NASSAU URBAN COUNTY CONSORTIUM 2009 ANNUAL ACTION PLAN



Thomas R.\Suozzi

County Executive

Rosemary A. Olsen

Director

Kevin J. Crean Technical Director

Office of Housing and Intergovernmental Affairs

Federal Fiscal Year 2009

OHIA Copy

Application for Federal Assistan	ce SF-424		Version 02
*1. Type of Submission:	*2. Type of Applicati	ion * If Revision, select appropriate letter(s)	
☐ Preapplication	⊠ New		
	☐ Continuation	*Other (Specify)	
☐ Changed/Corrected Application	Revision		
3. Date Received: 4.	Applicant Identifier:		
5a. Federal Entity Identifier: B09-UC-36-0101		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:	7. State Ap	plication Identifier:	
8. APPLICANT INFORMATION:			
*a. Legal Name: Nassau County			
*b. Employer/Taxpayer Identification N 116000463	lumber (EIN/TIN):	*c. Organizational DUNS: 781303789	
d. Address:			
*Street 1: 40 Main Str	eet, 3 rd Floor		
Street 2:			
*City: <u>Hempstead</u>		_	-
County: <u>Nassau</u>			
*State: New York			
Province:			
*Country: <u>USA</u>			
*Zip / Postal Code <u>11550</u>			
e. Organizational Unit:		· ·	
Department Name:	al Affaira	Division Name:	
Office of Housing and Intergovernment		tod on mettors involving this application.	
		cted on matters involving this application:	
Prefix: Ms. Middle Name: A.	*First Name:	Rosemary	
Middle Name: A. *Last Name: Olsen			
Suffix:			4
Title: Director			
Organizational Affiliation:			
1			
*Telephone Number: 516-572-1905		Fax Number: 516-572-1983	
*Email: ROlsen@nassaucountyny.g	ov		

Application for Federal Assistance SF-424	Version 02
16. Congressional Districts Of:	
*a. Applicant: NY 2 nd , 3 rd , 4 th & 5th	*b. Program/Project: NY 2nd, 3rd, 4th & 5th
17. Proposed Project:	
*a. Start Date: 09/01/2009	*b. End Date: 08/31/2010
18. Estimated Funding (\$):	
*a. Federal \$15,418,751	
*b. Applicant	
*c. State	
*d. Local	
*e. Other *f Program Income \$68,000	
*f. Program Income \$68,000 *g. TOTAL \$15,486,751	
——————————————————————————————————————	
*19. Is Application Subject to Review By State Under Execu	tive Order 12372 Process?
$\ \square$ a. This application was made available to the State under th	e Executive Order 12372 Process for review on
b. Program is subject to E.O. 12372 but has not been selecte	d by the State for review.
│ ☑ c. Program is not covered by E. O. 12372	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "	res", provide explanation.)
☐ Yes	
	lge. I also provide the required assurances** and agree to comply y false, fictitious, or fraudulent statements or claims may subject
⊠ ** I AGREE	
** The list of certifications and assurances, or an internet site whagency specific instructions	ere you may obtain this list, is contained in the announcement or
Authorized Representative:	
Prefix: Ms. *First Nan	ie: Rosemary
Middle Name: A.	
*Last Name: <u>Olsen</u>	
Suffix:	
*Title: Director	
*Telephone Number: 516-572-1905	Fax Number: 516-572-1983
* Email: ROlsen@nassaucountyny.gov	
*Signature of Authorized Representative:	*Date Signed:

Application for Federal Assista	nce SF-424		Version 02
*1. Type of Submission:	*2. Type of Applicat	ion * If Revision, select appropriate letter(s)	
☐ Preapplication	⊠ New		
	☐ Continuation	*Other (Specify)	
☐ Changed/Corrected Application	Revision		
3. Date Received: 4	. Applicant Identifier:		
5a. Federal Entity Identifier: M09-UC-36-0207		*5b. Federal Award Identifier:	
State Use Only:			
6. Date Received by State:	7. State Ap	oplication Identifier:	
8. APPLICANT INFORMATION:			
*a. Legal Name: Nassau County			
*b. Employer/Taxpayer Identification 116000463	Number (EIN/TIN):	*c. Organizational DUNS: 781303789	
d. Address:			
*Street 1: 40 Main S	treet, 3 rd Floor		:
Street 2:			
*City: <u>Hempstea</u>	d		
County: <u>Nassau</u>			
*State: New York			
Province:			
*Country: <u>USA</u>			
*Zip / Postal Code <u>11550</u>			
e. Organizational Unit:		•	* * * * * * * * * * * * * * * * * * * *
Department Name: Office of Housing and Intergovernme	ntal Affairs	Division Name:	
f. Name and contact information of	of person to be contac	cted on matters involving this application:	
Prefix: Ms.	*First Name:	Rosemary	
Middle Name: A.			
*Last Name: <u>Olsen</u>			
Suffix:			
Title: Director		***************************************	
Organizational Affiliation:	,		
*Telephone Number: 516-572-1905		Fax Number: 516-572-1983	
*Email: ROlsen@nassaucountyny.	gov	100 M	

Application for	Federal Assistance SF-4	124		Version 02
16. Congressiona				
*a. Applicant: NY	2 nd , 3 rd , 4 th & 5th		*b. Program/F	Project: NY 2nd, 3rd, 4th & 5th
17. Proposed Pro	oject:		•	
*a. Start Date: 09/	01/2009	*b.	End Date: 08/31/20	010
18. Estimated Fur	nding (\$):			
*a. Federal	\$3,910,908	_		
*b. Applicant				
*c. State		-		
*d. Local	-	-		
*e. Other		-		
*f. Program Incom	e\$50,000	-		
*g. TOTAL	\$3,960,908	-		
☐ a. This applica	In Subject to Review By Station was made available to to subject to E.O. 12372 but has not covered by E.O. 12372	he State under the Executiv	e Order 12372 Proce	ess for review on
	ant Delinquent On Any Fed ⊠ No	deral Debt? (If "Yes", prov	ride explanation.)	
herein are true, con with any resulting to me to criminal, civi	mplete and accurate to the betterms if I accept an award. It, or administrative penalties cations and assurances, or a	est of my knowledge. I also am aware that any false, fic . (U. S. Code, Title 218, Sec	provide the required titious, or fraudulent ction 1001)	s** and (2) that the statements dissurances** and agree to comply statements or claims may subject contained in the announcement or
Authorized Repre	esentative:			
Prefix: [VIs.	*First Name: Rosem	ary	
Middle Name:	٩.			
*Last Name:	Olsen			
Suffix:				
*Title: Director				
*Telephone Number	er: 516-572-1905		Fax Number: 516-	572-1983
* Email: ROlsen@	nassaucountyny.gov			
*Signature of Auth	orized Representative:			*Date Signed:

Preapplication	Application for Federal Assistar	ice SF-424		Version 02
	*1. Type of Submission:	*2. Type of Applicat	tion * If Revision, select appropriate letter(s)	
Changed/Corrected Application	☐ Preapplication	⊠ New		
3. Date Received: 4. Applicant Identifier: 5a. Federal Entity Identifier: S09-UC-36-0106 State Use Only: 6. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: *a. Legal Name: Nassau County *b. Employer/Taxpayer Identification Number (EIN/TIN): 78. Legal Name: Nassau County *b. Employer/Taxpayer Identification Number (EIN/TIN): 78. Taylogar/Taxpayer Identification Identifier: **Correct 1: 40. Main Street, 3rd Floor 78. Taylogar/Taxpayer Identification Identifier: **Country: **USA **Tiple Postal Code **Instrument Name: **Division Name: **Division Name: **Division Name: **Division Name: **Tiest Name: **Division Name: **Division Name: **Tiest Name: **Division Name: **Tiest Name: **Division Name: **Tiest Name: **Division Name: **Tiest Name: **Tiest Name: **Tiest Name: **Division Name: **Tiest Nam		☐ Continuation	*Other (Specify)	
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Solution State Use Only:	3. Date Received: 4.	Applicant Identifier:		
6. Date Received by State: 7. State Application Identifier: 8. APPLICANT INFORMATION: *a. Legal Name: Nassau County *b. Employer/Taxpayer Identification Number (EINTIN): 116000463 *c. Organizational DUNS: 781303789 d. Address: *Street 1: 40 Main Street. 3 rd Floor Street 2: *City: County: Nassau *State: New York Province: *County: USA *Zip / Postal Code 11550 - Organizational Units: Division Name: Office of Housing and Intergovernmental Affairs f. Name and contact information of person to be contacted on matters involving this application: Prefix: Mis. *First Name: Rosamary Title: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	· ·		*5b. Federal Award Identifier:	
*A PPLICANT INFORMATION: *a. Legal Name: Nassau County *b. Employer/Taxpayarer Identification Number (EIN/TIN): 116000463 *c. Organizational DUNS: 781303789 d. Address: *Street 1:	State Use Only:			
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*b. Employer/Taxpayer Identification Number (EIN/TIN): 116000463 d. Address: *Street 1:	8. APPLICANT INFORMATION:			
Table Tabl	*a. Legal Name: Nassau County			
*Street 1: 40 Main Street, 3 rd Floor Street 2:		Number (EIN/TIN):		
Street 2: *City: Hempstead County: Nassau *State: New York Province: *Country: USA *Zip / Postal Code 11550 **Telephone Number: Division Name: Office of Housing and Intergovernmental Affairs Division Name: **Telephone Number: 516-572-1905 Fax Number: 516-572-1983	d. Address:			:
*City:	*Street 1: 40 Main St	reet, 3 rd Floor		
County: Nassau *State: New York Province:	Street 2:			
*State: New York	*City: <u>Hempstead</u>	<u>t</u>		
Province: "Country: USA *Zip / Postal Code 11550 e. Organizational Unit: Division Name: Office of Housing and Intergovernmental Affairs Division Name: f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Rosemary Middle Name: A. **Itest Name: Olsen Suffix:	County: <u>Nassau</u>			
*Country: USA *Zip / Postal Code 11550 e. Organizational Unit: Department Name: Office of Housing and Intergovernmental Affairs f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Rosemary Middle Name: A. *Last Name: Olsen Suffix: Title: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	*State: New York			
*Zip / Postal Code 11550 e. Organizational Unit: Department Name: Office of Housing and Intergovernmental Affairs f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Rosemary Middle Name: A. *Last Name: Olsen Suffix: Title: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	Province:			9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
e. Organizational Unit: Department Name: Office of Housing and Intergovernmental Affairs f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Rosemary Middle Name: A *Last Name: Olsen Suffix: Title: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	*Country: <u>USA</u>			
Department Name: Office of Housing and Intergovernmental Affairs f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Rosemary Middle Name: A. ** *Last Name: Olsen Suffix: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Division Name: Division Name: Division Name: Division Name: *First Name: Rosemary *First Name: Posemary *First Name: Rosemary *First Name: Posemary *First Name: Rosemary *Fax Number: 516-572-1983	*Zip / Postal Code <u>11550</u>			
Coffice of Housing and Intergovernmental Affairs f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Rosemary Middle Name: A. *Last Name: Olsen Suffix: Title: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	e. Organizational Unit:			
f. Name and contact information of person to be contacted on matters involving this application: Prefix: Ms. *First Name: Rosemary Middle Name: A. *Last Name: Olsen Suffix: Title: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	· '	ntal Affairs	Division Name:	
Middle Name: A			cted on matters involving this application:	
*Last Name: Olsen Suffix: Title: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	Prefix: Ms.	*First Name:	Rosemary	
Suffix: Title: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	Middle Name: <u>A.</u>			
Title: Director Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	*Last Name: <u>Olsen</u>			
Organizational Affiliation: *Telephone Number: 516-572-1905 Fax Number: 516-572-1983	Suffix:			
*Telephone Number: 516-572-1905 Fax Number: 516-572-1983	Title: Director			
	Organizational Affiliation:			
The state of the s	*Telephone Number: 516-572-1905		Fax Number: 516-572-1983	

