

Consolidated Plan Review Guidance

This guidance is provided as a template for the reviews of complete plans. The submission of sections dealing with Needs Assessments, Housing Market Analysis, and Strategic Plans are not required on an annual basis. Each field office should include additional questions or clarifications that address the complexity of their local situation.

Grantee: City of Frederick

1. If a Consortia, list participating communities and asterisk the lead agency:

* N/A

Consortia Participant, Consortia Participant, Consortia Participant, Consortia Participant, Consortia Participant, Consortia Participant, Consortia Participant, Consortia Participant

2. Consolidated Plan covers the following programs:

CDBG HOME ESG HOPWA

3. Period covered by Consolidated Plan is: 3 4 5 years.

Also, specify the period with month beginning and year ending 7/2005-2010

4. Date plan due: 05/17/2005

5. Date plan received:

6. Automatic approval date (45 days of date received above):

7. Are maps included (optional)? Yes No

8. Has an Executive Summary been attached (optional)? Yes No

9. Did the grantee include the following tables:

Local Jurisdiction:

Table 1A: Yes No

Table 1B: Yes No

Table 1C: Yes No

Table 2A: Yes No

Table 2B: Yes No

Table 2C: Yes No

Table 3: Yes No

State:

Table 1A: Yes No

Table 1B: Yes No

Table 1C: Yes No

Table 2A: Yes No

Table 2C: Yes No

10. Did the grantee use the CPMP Tool? Yes No

11. Did the grantee include one or more proposed outcomes in the Plan? Yes No

If the answer is yes, please inform headquarters as required in CPD Notice 03-09.

12. If so, which indicators were used?

CONSULTATION PROCESS (91.100)

1. Has the grantee consulted with other public/private entities that provide assisted housing, health services, and social services in developing this plan?

Yes No Verification found on page 5,6

Use the following checklist as a guide to determine extent of consultation process:

Consultation			
24CFR	Requirement	Yes	No
91.100(a)(1)	Housing Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Social Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Homeless Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>
91.100(a)(2)*	Lead-based Paint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
91.100(a)(3)**	Adjacent Government	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	State (Non-housing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	County (Metro. City)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
91.100(a)(4)	Metro. Planning Agencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>
91.100(b)	HOPWA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
91.100(c)	PHA-Compr. Grant Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Were State/Local health and child welfare agencies consulted regarding lead paint issues.

** Was copy of the plan submitted to the State, and County if applicable; if an urban county, to the entitlement cities in the county.

1. Did the grantee indicate that it consulted with other organizations that provide housing and supportive services to special needs populations (including elderly persons, persons with disabilities, persons with HIV/AIDS, homeless persons)?
Yes No Verification found on page 6
2. Did the grantee consult with Public Housing Agencies during Consolidated Plan development?
Yes No N/A Verification found on page 6

CITIZEN PARTICIPATION (91.105, AND 91.200)

1. Is there a description of the development of the plan and efforts to broaden public participation, including the names of organizations involved in the development of the plan?
Yes No Verification found on page 7
2. Is there a summary of the citizen participation process, and were the public hearing and comment period requirements satisfactory?
Yes No Verification found on page 7
3. Are citizen comments included in the plan, and are the comments specifically and adequately addressed by the grantee?
Yes No Verification found on page 7
4. Is there a description of the lead agency or entity responsible for overseeing the development of the Consolidated Plan?
Yes No Verification found on page 5

HOUSING AND HOMELESS NEEDS ASSESSMENT (91.205)

HOUSING

1. Has the grantee identified the estimated number and types of families with housing needs for a **5 year** period?

Yes No Verification found on page 11-14, appendix Table 2A

Note: See Table 2A (required)

Family types (extremely low-, low-, moderate, and middle income) that should be identified are:

- Renter/owner
- Elderly
- Single persons
- Large families
- Persons with disabilities
- Persons with HIV/AIDs

2. Has the grantee identified the types of housing needs in the community for a 5 year period?

Yes No Verification found on page 11-14, Appendix Table 2A

Types of housing needs should be determined with an analysis of:

- Severe cost and cost burden
- Overcrowding (especially for large families)
- Substandard (renter/owner, extremely low-, low-, moderate, and middle income)

2. Has the grantee included a discussion of any racial or ethnic groups that have a disproportionately greater need in comparison to the needs of a particular income category?

Yes No Verification found on page 14

Note: Disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial/ethnic group is at least 10% points higher than the percentage of persons in the category as a whole. **See Section 91.205 (b)(2)**

HOMELESS

1. Has the grantee satisfactorily identified the nature and extent of homelessness, and is there a continuum of care concept? **See Table 1A (required).**

Yes No Verification found on page 26,27

- Information should be on both homeless singles and families (and subpopulations) that are either sheltered/unsheltered or threatened with homelessness.

2. Has the grantee identified homeless facilities and services needs for homeless individuals and homeless families with children, both sheltered and unsheltered and homeless subpopulations?

Yes No Verification found on page 30,31

3. Has the grantee identified the extent of homelessness by racial/ethnic group, if the information is available?

Yes No Verification found on page No information available

4. Did the grantee describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section)? The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process, i.e. preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living.
Yes No
5. Did the grantee describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless?
Yes No

SPECIAL NEEDS - NOT HOMELESS

1. Has the grantee included a discussion on the estimated number of non-homeless persons in need of supportive housing, and their supportive housing needs? **See Table 1B (optional).**
Yes No Verification found on page 44
Note: Estimated number of non-homeless persons should include the elderly, frail elderly, persons with disabilities, persons with alcohol or other drug addiction, persons with HIV/AIDs and their families, and public housing residents.

LEAD-BASED PAINT HAZARDS

1. Has the grantee estimated the number of housing units with lead-based paint hazards?
Yes No Verification found on page 10
Note: The estimated number of units should be those that are occupied by low/moderate income families.

HOUSING AND MARKET ANALYSIS (91.210)

GENERAL CHARACTERISTICS

1. Has the grantee described the significant characteristics of the housing market, and the housing stock available to persons with disabilities, and persons with HIV/AIDs? **(Review any maps if provided/See Table 1A and 1B)**
Yes No Verification found on page 17-19
Note: There should be a discussion of housing supply and demand, as well as the condition and cost of the housing.
The grantee should identify and describe the locations and degree of racial/ethnic minority concentrations, as well as low/moderate income families.
2. Did the grantee identify and describe any area of low-income concentration and any area of minority concentration either in a narrative or one or more maps, stating how it defines the terms "area of low-income concentration" and "area of minority concentration"?
Yes No

PUBLIC AND ASSISTED HOUSING

1. Has the grantee described the number and condition of the public housing units, results from the Section 504 needs assessments, and the strategies for improving operation and living conditions for public housing residents?
Yes No N/A Verification found on page 23
2. Has the grantee identified the number of public housing units expected to be lost from the inventory?
Yes No N/A Verification found on page 23
Check if this jurisdiction has any HOPE VI projects awarded or in development that may result in a net loss of units.
3. With regard to federal, state and locally-assisted units other than public housing, has the grantee identified the number and targeting of units by income level and household type, and the number of units expected to be lost from the assisted housing inventory for any reason?
Yes No Verification found on page 19,20

HOMELESS FACILITIES AND SERVICES

1. Have the facilities and services that compose the grantee's continuum of care been identified?
Yes No Verification found on page 30,31
Appropriate facilities would be:
 - