



New York State Housing Trust Fund Corporation  
Office of Community Renewal

***Community Development Block Grant Program  
2013 Housing Application Forms and Instructions***

**Andrew M. Cuomo, Governor**  
Darryl C. Towns, Commissioner/CEO  
Matthew L. Nelson, President

NYS Homes and Community Renewal  
Office of Community Renewal  
Hampton Plaza  
38-40 State Street  
Albany, NY 12207  
[www.nyshcr.org](http://www.nyshcr.org)

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## I. APPLICATION INSTRUCTIONS

### A. Submission Instructions

Applicants wishing to be considered for funding must submit an original and one copy of an application by the deadline. **Applications must be postmarked no later than December 20, 2013 or delivered to OCR's office no later than 5:00 p.m. on December 20, 2013.** This deadline is firm and any applications received after 4:00 p.m. on, or postmarked after December 20, 2013 will be deemed ineligible. Please note additional information which would enhance competitiveness will not be accepted after the application deadline.

Applications must be received at: **NYS Homes and Community Renewal  
Office of Community Renewal  
Hampton Plaza  
38-40 State Street, 4<sup>th</sup> Floor  
Albany, NY 12207**

Applicants are strongly advised to thoroughly read the application and the application guidance, review the requirements of the NYS CDBG program, and observe all of the application requirements. Applicants seeking consideration for funding must comply with **all** requests for information including completion of all required forms, providing descriptions, narratives and exhibits. **All parts of the application and required exhibits must be completed in full for the application to be successfully evaluated. Required information that is not provided in the application will have a negative impact on the evaluation of the application.** It is the Applicant's responsibility to provide OCR with an application that is clear, concise, well-organized and that provides all of the information requested. Applications should be submitted accordingly:

- An **original** and **one copy** of the application.
- The copy bound in an appropriate sized 3-ring binder and the original application bound by rubber band.
- The name of the applicant identified on the front cover of both copies and the binding of the bound copy of the application.
- Each application must include a Table of Contents that identifies each section, form, and exhibit of the application and corresponding page numbers. **Applicants should organize their application according to the Submission Checklist on page 2.**
- **Each section, form, and exhibit of the application must be clearly identified and tabbed as identified in the Table of Contents.**
- All pages including the exhibits must be numbered in sequence at the bottom of each page.
- All materials that contain information that can specifically identify a household and/or person must be located in a section of the application labeled "**Confidential Information**" (e.g. income surveys, maps, documents containing names and/or addresses, photographs).

## B. Submission Checklist

Applicants should use the Submission Checklist below when putting their application together (content and order). **This list is not all inclusive;** therefore Applicants may need to include additional materials in their application.

### Forms\*:

- 1 - Applicant Program Information
- 2 - Community Development Proposal
- 3A-4A - Activity Specific Proposal
- 3B-4B - Activity Detail for each activity proposed
- 5 - Project Budget
- 5A - Other Funding Sources
- 6 - Bonus Points
- 7 - Grant/Loan Portfolio
- 8 - CDBG Program Income Summary
- 9 - Applicant Disclosure Report
- 10 - Certifications

### Exhibits:

- Public Hearing Notices
- Evidence of National Objective Compliance
- Sample Housing Conditions Survey Instrument
- Summary of Housing Conditions Survey
- Sample of Housing Conditions Surveys
- Maps (as required)
- Lead-Based Paint Plan
- Confidential Materials (Materials that identify a specific person, household or address. For example, surveys, applications, photographs and etc.)
- Commitment Letters or letters of application
- Fair Housing Supporting Documentation
- A cooperation agreement and a resolution authorizing an Applicant to submit an application on behalf of a unit of local government
- A cooperation agreement and a resolution authorizing a joint application and one of the units of local government as the primary applicant
- Letters of Support

The forms presented in this application kit are for reference only. The actual forms, with sections to be completed, are available in fillable form on the DHCR website at <http://nysdhcr.gov/2013 Housing Application Forms/NYS-CDBG/>.

## FORM 1 – APPLICANT/PROGRAM INFORMATION

1 – 5. **Applicant Information, Applicant Contact Person, Application Preparer, Grant Administrator and Applicant Political District Information.** Enter as requested. Applicants submitting applications on behalf of a unit of local government must include, as an exhibit, a resolution by the local government authorizing the Applicant to submit an application on behalf of the unit of local government.

DUNS numbers are required for all municipalities. A DUNS number can be obtained from [www.dnb.com](http://www.dnb.com) or by calling 1-800-234-3867.

6. **Type of Activity.** Check the box that identifies the type of activity(ies) for which funds are being requested.
7. **Program Information.** Enter the name of the program or activity for identification purposes (e.g. Hamlet of Gifford Hollow Housing Rehabilitation Project) and the location of the program (e.g. address, target area boundaries). Check the appropriate box to identify whether the project is a specific address, community-wide or in a target area. Enter the Census Tract and Block Group Number(s) benefiting from the project. If the entire Census tract is benefiting, enter only the Census tract number.
8. **Citizen Participation.** Select the box indicating that a copy of the public hearing notice(s) are attached and indicate the exhibit location.

## FORM 2 – COMMUNITY DEVELOPMENT PROPOSAL

Each applicant must submit a community development proposal in its entirety.

## FORM 3A-4A – ACTIVITY SPECIFIC PROPOSALS

Each applicant must submit a proposal form for **each** activity being proposed. Forms that are not applicable to your project should not be submitted.

## FORM 3B-4B – ACTIVITY DETAIL

Each applicant must submit an Activity Detail Form for **each** activity proposed. Forms that are not applicable to your project should not be submitted.

