

## Staff Summary Report



Council Meeting Date: 5/07/09

Agenda Item Number: \_\_\_\_\_

**SUBJECT:** Request adoption of a resolution to approve the Substantial Amendment to the City's Community Development Block Grant (CDBG) Consolidated FY 2008-2009 Action Plan.

**DOCUMENT NAME:** 20090507cdch02 **COMMUNITY DEVELOPMENT BLOCK GRANT (0207-26)**  
Resolution No. 2009.24

**SUPPORTING DOCS:** Yes

**COMMENTS:** N/A

**PREPARED BY:** Craig Hittie, Affordable Housing Supervisor (480-350-8960)

**REVIEWED BY:** Liz Chavez, Housing Services Administrator (480/350-8958)

**APPROVED BY:** Chris Salomone, Community Development Manager (480/350-8294)

**LEGAL REVIEW BY:** Teresa Voss, Assistant City Attorney (480/350-8814)

**FISCAL NOTE:** All funding for the proposed activities is federal. No fiscal impact to the City's general fund.

**RECOMMENDATION:** Adopt Resolution 2009.24

**ADDITIONAL INFO:** The U.S. Department of Housing and Urban Development (HUD) required recipients to request Homelessness Prevention and Rapid Re-Housing Program (HPRP) funding via an amendment to their Community Development Block Grant (CDBG) Consolidated 2008 Action Plan. This Substantial Amendment outlines the City's planned activities for HPRP funds. On April 21, 2009, the Housing Committee reviewed and approved the activities described in the Substantial Amendment.

**RESOLUTION NO. 2009.24**

**A RESOLUTION OF THE CITY COUNCIL OF TEMPE,  
ARIZONA TO APPROVE THE SUBSTANTIAL  
AMENDMENT TO THE CITY'S COMMUNITY  
DEVELOPMENT BLOCK GRANT (CDBG) CONSOLIDATED  
FY 2008-2009 ACTION PLAN**

**WHEREAS**, the U.S. Department of Housing and Urban Development (HUD) has reserved approximately \$661,474 for the City of Tempe, Arizona, for the FY 2008-2009 Homelessness Prevention and Rapid Re-Housing Program; and

**WHEREAS**, the City of Tempe desires to participate in the Homelessness Prevention and Rapid Re-Housing Program and pursuant to the program requirements, has held one (1) public meeting and one (1) public hearing allowing citizens and groups to participate in the determination of expenditure of the HUD funds, and

**WHEREAS**, the City of Tempe has held a public hearing to receive public comment on the City's Substantial Amendment to the CDBG Consolidated FY 2008-2009 Action Plan.

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF TEMPE ARIZONA**, as follows:

**Section 1:** The Substantial Amendment to the City's Community Development Block Grant Consolidated 2008-2009 Action Plan and proposed activities for the Homelessness Prevention and Rapid Re-Housing Program are hereby approved.

**Section 2:** The City Manager is authorized and directed to execute the required certifications of compliance associated with the Substantial Amendment to the City's Community Development Block Grant Consolidated 2008-2009 Action Plan.

**PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF TEMPE, ARIZONA**, this 7th day of May, 2009.

\_\_\_\_\_  
Mayor Hugh Hallman

ATTEST:

\_\_\_\_\_  
City Clerk

APPROVED AS TO FORM:

\_\_\_\_\_  
City Attorney

## **Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

Grantees eligible to receive funds under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) are required to complete a substantial amendment to their Consolidated Plan 2008 Action Plan. This form sets forth the required format for this substantial amendment. A completed form is due to HUD within 60 days of the publication of the HUD HPRP notice.

To aid grantees in meeting this submission deadline, the HPRP Notice reduces the requirement for a 30-day public comment period to no less than 12 calendar days for this substantial amendment. With this exception, HPRP grantees are required to follow their Consolidated Plan's citizen participation process, including consultation with the Continuum of Care (CoC) in the appropriate jurisdiction(s). Grantees are also required to coordinate HPRP activities with the CoC's strategies for homeless prevention and ending homelessness. To maximize transparency, HUD strongly recommends that each grantee post its substantial amendment materials on the grantee's official website as the materials are developed.

