Authority to Participate

RESOLUTION NUMBER

	olicitation of the Community Development Block Grant Program
	wishes to provide a (Project)
	for use in the community; and
	for a grant in the amount of \$ from th Community, and Economic Development CDBG program;
NOW, THEREFORE, BE IT RESOLVED TH of is hereb required for granting and managing func	AT the (usually Mayor) of the Ci y authorized to negotiate and execute any and all documen is on behalf of this organization.
	is also authorized to execute subsequents to provide for adjustments to the project within the scope of the project.
services of tasks, based upon the needs	
	on
PASSED AND APPROVED BY THE, 20, 20, 20,	on
PASSED AND APPROVED BY THE, 20, 20,	on
PASSED AND APPROVED BY THE, 20, 20, 20, 20, By:	on
PASSED AND APPROVED BY THE, 20, 20 IN WITNESS THERETO: By:	on Attest: on Title Attest:
PASSED AND APPROVED BY THE, 20	on Attest: Signature Title

Section 1: LMI Area-Wide Benefit

Complete Section 1 if you think your project meets the definition of an **Area-Wide Benefit** as defined on Pages 19 - 20 of the CDBG Handbook.

- 4. What is your community LMI %

to Part 1 of Appendix B?

5. If you answered <u>YES</u> to question #2 above, but <u>NO</u> to question #3 above, you will need to contact DCCED for information on conducting a survey to show that the income figures provided by census data in Part 1 of Appendix B are no longer valid and that your community is in fact at least 51% LMI.

6.	Do the figures in Part 1 of Appendix B indicate that you must conduct a survey?	Yes	No
7.	Have you contacted DCCED for survey methodology and followed those instructions in conducting your survey?	Yes	No
8.	Did you include the survey that was completed prior to submission of your application?	Yes	No
9.	Did the survey results indicate that the residents of the entire community are at least 51% LMI as defined by census data income guidelines in Part 2 of Appendix B.	Yes	No

★ If you answered <u>YES</u> to questions #6, #7, #8, and #9, your project meets the criteria for providing an Area-Wide Benefit to at least 51% LMI residents. STOP HERE.

[★] If you answered <u>YES</u> to both questions #2 and #3, your project meets the criteria for providing an Area-Wide Benefit to LMI residents. STOP HERE.

10. If you answered <u>NO</u> to question #2, you will need to identify the specific area within your community which will be served by this project. Prior to submission of an application contact DCCED for information on conducting a survey to show that the residents of that area are at least 51% LMI defined by census data.

Specific area within the community to be served:

11.	After identifying the specific area within your community to be served by the project, have you contacted DCCED for survey methodology and followed those instructions in conducting your survey?	Yes	No
12.	Did you include the survey that was completed prior to submission of your application?	Yes	No
13.	Did the survey results indicate that the residents of the area to be served are at least 51% LMI as defined by census data guidelines in Part 2 of Appendix B?	Yes	No

★ If you identified the specific area to be served in question #10 and answered <u>YES</u> to questions #11, #12 and #13, your project meets the criteria for an Area-Wide Benefit to at least 51% LMI persons. STOP HERE.

Section 2: LMI Limited Clientele

Complete Section 2 if you think your project meets the criteria for Limited Clientele as defined on Page 20 of the CDBG Handbook.

1. Will your project benefit one of the specific groups of people listed below? Yes No

If yes, please check the group to be served by this project:

Abused Children	Severely disabled adults
Elderly Persons	Illiterate adults
Battered Spouses	Migrant Farm Workers
Homeless Persons	Persons living with the disease AIDS

- ★ If you answered <u>YES</u> to question #1 and checked the appropriated group, your project meets the Limited Clientele criteria for serving 51% LMI persons. STOP HERE.
- 2. If you answered <u>NO</u> to question #1, you will need to identify the specific group of people your project will serve and provide information to show that at least 51% of those persons have income at or below the income figures listed in Part 2 of Appendix B.

Specific group within the community to be served:

3.	Have you provided family size and financial information which shows that at	Yes	No
	least 51% of the persons who make up the group identified in question #2		
	above have income at or below that shown in the income tables in Part 2 of		
	Appendix B?		

- 4. Have you included family size and income information with your Yes No application?
- ★ If you identified a specific group to be served in question #2 above and answered <u>YES</u> to questions #3 and #4, your project meets the Limited Clientele criteria for serving at least 51% LMI persons. STOP HERE.