Application for Fed	deral Assistance SF-4	124		Version 02
16. Congressional Di	istricts Of:			
*a. Applicant: NY 2 nd ,			*b. Program/l	Project: NY 2nd, 3rd, 4th & 5th
17. Proposed Project	t:			
*a. Start Date: 09/01/2	2009	*b	. End Date: 08/31/2	010
18. Estimated Fundir	ng (\$):			
*a. Federal	\$692,360			
*b. Applicant		-		
*c. State		-		
*d. Local		-		
*e. Other		-		
*f. Program Income		_		
*g. TOTAL	\$692,360	-		
*19. Is Application S	ubject to Review Bv Sta	ate Under Executive Order	12372 Process?	
I		he State under the Executiv		ess for review on
		s not been selected by the S		
1	covered by E. O. 12372	•		
*20 Is the Applicant	Delinguent On Any Fed	deral Debt? (If "Yes", prov	vide explanation)	
☐ Yes 🖂	-	acial bobt. (ii 100 ; pro-	riao explanationi,	
herein are true, compl	ete and accurate to the b	est of my knowledge. I also	provide the require	us** and (2) that the statements d assurances** and agree to comply statements or claims may subject
		. (U. S. Code, Title 218, Se		• •
★*IAGREE	* • • •			
** The list of certification agency specific instructions		n internet site where you m	ay obtain this list, is	contained in the announcement or
Authorized Represer	ntative:			
Prefix: Ms.		*First Name: Rosen	nary	
Middle Name: <u>A.</u>				
*Last Name: Olse	en			
Suffix:				
*Title: Director				
*Telephone Number:	516-572-1905		Fax Number: 516-	572-1983
* Email: ROlsen@nas	ssaucountyny.gov			
*Signature of Authoriz	ed Representative:			*Date Signed:

CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the jurisdiction certifies that:

Affirmatively Further Fair Housing -- The jurisdiction will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

Anti-displacement and Relocation Plan -- It 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 49 CFR 24; and it has in effect and is following a residential antidisplacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

Drug Free Workplace -- 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 grantee'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
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) 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 -
 - (a) Abide by the terms of the statement; and
 - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- 5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) 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(b), with respect to any employee who is so convicted:
 - (a) 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
 - (b) 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.

Anti-Lobbying -- To the best of the jurisdiction's 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; and
- 3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of Jurisdiction -- The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which I t is seeking funding, in accordance with applicable HUD regulations.

Consistency with plan -- The housing activities to be undertaken with CDBG, HOME, ESG, and HOPWA funds are consistent with the strategic plan.

Section 3 - It will comply with section 3 of the	Housing and Urban	Development Act	of 1968,	and
implementing regulations at 24 CFR Part 135.				
	*			

Signature/Authorized Official	Date	
Title		

Specific CDBG Certifications

The Entitlement Community certifies that:

Citizen Participation - It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR 91.105.

Community Development Plan -- Its consolidated housing and community development plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that provide decent housing, expand economic opportunities primarily for persons of low and moderate income. (See CFR 24 570.2 and CFR 24 part 570)

Following a Plan -- It is following a current consolidated plan (or Comprehensive Housing Affordability Strategy) that has been approved by HUD.