A complete submission contains the following three documents:

- 1) A signed and dated SF-424,
- 2) A completed form HUD-40119 (this form), and
- 3) Signed and dated General Consolidated Plan and HPRP certifications.

For additional information regarding the HPRP program, visit the HUD Homelessness Resource Exchange ([www.hudhre.info](http://www.hudhre.info)). This site will be regularly updated to include HPRP resources developed by HUD and its technical assistance providers.

---

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

*Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.*

Public reporting burden for this collection of information is estimated to be 16 hours, 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 information is required to obtain benefits. To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the substantial amendment to the Consolidated Plan 2008 Action Plan does not request the submission of such information.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**A. General Information**

<b>Grantee Name</b>	City of Tempe
<b>Name of Entity or Department Administering Funds</b>	City of Tempe Housing Services
<b>HPRP Contact Person</b> (person to answer questions about this amendment and HPRP)	Elizabeth Chavez
<b>Title</b>	Housing Services Administrator
<b>Address Line 1</b>	21 E. 6 <sup>th</sup> Street
<b>Address Line 2</b>	Suite 214
<b>City, State, Zip Code</b>	Tempe, AZ 85212
<b>Telephone</b>	480-350-8950
<b>Fax</b>	480-350-8902
<b>Email Address</b>	<a href="mailto:liz_chavez@tempe.gov">liz_chavez@tempe.gov</a>
<b>Authorized Official</b> (if different from Contact Person)	Charles W. Meyer
<b>Title</b>	City Manager
<b>Address Line 1</b>	31 E. 5 <sup>th</sup> Street
<b>Address Line 2</b>	
<b>City, State, Zip Code</b>	Tempe, AZ 85281
<b>Telephone</b>	480-350-8821
<b>Fax</b>	480-350-8930
<b>Email Address</b>	<a href="mailto:charlie_meyer@tempe.gov">charlie_meyer@tempe.gov</a>
<b>Web Address where this Form is Posted</b>	<a href="http://www.tempe.gov/housing">www.tempe.gov/housing</a>

<b>Amount Grantee is Eligible to Receive*</b>	<b>\$661,474</b>
<b>Amount Grantee is Requesting</b>	<b>\$661,474</b>

\*Amounts are available at <http://www.hud.gov/recovery/homelesspreventrecov.xls>

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**B. Citizen Participation and Public Comment**

1. Briefly describe how the grantee followed its citizen participation plan regarding this proposed substantial amendment (limit 250 words).

Response:

In order to obtain citizen participation in the development of the above referenced Action Plan Substantial Amendment, the following efforts have been undertaken:

On April 9, 2009 a Public Hearing requesting citizen input was held at a regularly held Formal City Council meeting. City Council meeting notices were posted in advance; on the Friday afternoon prior to a Thursday Council meeting. Council agendas are located in the City Clerk's office on the second floor of City Hall, the bulletin board outside of the City Council Chambers and on the internet at [www.tempe.gov/clerk](http://www.tempe.gov/clerk). Citizens were invited to submit comments in writing via the U.S. Mail, via e-mail or in person at the public hearing before the City Council. On April 21, 2009, the Substantial Amendment was during a City Council Housing Committee meeting. Housing Committee meetings are open to the public and agendas are posted prior to the meetings. On April 24, 2009, the City made available our Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) for the HUD authorized reduced 12-day public comment period. A public notice of the comment period was published in the East Valley Tribune as well as the City's website. The notice advised the public of the locations where citizens may review copies of the draft documents and the process for submitting comments. The draft Amendment was also available on the City's website at: [www.tempe.gov/housing](http://www.tempe.gov/housing).

2. Provide the appropriate response regarding this substantial amendment by checking one of the following options:

- Grantee did not receive public comments.
- Grantee received and accepted all public comments.
- Grantee received public comments and did not accept one or more of the comments.

3. Provide a summary of the public comments regarding this substantial amendment. Include a summary of any comments or views not accepted and the reasons for non-acceptance.

Response:

Public comments included the following:

-We need to serve homeless individuals who are currently utilizing I-HELP, a faith-based lodging program.