## FORM 5 – PROJECT BUDGET

**Applicant Name.** Enter the name of the applicant.

**List of Activities.** Enter descriptive **names** for each of the proposed activities. **Do not provide a detailed description of the activity in this section, only the name of the activity.** The activity number and name of the activities should be used consistently throughout the application when referencing an activity. **Single-unit and multi-unit (2 or more units in a building) housing activities are two separate activities and must be listed as such.**

**Program Delivery.** For **each** activity listed, enter the program delivery costs associated with that activity. Program delivery, grant administration and engineering (design) costs **cannot exceed 18%** of the total CDBG grant award requested. Refer to Appendix C, Grant Administration and Program Delivery Costs for guidance.

**National Objective Code.** For each activity, enter the National Objective Code that corresponds with the National Objective being claimed for that activity. **Each activity must meet a National Objective. Only one National Objective can be selected for each activity.** Refer to the chart below and the Federal regulation set forth at 24 CFR 570.08 for guidance on the appropriate National Objective codes and beneficiaries type.

Each activity proposed **must satisfy the requirements of the National Objective selected and evidence of compliance must be submitted** with the application as an exhibit, as requested in the Additional Requirements Section A, National Objective Compliance. **If satisfactory evidence of compliance with a National Objective is not provided, the proposed activity will be considered ineligible and will not be considered for funding.**

PROJECT TYPE	NATIONAL OBJECTIVE CODES AND BENEFICIARIES			
	LOW- AND MODERATE-INCOME	URGENT NEED	SLUMS AND BLIGHT	
	LMH	URG	SBA	SBS
Housing Rehabilitation And Residential Water and Wastewater	Housing Units	Housing Units	Housing Units	Housing Units
Homeownership Assistance	Households			
<p><b>LMH – Low/Mod Housing direct benefit:</b> activities that are carried out for the purpose of providing or improving permanent residential structures, which will be occupied by low/mod income households. 24 CFR 570.208(a)(3)</p> <p><b>URG – Urgent Need:</b> activities that are carried out for the purpose of addressing an immediate threat to health, safety or welfare of the beneficiary and is of recent origin. 24 CFR 570.483(d). <b>Note:</b> This should only be selected for activities that are being proposed to address non-LMI housing needs within the designated disaster areas impacted by Hurricane Irene and Tropical Storm Lee. A separate activity for those units meeting the LMH National Objective should be identified.</p> <p><b>SBA – Slum/Blight Area benefit:</b> activities that address prevention or elimination of slums or blight in a designated area. 24 CFR 570.208(b)(3)</p> <p><b>SBS – Slum/Blight Spot basis:</b> site-specific activities that address conditions of blight or physical decay. 24 CFR 570.208(b)(2)</p>				

**CDBG Funds Requested.** Enter the amount of NYS CDBG funds being requested for each activity listed.

**Other Funding Sources.** If there are other funding sources financing the proposed activities, complete Form 7A before proceeding with the completion of this form. For each of the other funding sources listed on Form 7A, enter the number associated with the funding source (the number to the left of the name of the funding source on Form 7A) and the amount of funding allocated from that source for the proposed activity.

**Total of Other Sources.** For each activity, the amount of other funding sources allocated to the activity.

**All Sources Total.** For each activity, the total of all funding sources (the amount of CDBG requested and the total of other sources).

**Total Amount for Engineering.** Enter total cost of engineering services for the project.

**Grant Administration.** Enter the amount of administration and program delivery funds allocated to the project from the State CDBG funds requested and the total of other funding sources. Program delivery, grant administration and engineering costs **may not exceed 18%** of the total CDBG grant amount. **Refer to Appendix C of the CDBG Application Guidance document for a list of eligible costs.**

**Total Amount of Program Delivery (1A – 5A).** Total amount of the funding allocated for program delivery.

**Total Amount of Funding.** Total of all funding sources.

**% of Total Project Cost.** Calculate and enter the percentage of each source of funding representing the total project cost.

## FORM 5A – OTHER FUNDING SOURCES

**Applicant Name.** Enter the name of the applicant.

**Name of Funding Source.** List the name of the other funding sources including the name of the entity and program providing the funding (e.g. HCR/OCR – HOME, HCR – Weatherization, HCR/OCR-NYMS, HCR/OCR – AHC)

**Amount of Funding.** Enter the amount of funding allocated for the proposed activity.

**Source of Funding.** Identify the source of funding code (Federal, State, private, local or other) by entering the corresponding source code, which is located at the bottom of the form.

**Type of Funding.** Identify the type of funding code (loan, grant, tax credits, equity, private contribution, or program income) by entering the appropriate funding code located at the bottom of the form.

**Interest Rate and Term.** Enter the interest rate and loan term of the funding.

**Funding Status.** Identify the status of the funding (committed or application is submitted and notification is pending) by entering the appropriate funding status code located at the bottom of the form.

**Date Available or Decision Date.** Enter the anticipated date funding will be available for the proposed project or a decision will be made on an application for funding.

**Provide a description of the proposed budget in the section provided on Form 5A.** Applicants must attach, as an exhibit, letters of application or commitment from each funding source excluding NYS Homes and Community Renewal funding sources.

While OCR encourages the co-funding of projects with other Federal and State funding agencies including HCR programs, OCR does not guarantee funding nor will funds from one source simply be used to replace funds from another. All financial resources must be available and committed at the time of award.

## FORM 6 – FAIR HOUSING POINTS

Applicants may claim up to 5 points for their efforts to affirmatively further Fair Housing within their community. Applicants claiming bonus points must complete Form 6 and submit the required supporting documentation.