Section 2: LMI Limited Clientele

Page Two

5.	Does your project impose income eligibility requirements, which limit the activity exclusively to LMI persons as defined by census data in Part 2 of Appendix B?	Yes	No
6.	Is your project of such a nature and location that it may be concluded that the activity's clientele will primarily be LMI persons as defined by census data in Part 2 of Appendix B?	Yes	No
7.	Does your project fall under one of the categories listed below?	Yes	No
	If yes, please check the appropriate category:		
	Construction of a Senior Center		
	Construction of job training facilities for severely disabled adults		
8.	Does your project include special projects directed to removal of material and architectural barriers which restrict the mobility and accessibility of elderly or handicapped persons to publicly owned and privately owned non-residential buildings, facilities, and improvements, and common areas of residential structures containing more than one dwelling unit?	Yes	No

★ If you answered <u>YES</u> to ANY of the questions asked in #5, #6, #7 OR #8, your project meets the Limited Clientele criteria for serving at least 51% LMI persons. STOP HERE.

Statement of Assurances and Certifications

The local government certifies to the State that:

- 1. It will minimize displacement of persons as a result of activities assisted with CDBG funds;
- 2. Its program will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964 and the Fair Housing Act, and it will affirmatively further fair housing;
- 3. It will fulfill the citizen participation requirements of the plan provided by DCCED;
- 4. It will not attempt to recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing any amount against properties owned and occupied by persons of LMI, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless:
 - a. CDBG funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than under this subpart; or
 - b. For the purpose of assessing any amount against properties owned and occupied by persons of moderate income, the unit of local government certified to the State in a manner acceptable to the State, that it lacks sufficient CDBG funds to comply with the requirements of paragraph 4.a. of this section;
- 5. It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as required under 570.496a(b) and Federal implementing regulations at 49 CFR Part 24; the requirements in 570.496a(c) governing the residential antidisplacement and relocation assistance plan and the relocation requirements of 570.496a(d) governing optional relocation assistance under section 105(a)(11) of the Act.
- 6. It will comply with Section 104(d) of the Housing & Community Development Act of 1974, as amended, including a certification that it has passed, made public, and is following a residential anti-displacement and relocation assistance plan.
- 7. It has adopted and is enforcing a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations and has adopted and is enforcing a policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such nonviolent civil rights demonstration within its jurisdiction.
- 8. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions Appendix B to 24 CFR Part 24:
 - a. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
 - b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.
- 9. Assurance and Certification:

The governing body has read and understands the foregoing and duly adopts or passes as an official act, a resolution, motion, or similar action authorizing the submission of this application, including all understandings, assurances and certifications contained herein, and directing and authorizing the signatory to act in connection with the application and to provide such additional information as may be required.

Signature, Chief Elected Official (or Executive Officer)

Printed Name of Official

Title of Official

COOPERATIVE AGREEMENT

CITY/BOROUGH RESOLUTION NUMBER _____

eement by and between a
EAS, (has/have) identified need in
unity(ies) to expand economic opportunities; and
EAS, (municipal entity) contemplates submitting on beha
nunicipal entity) an application for CDBG funds from
ment of Commerce, Community, and Economic Development (DCCED) for the purpose of meeting such ne
EAS, and det
e required to, enter into a written cooperative agreement with each other to participate in such CDBG progr
EAS,andandand thatand thatand thatand will have the ultin
tand that will act as the applicant and will have the ultin
sibility to assume all obligations under terms of the grant including assuring compliance with all applicable l
program regulations and performance of all work in accordance with the contract. Furt will be the contact person for this project; and
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
brogram regulations and performance of all work in accordance with the contract. Furt will be the contact person for this project; and EAS, it is understood that and DCCED have access cicipants' grant records and authority to monitor all activities.
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt
program regulations and performance of all work in accordance with the contract. Furt