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

- Service providers report seeing a 50% increase in requests for rent/utility assistance from Tempe households in recent weeks.
- The Tempe Police Department is receiving increased calls on the non-emergency number from Tempe families who are facing eviction and need financial assistance; the services to refer them to are running low on funds and cannot help everyone.
- Tumbleweed Youth Services has the capacity to assist with rapid re-housing of homeless youth including the follow-up case management needed.
- Registered sex offenders have trouble finding places to live; we should target some assistance for them.

**C. Distribution and Administration of Funds**

Reminder: The HPRP grant will be made by means of a grant agreement executed by HUD and the grantee. The three-year deadline to expend funds begins when HUD signs the grant agreement. Grantees should ensure that sufficient planning is in place to begin to expend funds shortly after grant agreement.

1. Check the process(es) that the grantee plans to use to select subgrantees. Note that a subgrantee is defined as the organization to which the grantee provides HPRP funds.

- Competitive Process
- Formula Allocation
- Other (Specify: \_\_\_\_\_)

2. Briefly describe the process(es) indicated in question 1 above (limit 250 words).

Response:

The City of Tempe is issuing a Request for Proposals (RFP) soliciting non-profit partners to provide grant-eligible services to Tempe residents who are either at high-risk of becoming homeless or are currently homeless.

3. Briefly describe the process the grantee plans to use, once HUD signs the grant agreement, to allocate funds available to subgrantees by September 30, 2009, as required by the HPRP Notice (limit 250 words).

Response:

An evaluation team will review all RFPs received. The factors to be considered will include the respondents' experience with addressing homelessness in Tempe, ability to maximize resources, organizational capacity, proposed implementation strategies, ability to collect data via HMIS, and the completeness of the proposal/ acceptance of terms and conditions. Successful respondents will be notified and contracts will be executed.

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

4. Describe the grantee's plan for ensuring the effective and timely use of HPRP grant funds on eligible activities, as outlined in the HPRP Notice. Include a description of how the grantee plans to oversee and monitor the administration and use of its own HPRP funds, as well as those used by its subgrantees (limit 500 words).

Response:

A team of staff including the City's Affordable Housing Supervisor and Homeless Coordinator will monitor the effective and timely use of HPRP grant funds through the provision of firm reporting dates for required data and onsite monitoring visits to ensure compliance with all requirements of the grant.

**D. Collaboration**

1. Briefly describe how the grantee plans to collaborate with the local agencies that can serve similar target populations, which received funds under the American Recovery and Reinvestment Act of 2009 from other Federal agencies, including the U.S. Departments of Education, Health and Human Services, Homeland Security, and Labor (limit 250 words).

Response:

The City of Tempe Homeless Coordinator regularly meets with and collaborates with local agencies and stakeholders such as the Homeless School Liaisons for the purpose of maximizing resources and enhancing services. The City of Tempe Homeless Coordinator is also actively involved in the local Continuum of Care activities.

2. Briefly describe how the grantee plans to collaborate with appropriate Continuum(s) of Care and mainstream resources regarding HPRP activities (limit 250 words).

Response:

The City of Tempe Homeless Coordinator is involved in all local Continuum of Care activities and serves as the Co-Chair of the Regional Council on Homelessness. The Maricopa County Continuum of Care has brought key stakeholders together to plan for the maximization and expenditures of these funds. The City of Tempe Homeless Coordinator also facilitates a local Homeless Advisory Committee with representation from all of the homeless services providers in Tempe; ongoing collaboration on the expenditure of these funds will also take place at that level.

3. Briefly describe how HPRP grant funds for financial assistance and housing relocation/stabilization services will be used in a manner that is consistent with the grantee's Consolidated Plan (limit 250 words).

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

Response:

The eligible activities under the HPRP grant are consistent with the City of Tempe Consolidated Plan. The city's Consolidated Plan supports the regional Continuum of Care activities and local activities that address homelessness in Tempe. The City of Tempe currently funds multiple programs that address homelessness through prevention, outreach and homeless case management services.