Applicants claiming Fair Housing points must submit a copy of a formally adopted Fair Housing Plan and evidence such as a municipal resolution must also be submitted that demonstrates that the plan was formally adopted at least 12 months prior to submittal of the application and has been regularly updated. Applicants requesting the points must include a detailed description of their Fair Housing Activities that are clearly in support of their adopted Fair Housing Plan and affirmatively support and promote Fair Housing throughout their municipality. Up to 5 points will be awarded to Applicants who can clearly demonstrate that they have undertaken activities in support of their updated plan and that those activities affirmatively further fair housing.

## FORM 7 – COMMUNITY DEVELOPMENT GRANT/LOAN PORTFOLIO SUMMARY

Applicants must report all open community development projects grants or loans being administered by and for the Applicant. The grants and loans reported cannot be limited to monies related to the proposed project. Complete the following for each open grant or loan:

**Applicant Name.** Enter the name of the applicant.

**Funding Agency.** Enter the name of the funding agency (e.g. HCR, EFC, RD).

**Name of Funding Source.** Enter the name of the funding source (e.g. HOME, AHC, DWSRF).

**Source Type.** Indicate whether or not the source is State, Federal or Local.

**Type of Activity Funded.** Provide the type of activity funded (e.g. housing rehabilitation).

**Award Amount.** Enter the total amount of the award.

**Balance.** Enter the remaining balance of the award.

**Contract.**

*Effective Date:* Enter the effective date of the grant or loan agreement with the funding agency.

*Term:* Enter the term of the grant or loan agreement.

**Name of Local Administrator/Administering Agent.** Enter the name of the person or organization responsible for administering the funding.

## FORM 8 – CDBG PROGRAM INCOME SUMMARY

Each Applicant with program income (income generated from CDBG funded projects that in total exceeds \$35,000 in one program year) from either HUD Administered or New York State Administered CDBG grants must provide a summary of the program income on hand. Complete the following for each activity that generated program income:

**Applicant Name.** Enter the name of the Applicant.

**Source of Program Income.**

*Type of Activity:* Enter the type of activity generating program income (e.g. housing rehabilitation).

*Activity/Number:* Provide the HUD or OCR assigned activity or project number.

*Source Code:* Identify whether the program income was generated by HUD (F) funding or OCR (S) funding.

**Eligible Use of Program Income.** Describe the approved use(s) for the program income.

**Total Revenue Generated.** Enter the total amount of program income generated to date by the activity.

**Total Amount Re-loaned or Re-granted.** Enter the total amount that has been re-granted or re-loaned.

**Current Balance on Hand.** Provide the total amount of funding that is currently available.

**If a project is awarded NYS CDBG funds and it is determined that an Applicant has not reported program income and that income is available to be used toward the cost of the proposed project, the Applicant is at risk of termination of their grant agreement and the recapture of all disbursed NYS CDBG funds.**

## FORM 9 – APPLICANT/RECIPIENT DISCLOSURE/UPDATE REPORT

Section 102 of the Department of Housing and Urban Development Reform Act of 1989 (42 U.S.C. 3531, P.L. 101-235 approved 12-15-89) and HUD implementing regulations at 24 CFR Part 12 contain disclosure requirements for State CDBG Applicants and Recipients. Subpart C of 24 CFR Part 12 requires Applicants for state-administered CDBG funds to make a number of disclosures if they meet a dollar threshold for the receipt of certain covered assistance. All Applicants applying for NYS CDBG funds must complete Form 11, which requires all Applicants to submit a Disclosure Report with their application.

The following must make full Disclosure Reports:

1. Any Applicant applying for more than \$200,000 of NYS CDBG funds.
2. Any Applicant applying for less than \$200,000 of NYS CDBG funds, but has received or could receive other covered assistance which when added to the NYS CDBG funds exceeds \$200,000.

An applicant that is applying for NYS CDBG funds amounting to \$200,000 or less, and that will not be receiving other covered assistance, is not required to make full disclosures, but must partially complete and submit the Applicant/Recipient Disclosure/Update Report with its application.

### **Guidance Regarding Disclosures**

#### **A. Initial Reports**

Applicants that are required to submit full initial reports must disclose the following:

1. Other government assistance (Federal, State and/or local) that is to be used in conjunction with the NYS CDBG project.
2. The pecuniary interest of any developer, contractor, or consultant involved in the application for NYS CDBG assistance or in the planning, development, or implementation of the CDBG project.
3. The pecuniary interest of any other person in the project, which exceeds \$50,000 or ten percent, whichever is lower, of the NYS CDBG assistance applied for.
4. The sources of all funds to be used in the project (including those sources identified for Item 1 above) and the uses to which these funds are to be placed.

#### **B. Update Reports**

Subsequent to the submission of NYS CDBG applications, Applicants/Recipients that are required to submit full initial reports are required to submit updated Disclosure Reports when any of the following occur:

1. The Applicant/Recipient discovers that information was omitted from its initial report or last update report.
2. Additional persons or entities can be identified as interested parties. These are persons or entities that did not have a pecuniary interest when the initial or last update report was submitted, but who can now be identified as having a pecuniary interest that is required to be reported.
3. There is an increase in the amount of pecuniary interest of a person or entity identified in the last report, if this increased pecuniary interest is more than \$50,000 or 10%, whichever is lower, of the pecuniary interest for that person or entity listed in the initial or last update report.
4. There is a change in other government assistance from that which was provided in the last report. An updated report must be submitted if the total amount of other assistance reported in the initial or last update report has increased by \$250,000 or 10%, whichever is lower.

5. There is a change in the source and/or use of funds from that which was provided in the initial or last update report that exceeds the amount of all previously disclosed sources and/or uses of funds by \$250,000 or 10%, whichever is lower.