Use of Funds -- It has complied with the following criteria:

- 1. **Maximum Feasible Priority**. With respect to activities expected to be assisted with CDBG funds, it certifies that it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low and moderate income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include activities which the grantee 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, and other financial resources are not available):
- 2. **Overall Benefit.** The aggregate use of CDBG funds including section 108 guaranteed loans during program year(s), (a period specified by the grantee consisting of one, two, or three specific consecutive program years), shall principally benefit persons of low and moderate income in a manner that ensures that at least 70 percent of the amount is expended for activities that benefit such persons during the designated period;
- 3. Special Assessments. It 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 that relates 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 CDBG funds.

The jurisdiction will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108, unless CDBG funds are used to pay the proportion of fee or assessment attributable to the capital costs of public improvements financed from other revenue sources. In this case, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. Also, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

Excessive Force -- 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 non-violent 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 non-violent civil rights demonstrations within its jurisdiction;

Compliance With Anti-discrimination laws — The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations.

Lead-Based Paint — Its activities concerning lead-based paint will comply with the requirements of 24 CFR Part 35, subparts A, B, J, K and R;

Compliance with Laws It will comply with applicable laws.
Signature/Authorized Official Date
Title
OPTIONAL CERTIFICATION CDBG
Submit the following certification only when one or more of the activities in the action plan are designed to meet other community development needs having a particular urgency as specified in 24 CFR 570.208(c):
The grantee hereby certifies that the Annual Plan includes one or more specifically identified CDBG-assisted activities which 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 and other financial resources are not available to meet such needs.
Signature/Authorized Official Date
Title

Specific HOME Certifications

The HOME participating jurisdiction certifies that:

Tenant Based Rental Assistance -- If the participating jurisdiction intends to provide tenant-based rental assistance:

The use of HOME funds for tenant-based rental assistance is an essential element of the participating jurisdiction's consolidated plan for expanding the supply, affordability, and availability of decent, safe, sanitary, and affordable housing.

Eligible Activities and Costs — it is using and will use HOME funds for eligible activities and costs, as described in 24 CFR § 92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in § 92.214.

Appropriate Financial Assistance — before committing any funds to a project, it will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing.

Signature/Authorized Official	Date	

ESG Certifications

The Emergency Shelter Grantee certifies that:

Major rehabilitation/conversion -- It will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for at least 10 years. If the jurisdiction plans to use funds for rehabilitation (other than major rehabilitation or conversion), the applicant will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for at least 3 years.

Essential Services and Operating Costs — Where assistance involves essential services or maintenance, operation, insurance, utilities and furnishings, it will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure as long as the same general population is served.

Renovation — Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

Supportive Services -- It will assist homeless individuals in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living, and other Federal State, local, and private assistance.

Matching Funds -- It will obtain matching amounts required under 24 CFR 576.51.

Confidentiality -- It will develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project except with the written authorization of the person responsible for the operation of that shelter.

Homeless Persons Involvement -- To the maximum extent practicable, it will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, operating facilities, and providing services assisted through this program.

Consolidated Plan -- It is following a current HUD-approved Consolidated Plan or CHAS.

Discharge Policy ---- It has established a policy for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.

HMIS – It will comply with HUD's standards for participation in a local Homeless Management Information System and the collection and reporting of client-level information.

Signature/Authorized Official	Date	
Title		

HOPWA Certifications

The HOPWA grantee certifies that:

Activities -- Activities funded under the program will meet urgent needs that are not being met by available public and private sources.

Building — Any building or structure assisted under that program shall be operated for the purpose specified in the plan:

- 1. For at least 10 years in the case of assistance involving new construction, substantial rehabilitation, or acquisition of a facility,
- 2. For at least 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.

Signature/Authorized Official	Date
Title	

APPENDIX TO CERTIFICATIONS

INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS:

A. Lobbying Certification

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.

B. <u>Drug-Free Workplace Certification</u>

- 1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
- 2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
- 3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
- 4. 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).
- 5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
- 6. The grantee 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	s, city, county, state, zip code)	

Check ___ if there are workplaces on file that are not identified here.

The certification with regard to the drug-free workplace is required by 24 CFR part 24, subpart F.

7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).