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**E. Estimated Budget Summary**

HUD requires the grantee to complete the following table so that participants in the citizen participation process may see the grantee's preliminary estimated amounts for various HPRP activities. Enter the estimated budget amounts for each activity in the appropriate column and row. The grantee will be required to report actual amounts in subsequent reporting.

<b>HPRP Estimated Budget Summary</b>			
	<b>Homelessness Prevention</b>	<b>Rapid Re-housing</b>	<b>Total Amount Budgeted</b>
Financial Assistance <sup>1</sup>	\$211,700	\$211,701	\$423,401
Housing Relocation and Stabilization Services <sup>2</sup>	\$100,000	\$100,000	\$200,00
<b>Subtotal</b> (add previous two rows)	<b>\$311,700</b>	<b>\$311,701</b>	<b>\$623,401</b>

Data Collection and Evaluation <sup>3</sup>	\$5,000
Administration (up to 5% of allocation)	\$33,073
<b>Total HPRP Amount Budgeted<sup>4</sup></b>	<b>\$661,474</b>

<sup>1</sup>Financial assistance includes the following activities as detailed in the HPRP Notice: short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, and motel or hotel vouchers.

<sup>2</sup>Housing relocation and stabilization services include the following activities as detailed in the HPRP Notice: case management, outreach, housing search and placement, legal services, mediation, and credit repair.

<sup>3</sup>Data collection and evaluation includes costs associated with operating HUD-approved homeless management information systems for purposes of collecting unduplicated counts of homeless persons and analyzing patterns of use of HPRP funds.

<sup>4</sup>This amount must match the amount entered in the cell on the table in Section A titled "Amount Grantee is Requesting."

**Substantial Amendment to the Consolidated Plan 2008 Action Plan for the  
Homelessness Prevention and Rapid Re-Housing Program (HPRP)**

**F. Authorized Signature**

By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\_\_\_\_\_  
Signature/Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Application for Federal Assistance SF-424**

Version 02

<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	<b>*2. Type of Application</b> * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<b>*Other (Specify)</b> _____
--	---	----------------------------------

<b>3. Date Received:</b>	<b>4. Applicant Identifier:</b>
--------------------------	---------------------------------

<b>5a. Federal Entity Identifier:</b> AZ031	<b>*5b. Federal Award Identifier:</b>
--	---------------------------------------

**State Use Only:**

<b>6. Date Received by State:</b>	<b>7. State Application Identifier:</b>
-----------------------------------	---

**8. APPLICANT INFORMATION:**

**\*a. Legal Name:** City of Tempe Housing Services

<b>*b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 86-6000262	<b>*c. Organizational DUNS:</b> 074466814
---	--

**d. Address:**

**\*Street 1:** 21 E. 6<sup>th</sup> Street  
**Street 2:** Suite 214  
**\*City:** Tempe  
**County:** Maricopa  
**\*State:** Arizona  
**Province:** \_\_\_\_\_  
**\*Country:** USA  
**\*Zip / Postal Code** 85281

**e. Organizational Unit:**

<b>Department Name:</b> Community Development	<b>Division Name:</b> Housing Services
--	---

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:** Ms.      **\*First Name:** Elizabeth  
**Middle Name:** A.  
**\*Last Name:** Chavez  
**Suffix:** \_\_\_\_\_

**Title:** Housing Services Administrator

**Organizational Affiliation:**

**\*Telephone Number:** 480-350-8950      **Fax Number:** 480-350-8902

**\*Email:** liz\_chavez@tempe.gov

**Application for Federal Assistance SF-424**

Version 02

**\*9. Type of Applicant 1: Select Applicant Type:**

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

US Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.257 \_\_\_\_\_

CFDA Title:

Homeless Prevention and Rapid Re-Housing Program (HPRP) \_\_\_\_\_

**\*12 Funding Opportunity Number:**

FR-5307-N-01 \_\_\_\_\_

\*Title:

Notice of Allocations, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re-Housing Program Grantees under the American Recovery and Reinvestment Act of 2009 \_\_\_\_\_

**13. Competition Identification Number:**

N/A \_\_\_\_\_

Title:

N/A \_\_\_\_\_

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City of Tempe, Arizona-Maricopa County

**\*15. Descriptive Title of Applicant's Project:**

Homelessness Prevention and Rapid Re-Housing Program (HPRP)

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: AZ005

\*b. Program/Project: AZ005

**17. Proposed Project:**

\*a. Start Date: 09/01/2009

\*b. End Date: 08/30/2012

**18. Estimated Funding (\$):**

*a. Federal	661,474
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	661,474

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on \_\_\_\_\_
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

**\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes       No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

**Authorized Representative:**

Prefix: Mr.      \*First Name: Charles

Middle Name: W.