Applicant/Recipient Information	Indica	te whether this is	an Initial Report [or an Update Report
1. Applicant/Recipient Name, Address, and Phone (include area co	ode):			2. Social Security Number or Employer ID Number:
3. HUD Program Name				4. Amount of HUD Assistance
Community Development Block Grant				Requested/Received
5. State the name and location (street address, City and State) of the	ne project or activity:			
 Are you applying for assistance for a specific project or activity not include formula grants, such as public housing operating sub block grants. (For further information see 24 CFR Sec. 4.3). Yes No 	osidy or <u>CDBG</u> of in	the Department (H	IUD) , involving the 0 during this fiscal y	eccive assistance within the jurisdiction project or activity in this application /ear (Oct. 1 - Sep. 30)? For further
If you answered " No " to either question 1 or 2, Stop ! <i>However</i> , you must sign the certification at the end of		complete the r	emainder of this	s form.
Part II Other Government Assistance Provid Such assistance includes, but is not limited to, any grant, loa	=	-		
Department/State/Local Agency Name and Address	Type of Assistance		equested/Provided	Expected Uses of the Funds
(Note: Use Additional pages if necessary.)				
 (Note: Use Additional pages if necessary.) Part III Interested Parties. You must disclose: 1. All developers, contractors, or consultants involved in the applic and 2. any other person who has a financial interest in the project or ac (whichever is lower). 				

(Note: Use Additional pages if necessary.)

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature:	
------------	--

Date: (mm/dd/yyyy)

Form HUD-2880 (3/13)

ADA Certification

(Grantee, Applicant, Contractor) Notice

By signature on this form, the (Grantee, Applicant, Contractor) certifies that they will comply with regulations, policies, guidelines and requirements as they relate to the application, acceptance and use of state funds for this state capital project. Also the (Grantee, Applicant, Contractor) assures and certifies:

- 1. When applicable it will comply with the Americans with Disabilities Act of 1990 (P.L. 101-336), Title I "Employment." In accordance with Title I of that Act, no covered entity shall discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, compensation, job training, and other terms, conditions, and privileges of employment.
- 2. When applicable it will comply with the Americans with Disabilities Act of 1990 (P.L. 101-336), Title II "Public Services." In accordance with Title II of the Act, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.
- 3. When applicable it will comply with the Americans with Disabilities Act of 1990 (P.L. 101-336), Title II, Part 35, Section 35.151 "New Construction and Alterations," which provides as follows:
 - (a) <u>Design and Construction</u>: Each facility or part of a facility constructed by, on behalf of, or for the use of a public entity shall be designed and constructed in such manner that the facility or part of the facility is readily accessible to and usable by individuals with disabilities, if the construction was commenced after January 26, 1992.
 - (b) <u>Alteration</u>: Each facility or part of a facility altered by, on behalf of, or for the use of a public entity in a manner that affects or could affect the usability of the facility or part of the facility shall, to the maximum extent feasible, be altered in such a manner that the altered portion of the facility is readily accessible to and usable by individuals with disabilities, if the alteration was commenced after January 26, 1992.
 - (c) <u>Accessibility Standards</u>: Design, construction, or alteration of facilities in conformance with the Uniform Federal Accessibility Standards (UFAS) (Appendix A to 41 CFR Part 101-19.6) or with the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG) (Appendix A to 28 CFR Part 36) shall be deemed to comply with the requirements of this section with respect to those facilities, except that the elevator exemption contained at section 5.1.3(5) and section 4.1.5(j) of ADAAG shall not apply.
- 4. When applicable it will comply with the Americans with Disabilities Act of 1990 (P.L. 101-336), Title III, Part 36, Section 36.401 "New Construction." Except as provided in paragraphs (b) and (c) of the Act, discrimination for purposes of this part includes a failure to design and construct facilities for first occupancy after January 26, 1992 that are readily accessible to and usable by individuals with disabilities.
- 5. When applicable it will comply with the Americans with Disabilities Act of 1990 (P.L. 101-336), Title III, Part 36, Section 36.402 "Alterations," which provides as follows:
 - (a) <u>General</u>: Any alteration to a place of public accommodation or a commercial facility, after January 26, 1992, shall be made so as to ensure that, to the maximum extent feasible, the altered portions of the facility are readily accessible to and usable by individuals with disabilities, including individuals who use wheelchairs.
 - (b) <u>Alteration</u>: An alteration is a change to a place of public accommodation or a commercial facility that affects or could affect the usability of the building or facility or any part thereof.

2024 CDBG Application Appendix Second Solicitation	Page 37	Appendix I – ADA Certification
Signature:		Date
Printed Name and Title of Authorized Representative:		
Name of Applicant:		