**Recipients must constantly monitor their projects to ensure that an updated Disclosure Report is submitted within 30 days of any change that meets one of the five criteria discussed above. Updated reports are required until the project is closed out.**

## FORM 10 – CERTIFICATIONS

Sign and date the Form.

## ADDITIONAL REQUIREMENTS

### A. National Objective Compliance

As an exhibit to the application, **Applicants must demonstrate compliance with a National Objective.** The following list outlines the acceptable documentation to be submitted for the two acceptable National Objectives:

#### **Benefit to Low- and Moderate-Income (LMI) Persons:**

Applicants must submit evidence that housing units to be assisted are occupied by low- and moderate-income persons or, in the case of multi-unit rehabilitation, that at least 51% of the units are occupied or will be occupied by low- and moderate-income persons.

#### **Urgent Community Development Needs:**

1. Evidence that the condition resulting in the need for the proposed activity is of recent origin or recently became urgent (e.g. a condition that developed, or became critical, within 18 months of application).
2. Describe the nature and immediacy of conditions which pose a serious threat to the health and or welfare of the community.
3. Explain why the Applicant is unable to finance the proposed activity on its own and why other resources are not available to fund the proposed activity.
4. Describe the population affected by the threat, the number of persons to benefit and the extent to which the threat will be eliminated.

#### **Prevention or Elimination of Slums and Blight:**

1. **Documentation officially designating areas of slums and blight, including the year of designation;**
2. A map of designated area;
3. Provide the number of structures in area and the total number of structures that are dilapidated;
5. Describe the conditions that lead to a determination of slums and blight;
1. Describe the Applicant's plan to eliminate the conditions that lead to a determination of slums and blight.

Additional information on National Objective Compliance can be found at

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/library/stateguide](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide).

### B. Surveys

The Primary Objective of the NYS CDBG program is to benefit LMI persons. This objective requires that at least 70 % of New York State's CDBG funds be allocated to activities which meet the National Objective of benefitting LMI persons. For a direct benefit activity to qualify as benefitting LMI persons, the household income of the beneficiary must not exceed 80% of the area median income. LMI benefit must be calculated, presented and supported in the application. To demonstrate compliance with the LMI National Objective, applicants must support their claim through housing conditions and income survey data.

## 1. Housing Conditions Surveys for Housing Rehabilitation Projects

In order to determine the condition of the housing in the project area proposed for rehabilitation, Applicants must conduct a housing conditions survey. Typically, persons skilled as Rehabilitation Specialists conduct the housing condition survey. Familiarity with building codes, Housing Quality Standards and housing construction are required to assess the condition of a house to determine the level of substandardness. Applicants must substantiate the level of substandardness for housing being considered for funding using the definitions of housing conditions located in Appendix G, Determination of Substandard.

Applicants must include, as an exhibit in the application, a map identifying the area surveyed, the houses that are of substandard or dilapidated condition, and a summary of the overall results of the survey including, but not limited to:

- a. The number of units in the project area;
- b. The number of units surveyed;
- c. The number of units surveyed that are rental or owner occupied;
- d. The number of units that meet the conditions: standard, severely substandard, moderately substandard, and dilapidated;
- e. The number of units surveyed that are occupied by LMI persons for each housing condition;
- f. The number of vacant units for each housing condition;
- g. Other blighting conditions within the project area; and
- h. A representative sample of the housing surveyed including details of the condition of the housing unit(s) (e.g. leaking roof, exposed wiring, foundation cracked).

## 2. Racial/Ethnic Composition Data

HUD requires racial/ethnic composition data be collected for all beneficiaries of the NYS CDBG Program for input into HUD's Integrated Disbursement Information System. This data is reported to HUD in the State's Annual Performance Report. Even though racial/ethnic data is not required as part of this application, it is required for completion of the Recipient Annual Performance Report, Form 3-1, which must be completed by every NYS CDBG Recipient annually. Applicants may choose to collect the racial/ethnic composition data from potential program participants during the survey and application intake stages. The following chart represents the racial and ethnic categories designated by HUD and how they should be reported.

<b>Racial/Ethnic Composition</b>		
<b>Racial Categories (HUD Designated)</b>	<b>Racial Group</b>	<b>**Hispanic</b>
	<b>Total # Of</b>	<b>Total # Of</b>
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native And White		
Asian And White		
Black/African American And White		
American Indian/Alaskan Native & Black/African American		
Other Multi-Racial		
Totals		

\*\* HUD has designated Hispanic as an ethnic group, which is applicable to all races. A household or person may be identified as both a member of a racial group and an ethnic group.

**II. APPLICATION FORMS**

(FILLABLE FORMS ARE LOCATED AT [HTTP://NYS DHCR.GOV/PROGRAMS/NYS-CDBG](http://nysdhcr.gov/programs/nys-cdbg))

**OFFICE OF COMMUNITY RENEWAL  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
2013 APPLICATION**

**FORM 1 – APPLICANT/PROGRAM INFORMATION**

**1. APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Chief Elected Official Name: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Applicant:       County                       Town                       Village                       City

Federal Identification Number: \_\_\_\_\_ Fiscal Year- End Date: \_\_\_\_\_  
(Month/Day)

DUNS # \_\_\_\_\_

County Application on Behalf of \_\_\_\_\_  
Legal Name of Municipality

**2. APPLICANT CONTACT PERSON (IF NOT THE CHIEF ELECTED OFFICIAL)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. APPLICATION PREPARER (REQUIRED)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**4. GRANT ADMINISTRATOR**  Consultant\*\*  Subrecipient  Municipal Staff

\*\*Federal procurement requirements may be applicable, 24 CFR 85.36

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. APPLICANT POLITICAL DISTRICT INFORMATION**

United States:

