3, etc.)

<u>Activity</u>	<u>Begin</u>	<u>Completion</u>
Grant Award	July - Month 1	
Preliminary Engineering	Month 1	Month 2
Environmental Review	Month 1	Month 2
Site Acquisition	Month 2	Month 3
Design/A&E	Month 3	Month 5
Bid/Construction	Month 6	Month 20

NOTE: *Every CDBG Project must complete an Environmental Review*

<u>ACTIVITY</u>	<u>BEGIN</u>	<u>COMPLETION</u>	<u>Person Responsible</u>
GRANT AWARD	JULY - MONTH 1		
ENVIRONMENTAL REVIEW	MONTH 1	MONTH 2	

**PART I**

**DAVIS BACON:**

1. Do Davis-Bacon wage rates apply to the project?  Yes  No
2. If yes, do cost estimates reflect use of Davis-Bacon rates?  Yes  No
3. Use the space below to:
  - a. Discuss Davis-Bacon rates and their impact on the project; and
  - b. Explain how you calculated the rates into your cost estimates.

a.

b.

**PART J**

**ACQUISITION / RELOCATION:**

1. Has site control been secured?  **Yes**  **No** If yes, explain how:

2. Has an option been secured?  **Yes**  **No** If yes, explain how:

3. Estimated cost of **acquisition**:  
\$ \_\_\_\_\_

4. Sources of funds for **acquisition**:

5. Number of parcels to be acquired:  
Residential: \_\_\_\_\_  
Business: \_\_\_\_\_

6. Will **acquisition** be done with eminent domain if needed?  
 **Yes**  **No**

7. Is **acquisition** of easements required?  **Yes**  **No**  
  
If yes, did applicant include costs associated with the Uniform Act?  
 **Yes**  **No**

8. Has anyone been forced to move from the site within the three months prior to the initial application for funds?  **Yes**  **No**  **Unknown**  
  
If yes, explain:

9. Estimated cost of **relocation**:  
\$ \_\_\_\_\_

10. Sources of funds for **relocation**:

# Units in Property(ies)	Units Occupied at time of application		Number of Occupants to be Displaced	Occupants to Remain	
	Owner	Tenant		Total	#Temporarily Relocated
11. Residential					

13. Do the activities of this project trigger the one-for-one replacement housing requirements?  **Yes**  **No**  
  
If yes, discuss how you plan to meet these requirements.

**PART K**

**PROCUREMENT:**

1. Describe any major procurement anticipated to be undertaken with CDBG funds for this project.
2. Describe the method that will be utilized by the applicant in procuring the goods and services described above. (i.e., competitive sealed bids, competitive negotiation, etc.)

**PART L**

**PROGRAM INCOME:**

A Program Income Re-Use Plan will be required for all applications which anticipate the receipt of Program Income. Program Income is the gross income generated from the use of CDBG funds. The State must approve the Re-Use Plan which will outline the receipt and re-use of the Program Income. Please refer to the Project Evaluation Guide for specific information.

Previously approved Re-Use Plans will not be accepted.

1. Does the applicant expect to receive income from the project?

Y  N

2. If yes, provide Re-Use Plan as an attachment to this application.

**PART M**

**FAIR HOUSING/EQUAL OPPORTUNITY: Applicants certify that a grant will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) and that the jurisdiction will affirmatively further fair housing. Complete the following to show what steps have been taken by the jurisdiction in these areas.**

1. Does the jurisdiction have written employment and personnel policies and practices with equal opportunity guidelines?  Yes  No
2. Have any complaints of discrimination in employment been filed against the jurisdiction by employees or applicants for employment?  Yes  No
3. Has the jurisdiction adopted a fair housing ordinance?  Yes  No
4. Has the jurisdiction taken any actions to affirmatively further fair housing through activities such as land development, zoning, site selection policies or programming or needs assessment?  Yes  No

If yes, please describe:

5. What specific modifications of the jurisdiction's programs, policies and practices have been made or are being made to ensure compliance with Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794, which mandates that no qualified handicapped individual in the United States shall solely by reason of his/her handicap be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal funds. Examples of modifications include: availability of interpreters for deaf or access to a TDD phone, readers for the blind, in-home appointments and accessibility for mobility impaired.