\*Last Name: Meyer

Suffix: \_\_\_\_\_

\*Title: City Manager

\*Telephone Number: 480-350-8884

Fax Number: 480-350-8930

\* Email: charlie\_meyer@tempe.gov

\*Signature of Authorized Representative:

\*Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

N/A

**INSTRUCTIONS FOR THE SF-424**

Public reporting burden for this collection of information is estimated to average 80 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	<b>Type of Submission: (Required):</b> Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>• Preapplication</li> <li>• Application</li> <li>• Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>	10.	<b>Name Of Federal Agency: (Required)</b> Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	<b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	<b>Type of Application: (Required)</b> Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>• New – An application that is being submitted to an agency for the first time.</li> <li>• Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>• Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.                             <ul style="list-style-type: none"> <li>A. Increase Award    B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>	12.	<b>Funding Opportunity Number/Title: (Required)</b> Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	<b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	<b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	15.	<b>Descriptive Title of Applicant's Project: (Required)</b> Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	<b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	<b>Congressional Districts Of: (Required)</b> 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>• If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>• If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>• If the program/project is outside the US, enter 00-000.</li> </ul>
5a.	<b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	<b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.	17.	<b>Proposed Project Start and End Dates: (Required)</b> Enter the proposed start date and end date of the project.
7.	<b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.	18.	<b>Estimated Funding: (Required)</b> Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
8.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> <li>a. <b>Legal Name: (Required):</b> Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.</li> <li>b. <b>Employer/Taxpayer Number (EIN/TIN): (Required):</b> Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-444444.</li> <li>c. <b>Organizational DUNS: (Required)</b> Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.</li> <li>d. <b>Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).</li> <li>e. <b>Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the</li> </ul>	19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
20.		<p><b>Is the Applicant Delinquent on any Federal Debt? (Required)</b> Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>		
21.	<p><b>9. Type of Applicant: (Required)</b> Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" data-bbox="196 621 873 999"> <tr> <td data-bbox="196 621 537 999"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td data-bbox="537 621 873 999"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p><b>Authorized Representative: (Required)</b> To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>			

## **Homelessness Prevention and Rapid Re-Housing Program (HPRP) Certifications**

The HPRP Grantee certifies that:

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

**Consistency with Plan** – The housing activities to be undertaken with HPRP funds are consistent with the strategic plan.

**Confidentiality** – It will develop and implement procedures to ensure:

- (1) The confidentiality of records pertaining to any individual provided with assistance; and
- (2) That the address or location of any assisted housing will not be made public, except to the extent that this prohibition contradicts a preexisting privacy policy of the grantee.

**Discharge Policy** – A certification that the State or jurisdiction 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

\_\_\_\_\_  
City Manager

Title

## GENERAL CERTIFICATIONS FOR STATE OR LOCAL GOVERNMENT FOR THE HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the state, territory, or local government certifies that:

**Affirmatively Further Fair Housing** -- The state, territory, or local government will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction or state, 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.

**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 state, territory, or local government'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 paragraphs 1 and 2 of this 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 Local Government, State, or Territory --** The submission of the consolidated plan is authorized under state law and local law (as applicable) and the jurisdiction or state possesses the legal authority to carry out the programs under the consolidated plan for which it is seeking funding, in accordance with applicable HUD regulations.

**Consistency with Plan --** The housing activities to be undertaken with HPRP 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

\_\_\_\_\_  
City Manager

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. Drug-Free Workplace Certification

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, city, county, state, zip code)  
21 E. 6th Street, Suite 214, Tempe, AZ 85281

---

---

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).