House of Representatives: Member's Name: \_\_\_\_\_ District #: \_\_\_\_\_

Member's Name: \_\_\_\_\_ District #: \_\_\_\_\_

New York:

Assembly: Member's Name: \_\_\_\_\_ District #: \_\_\_\_\_

Member's Name: \_\_\_\_\_ District #: \_\_\_\_\_

Member's Name: \_\_\_\_\_ District #: \_\_\_\_\_

Senate: Member's Name: \_\_\_\_\_ District #: \_\_\_\_\_

Member's Name: \_\_\_\_\_ District #: \_\_\_\_\_

Member's Name: \_\_\_\_\_ District #: \_\_\_\_\_

**6. TYPE OF ACTIVITY (CHECK ALL THAT APPLY)**

**HOUSING:**  Housing Rehabilitation  Homeownership  Residential Water/Wastewater System Assistance

**7. PROGRAM/PROJECT INFORMATION**

Name of Program/Project: \_\_\_\_\_

Location: \_\_\_\_\_

Location Type:  Specific Address  Community-Wide  Target Area\*

\*  Target Area Map in Exhibit \_\_\_\_\_

**Required for all Location Types:**

Census Tract(s)/Block Group(s) of Location: \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_

**8. CITIZEN PARTICIPATION:**  Public hearing notice as published in the newspaper, Exhibit \_\_\_\_\_

## FORM 2 – COMMUNITY DEVELOPMENT PROPOSAL

*The proposal must be clear, concise and labeled accordingly. It must on letter sized paper in a 12 point font size and not exceed 10 pages.*

### A. Community Description

1. Provide a brief description of the current community in which the proposed activities will be undertaken, including a physical description of the area(s) (support with maps); the reasons for selecting the area(s); the relationship of the area(s) to the rest of the community and the proposed activity. Include any other pertinent information which may help to describe area(s) conditions as it relates to the activity being proposed.
2. Briefly describe the community's existing community development needs, challenges and priorities including the process used to determine the needs and to set the community development priorities.
3. Briefly describe the outcomes of the community needs assessment survey, comprehensive, strategic and/or community plans conducted to identify the needs and challenges of the community including the dates of the survey and plans and whether the plan(s) was adopted by the community. Include in the description, the status of the outcomes of the survey and plans and any efforts taken to implement the outcomes. **Do not submit the plan with your application.**

### B. Community Development Need Description

1. Describe the need(s) to be addressed by the proposed project. **The description must provide sufficient detail to clearly describe the need(s) to be addressed in terms of the nature, scope, location, current conditions** (quantifiable terms such as the condition of the housing, private water/wastewater systems, lack of homeownership opportunities) the extent of the problem **and past efforts to resolve the need(s) and any limitations on funding or other resources to address identified issues.**
2. Describe how the proposed project addresses an outcome(s) of the community needs assessment survey and/or plan(s) and explain why the proposed project is the best approach to addressing the need identified. If the proposed project does not address an outcome of the survey and/or plan briefly explain how it complements the plan and/or a long-range strategy.
3. Explain how the proposed project will support or complement other public (federal, state or local) programs or projects such as public infrastructure, works and facility; housing; economic development and main street revitalization, particularly those that benefit directly or indirectly LMI persons. Include as an exhibit any third party supporting documentation.

### C. General Project/Program Description

1. Provide a detailed description of each activity proposed including quantifiable information and any unique aspects of the proposal, the impact of the project to the community at large including the beneficiaries of the project. Examples of quantifiable information are the number of grants and loans to be issued and the terms and conditions, and, number, size and type of buildings/homes/laterals, etc.
2. Describe how the project will be implemented to ensure the goals and impact identified in the application. Where applicable, explain how the project reduces risks to the health, welfare or safety of the beneficiaries.
3. Describe the method used to determine the best approach and cost-effective method to address the need. List the sources and dates of third-party cost estimates including any special features that will result in an unusual or a costly design. Cost estimates must be no more than 18 months old and specific to the project being proposed.
4. Describe any efforts taken to secure alternative or additional funds from other public and private sources. Explain the positive impact of the NYS CDBG funds on the total cost of the project and to the beneficiaries of the project and why NYS CDBG funds are required to carry out the proposed activity.
5. Describe any compliance actions (regulatory such as historic and/or environmental requirements, design, approvals and permits) undertaken prior to submitting this proposal.
6. Provide a brief description of how the program will be administered including the roles of the individuals involved in the administration and delivery of the program.

## FORM 3A – HOUSING REHABILITATION PROPOSAL

*The proposal must be clear, concise and labeled accordingly. It must on letter-sized paper in a 12 point font size and not exceed 5 pages.*

1. Describe the eligibility requirements and selection process for applicants including the process for verifying participant eligibility, prioritizing eligible applicants, eligible properties and activities. Include any unique program design features or additional support provided to the applicants and/or beneficiaries that may improve the likelihood of success and long-term sustainability.
2. Indicate the amount and describe the form of subsidy to be provided (e.g. loans, grants, deferred loans, etc.) including the proposed maximum grant or loan to be provided and match requirements. Describe the regulatory terms and conditions, and the means of securing compliance during the regulatory term (e.g., lien).
3. Describe the outreach efforts conducted and the marketing plan to be implemented.
4. **For Housing Rehabilitation projects that include rehabilitation of rental units**, describe the method used to determine and sustain affordable rents.
5. Applicants proposing Housing Rehabilitation activities must demonstrate compliance with the Lead-Based Paint regulations by providing, a Lead-Based Paint Plan as an exhibit. Compliance with lead-based paint regulations is based on the activity and the specific level of assistance provided. Applicants need to familiarize themselves with the regulations and the resulting compliance measures. Compliance with lead-based paint will be analyzed during the review process. Only those applications demonstrating compliance with these regulations will be viewed favorably. Failure to address lead-based paint will be considered a major feasibility issue and will impact the competitiveness of the application.