Give Examples:

6. Does the jurisdiction have a Section "3" Plan? If yes, does it include a strategy for Promoting, training, and employment opportunities for lower income residents?

The applicant hereby assures and certifies that it:

1. is following the citizen participation requirements for the Community Development Block Grant (CDBG) Program at 24 CFR 570.486 and that it:
  - a) provides for and encourage citizen participation, particularly by low and moderate income persons who reside in slum or blighted areas and areas in which CDBG funds are proposed to be used;
  - b) ensures that citizens will be given reasonable and timely access to local meetings, information and records relating to the unit of general local government's proposed and actual use of funds;
  - c) furnishes citizens information including but not limited to:
    - the amount of CDBG funds expected to be made available for the current fiscal year (including the grant and anticipated program income);
    - the range of activities that may be undertaken with CDBG funds;
    - the estimated amount of the CDBG funds proposed to be used for activities that will meet the national objective of benefit to low and moderate income persons; and
    - the proposed CDBG activities likely to result in displacement and the unit of general local government's anti-displacement and relocation plans required under 24 CFR 42.325.
  - a) provides technical assistance to groups representative of persons of low and moderate income that request assistance in developing proposals in accordance with procedures developed by the State. Such assistance need not include providing funds to such groups;
  - b) provides for a minimum of two public hearings, each at a different stage of the program, for the purpose of obtaining citizen's views and responding to proposals and questions. Together the hearings must cover community development and housing needs, development of proposed activities and a review of program performance. Public hearings to cover community development and housing needs must be held before submission of an application to the State. There must be reasonable notice of the hearings and they must be held at times and locations convenient to potential or actual beneficiaries, with accommodations for the handicapped. Public hearings shall be conducted in a manner to meet the needs of non-English speaking residents where a significant number of non-English speaking residents can reasonably be expected to participate;
  - c) provides citizen's with reasonable advance notice of, and opportunity to comment on, proposed activities in an application to the State and, for grants already made, activities which are proposed to be added, deleted, or substantially changed from the unit of general local government's application to the State. Substantially changed means changes made in terms of purpose, scope, location or beneficiaries as defined by criteria established by the State;
  - d) provides citizens the address, phone number and times for submitting complaints and grievances, and provide timely written answers to written complaints and grievances, within 15 working days where practicable.
2. assures that all reasonable steps have been taken to minimize the displacement of persons as a result of CDBG assisted activities.
3. will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49CFR Part 24 and it has in effect and is following a residential anti-displacement and relocation assistance plan required under Section 104(d) of the Housing and Community Development Act of 1974, 42 U.S.C. § 5304(d), as amended, in connection with any activity assisted with funding under the CDBG Program.

4. will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108 loan guaranteed funds, by assessing any amount against properties owned and occupied by persons of low- and moderate-income, including any fee charged or assessment made as a condition of obtaining access to such public improvements. However, if CDBG funds are used to pay the proportion of a fee or assessment attributable to the capital costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than with CDBG funds. In addition, with respect to properties owned and occupied by moderate-income (but not low-income) families, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds if the State certifies that it lacks CDBG funds to cover the assessment.
5. will conduct and administer in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the Fair Housing Act (42 U.S.C. 3601-3619) and implementing regulations and agrees to take action to affirmatively further fair housing.
6. has adopted and is enforcing:
  - a) a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
  - b) a policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location that is the subject of such non-violent civil rights demonstrations within its jurisdiction.
7. will certify, to the best of the certifying official's knowledge and belief, that:
  - a) no Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
  - b) if any funds other than Federal funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress with this Federal contract, grant, loan or cooperative agreement, it will complete and submit Standard Form- LLL, Disclosure Form to Report lobbying in accordance with its instructions; and
  - c) it will require that the language of paragraphs (a) and (b) of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
8. will comply with the provisions of Title I of the Housing and Community Development Act of 1974, 42 U.S.C. § 5301 et seq., as amended, and with other applicable State and Federal laws;

I declare that I am duly authorized to make these certifications on behalf of the applicant and certify that the above actions have or will be taken.

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Typed Name and Title of Chief Elected Official

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Signature

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Date