All NYS CDBG funded housing rehabilitation projects must adhere to the Residential Lead-Based Paint Hazard Reduction Act of 1992, and which can be found at 24 CFR Part 35 and EPA Renovator, Repair and Painting rules at 40 CFR Part 745, as adopted by HUD. These regulations must be carefully followed to ensure that exposure to lead hazards is reduced in any residential property to be rehabilitated or purchased. The regulation can be found at [www.hud.gov/offices/lead/](http://www.hud.gov/offices/lead/).

HUD has created an Interpretive Guidance that can be used to address many of the questions that have arisen as a result of the implementation of these new regulations. The Interpretive Guidance can be found at [www.hud.gov/offices/lead/](http://www.hud.gov/offices/lead/).

Lead Based Paint Plan included in Exhibit \_\_\_\_\_

6. Applicants proposing housing rehabilitation activities must include sample photographs of the housing conditions to be addressed. To maintain client confidentiality, the photographs should be contained in a confidential information envelope if the photographs identify a particular address or beneficiary.

Sample photographs included in Exhibit \_\_\_\_\_

**FORM 3B – ACTIVITY DETAIL - HOUSING REHABILITATION AND RESIDENTIAL WATER AND WASTEWATER ACTIVITIES NATIONAL OBJECTIVE LMH**

**APPLICANT NAME:**

**ACTIVITY NAME:**

Complete a separate Form 3B for each activity proposed (Single Unit, Multi-Unit (2 Or More Units in a Building) Wells, Septic, Replacement of Mobile Homes).

<b>Housing Rehabilitation Activity: Number Of Households (HH)/Persons To Benefit From The Activity</b>						
<b>Median Income**</b>	<b>Severely Substandard*</b>		<b>Moderately Substandard*</b>		<b>Totals</b>	
	<b># Of</b>		<b># Of</b>		<b># Of</b>	
<b>Owner Occupied Units</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>
0-30% of HAMFI						
31-50% of HAMFI						
51-80% of HAMFI						
81% and Above						
Totals						
<b>Rental Units</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>
0-30% of HAMFI						
31-50% of HAMFI						
51-80% of HAMFI						
81% and Above						
No Income – Vacant Unit						
Totals						

<b>Housing Rehabilitation Activity: Estimated Cost Per Unit</b>				
<b>Unit Type</b>	<b>Severely Substandard*</b>		<b>Moderately Substandard*</b>	
	<b>Total # Of Units</b>	<b>Average Cost Per Unit</b>	<b>Total # Of Units</b>	<b>Average Cost Per Unit</b>
Owner Occupied		\$		\$
Renter Occupied		\$		\$
Vacant		\$		\$
Demolition		\$		\$
Totals				

For target area housing rehabilitation activities, provide the following income data for the entire target area (Must Provide the Total # Of Households/Persons in the Target Area):

<b>For Target Area Projects Only: Number Of Households (HH)/Persons In The Target Area</b>						
<b>Median Income**</b>	<b>Severely Substandard*</b>		<b>Moderately Substandard*</b>		<b>Totals</b>	
	<b># Of</b>		<b># Of</b>		<b># Of</b>	
<b>Owner-Occupied And Rental Units</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>	<b>HH</b>	<b>Persons</b>
0-30% of HAMFI						
31-50% of HAMFI						
51-80% of HAMFI						
81% and Above						
No Income – Vacant Unit						
Totals						

\* Refer To Appendix G for the Definition of Substandardness

\*\* HAMFI – HUD Adjusted Median Family Income

## FORM 4A – HOME OWNERSHIP PROPOSAL

*The proposal must be clear, concise and labeled accordingly. It must be on letter sized paper in a 12 point font size and not exceed 5 pages.*

1. Describe the eligibility requirements and selection process for applicants, including the process for verifying participant eligibility, prioritizing eligible applicants, eligible properties and activities. Include any unique program design features or additional support provided to the applicants and/or beneficiaries that may improve the likelihood of success and long-term affordability and sustainability.
2. Indicate the amount and describe the form of subsidy to be provided (e.g. loans, grants, deferred loans) including the maximum grant or loan to be provided and match requirements. Describe the regulatory terms and conditions, and the means of securing compliance during the regulatory term (e.g., lien).
3. Describe the outreach efforts conducted and the marketing plan to be implemented.
4. Describe the current real estate market, including the rental market and the availability of homes affordable to LMI households.
5. Applicants proposing Housing Rehabilitation activities must demonstrate compliance with the Lead-Based Paint regulations by providing a Lead-Based Paint Plan as an exhibit. Compliance with lead-based paint regulations is based on the activity and the specific level of assistance provided. Applicants need to familiarize themselves with the regulations and the resulting compliance measures. Compliance with lead-based paint will be analyzed during the review process. Only those applications demonstrating compliance with these regulations will be viewed favorably. Failure to address lead-based paint will be considered a major feasibility issue and will impact the competitiveness of the application.

All NYS CDBG funded housing rehabilitation projects must adhere to the Residential Lead-Based Paint Hazard Reduction Act of 1992, and which can be found at 24 CFR Part 35 and EPA Renovator, Repair and Painting rules at 40 CFR Part 745, as adopted by HUD. These regulations must be carefully followed to ensure that exposure to lead hazards is reduced in any residential property to be rehabilitated or purchased. The regulation can be found at [www.hud.gov/offices/lead/](http://www.hud.gov/offices/lead/).

HUD has created an Interpretive Guidance that can be used to address many of the questions that have arisen as a result of the implementation of these new regulations. The Interpretive Guidance can be found at [www.hud.gov/offices/lead/](http://www.hud.gov/offices/lead/).

Lead Based Paint Plan in Exhibit \_\_\_\_\_

**FORM 4B – ACTIVITY DETAIL – HOME OWNERSHIP NATIONAL OBJECTIVE LMH**

**APPLICANT NAME:**

**ACTIVITY NAME:**

**Homeownership: Number Of Households (HH)/Persons To Benefit From Activity**

Median Income**	Home Ownership		Counseling	Totals	
	# Of		# Of	# Of	
	HH	Persons	Persons	HH	Persons
0-30% of HAMFI					
31-50% of HAMFI					
51-80% of HAMFI					
81% and Above					
Totals					

\*\* HAMFI – HUD Adjusted Median Family Income

**Home Ownership: Real Estate Assessment Summary**

	Totals
# Of Persons On Waiting List and/or Demonstrated An Interest In Participating In The Program:	
Of The Homes Available For Sale To LMI Persons In Program Area:	
Number Available And Affordable To LMI:	
Number That Require Rehabilitation:	
Average Cost of Rehabilitation:	\$
Price Range of Homes:	\$

**FORM 5 – PROJECT BUDGET**

**APPLICANT NAME:**

LIST OF ACTIVITIES (List all proposed activities and list, as a separate activity, the Program Delivery associated with each proposed activity.)		National Objective Code *	CDBG \$ Requested	OTHER FUNDING SOURCES (must correspond to Form 5A)				TOTAL FUNDING	
				Source #___	Source #___	Source #___	Source #___	OTHER SOURCES	ALL SOURCES
1									
1A	Program Delivery								
2									
2A	Program Delivery								
3									
3A	Program Delivery								
4									
4A	Program Delivery								
5									
5A	Program Delivery								
6	Total Amount for Engineering								
7	Grant Administration								
8	Total Amount for Program Delivery (Total of 1A -5A)								
9	Total Amount of Funding								
10	Calculate and enter % of Total Project Cost		%	%	%	%	%	%	<b>100%</b>

If needed, use additional copies of this page. If additional pages are used, enter the total amount of program delivery, total amount of funding and total project cost on the last page.

\* Refer to the Eligible National Objectives and Beneficiaries Chart in the application instructions for the appropriate National Objective Codes.

**FORM 5A – OTHER FUNDING SOURCES**

**APPLICANT NAME:**

NAME OF FUNDING SOURCE	FUNDING						
	AMOUNT	SOURCE	TYPE	INTEREST RATE	TERM	STATUS	DATE AVAILABLE OR DECISION DATE
1							
2							
3							
4							
5							
6							

**Source of Funding Codes:** Federal (F), State (S), Private (P), Local (L), Other (O)

**Type of Funding Codes:** Loan (L), Grant (G), Tax Credits (TX), Equity (EQ), Private Contribution (PC), HUD Program Income (HPI), State Program Income (SPI).

**Funding Status Codes:** Committed (C), Application Submitted Notification Pending (AP)

**Provide a description of the proposed budget including a discussion of the cost estimates provided, an analysis of program delivery, administration and engineering fees, and all other sources of funding including their status.**

Commitment letters or letters of application are included in Exhibit \_\_\_\_\_

**FORM 6 – FAIR HOUSING POINTS**

**APPLICANT NAME**

**FAIR HOUSING**

**Claiming FH Points**       **Not Claiming FH Points**

Applicants may claim up to 5 points for their efforts to affirmatively further Fair Housing within their community. Applicants claiming bonus points must complete Form 6 and submit the required supporting documentation.

Applicants claiming Fair Housing points must submit a copy of their formally adopted Fair Housing Plan. Evidence such as a municipal resolution must also be submitted and it must demonstrate that the plan was formally adopted at least 12 months prior to submittal of the application and has been regularly updated. Finally, Applicants requesting the points must include a detailed description of their Fair Housing Activities that are clearly in support of their adopted Fair Housing Plan and affirmatively support and promote Fair Housing throughout their municipality. Up to 5 points will be awarded to Applicants who can clearly demonstrate that they have undertaken activities in support of their updated plan and that those activities affirmatively further fair housing.

Fair Housing Plan Attached in Exhibit \_\_\_\_\_

Date Fair Housing Plan was adopted: \_\_\_\_\_

\*Attach a description of the Fair Housing activities undertaken to affirmatively further Fair Housing.

**\*Required description included in Exhibit** \_\_\_\_\_

**FORM 7 – COMMUNITY DEVELOPMENT GRANT/LOAN PORTFOLIO**

**APPLICANT NAME:**

Funding Agency	Name of Funding Source	Type			Type of Activity Funded	Award Amount	Balance	Contract		Name of Local Administrator/ Administering Agent
		State	Federal	Local				Effective Date	Term	

**FORM 8 – CDBG PROGRAM INCOME HISTORY**

**APPLICANT NAME:**

Source of Program Income (NYS CDBG or HUD projects only)			Eligible Use of Program Income	Total Revenue Generated	Total Amount Re-loaned or Re-granted	Current Balance on Hand
Type of Activity	Activity/Project Number	Source Code (F, S)				

Source Code: Federal (F), State (S).

**For the program income balance listed above, indicate the status of the funds (e.g. encumbered, committed). If funds are available and are not being used to finance all or part of the proposed project, provide an explanation as to why these funds will not be used for this proposed project:**

**FORM 9 – APPLICANT/RECIPIENT DISCLOSURE/UPDATE REPORT**

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 9/30/2013)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

**Applicant/Recipient Information**

Indicate whether this is an Initial Report

or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code):  ( ) -	2. Social Security Number or Employer ID Number:  - -
3. HUD Program Name <b>NYS CDBG PROGRAM</b>	4. Amount of HUD Assistance Requested/Received
5. State the name and location (street address, City and State) of the project or activity:	

**Part I Threshold Determinations**

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input type="checkbox"/> Yes <input type="checkbox"/> No.
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If you answered “No” to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.** Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

**Part III Interested Parties.** You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(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:  X	Date: (mm/dd/yyyy)
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**Public reporting burden** for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, collection information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

**Note:** This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

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## Instructions

### Overview.

**A. Coverage.** You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity **and** you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

**B. Update reports (filed by "Recipients" of HUD Assistance):**  
**General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. **NOTE:** In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity

to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

#### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to either question 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

#### Part II. Other Government Assistance and Expected Sources and Uses of Funds.

**A. Other Government Assistance.** This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance

that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).

4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

- B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of funds typically include (but are not limited to) foundations and private contributors.

### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

#### Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

## FORM 10 – CERTIFICATIONS

### CERTIFICATION REQUIRED BY TITLE I OF THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974, AS AMENDED, WITH RESPECT TO THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

In accordance with the Title I of the Housing and Community Development Act of 1974, as amended, the Applicant hereby certifies that:

- a. It possesses legal authority to make a grant submission and to execute a community development and housing program;
- b. Its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the person identified as the official representative of the Applicant to submit the subject application and all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Applicant to act in connection with the submission of the application and to provide such additional information as may be required;
- c. Prior to submission of its application to the Office of Community Renewal (OCR), the Applicant has met the citizen participation requirements at 24 CFR 570.486 and New York State's Citizen Participation Plan as amended;
- d. The grant will be conducted and administered in compliance with:
  - Title VI of the Civil Rights Act of 1964 (Public Law 88-352, 42 USC 2000d et seq.); and
  - The Fair Housing Act (Public Law 90-284, 42 USC 3601-20);
- e. It will affirmatively further fair housing;
- f. It has developed its application so as to give maximum feasible priority to activities, which will benefit LMI families or aid in the prevention or elimination of slums or blight. The application may also include activities, which the Applicant certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community where other financial resources are not available to meet such needs. The grant shall principally benefit persons of LMI in a manner that ensures that not less than 70% of such funds are used for activities that benefit such persons;
- g. It will not attempt to recover any capital costs of public improvements assisted in whole or in part with funds provided under section 106 of the Act or with amounts resulting from a guarantee under section 108 of the Act 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:
  - 1) Funds received under section 106 of the Act 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 Title I of the Act; or
  - 2) For purposes of assessing any amount against properties owned and occupied by persons of moderate income, the grantee certifies that it lacks sufficient funds received under section 106 of the Act to comply with the requirements of subparagraph (1) above;
- h. Its notification, inspection, testing and abatement procedures concerning lead-based paint will comply with the applicable laws and regulations found at 24 CFR 570.608;
- i. It will minimize the displacement of persons as a result of activities assisted with CDBG funds;
- j. It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, as required under 24 CFR 570.606 (c) governing the

residential anti-displacement and relocation assistance plan under section 104 (d) of the Act (including a certification that the Applicant is following such a plan); and the relocation requirements of 24 CFR 570.606 (d) governing optional relocation assistance under section 105 (a)(11) of the Act;

- k. It has adopted and is enforcing:
  - 1) 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
  - 2) 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 demonstrations within its jurisdiction;
- l. To the best of its knowledge and belief:
  - 1) 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;
  - 2) If any funds other than Federal appropriated 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 in connection 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;
  - 3) It will require that the language of this anti-lobbying 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;
  - 4) This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
- m. It will or will continue to provide a drug-free workplace by:
  - 1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - 2) Establishing an ongoing drug-free awareness program to inform employees about:
    - i. The dangers of drug abuse in the workplace;
    - ii. The Applicant's policy of maintaining a drug-free workplace;
    - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - 3) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1);
  - 4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment under the grant, the employee will:
    - i. Abide by the terms of the statement; and

- ii. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- 5) Notifying the OCR in writing, within ten calendar days after receiving notice under subparagraph (4) (ii) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
  - 6) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (4) (ii), with respect to any employee who is so convicted:
    - i. Taking appropriate personnel action against such an employee, up to and including termination consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency
  - 7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5) and (6).
  - 8) The Applicant may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

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- 9) Workplaces under grants, for Applicants other than individuals, need not be identified on the certification. If known, they may be identified on the certification. If the Applicant does not identify the workplaces at the time of the application, or upon award, if there is no application, the Applicant must keep the identity of the workplace(s) on file its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the Applicant's drug-free workplace requirements.
- 10) Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g. all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
- 11) If the workplace identified to OCR changes during the performance of the grant, the Applicant shall inform OCR of the change(s), if it previously identified the workplaces.
- 12) This certification is a material representation of fact upon which reliance is placed when OCR awards the grant. If it is later determined that the Applicant knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, OCR may take action authorized under said Act.

- n. It will comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and the implementing regulations in 24 CFR part 135. Section 3 requires that employment and other economic opportunities arising in connection with housing rehabilitation, housing construction, or other economic opportunities arising in connection with housing rehabilitation, housing construction, or other public construction projects shall, to the greatest extent feasible, and consistent with existing Federal, State, and local laws and regulations, be given to low- and very low-income persons;
- o. It will comply with the other provisions of the Act and with other applicable laws;
- p. It is in compliance with a HUD-approved Consolidated Plan;
- q. It is in compliance with grant spending threshold requirements as outlined in the Application; and
- r. It will comply with all applicable Federal/State/local affirmative action requirements.
- s. To the best of its knowledge and belief all data provided in this application is true and correct.

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Signature of Authorized Official

Date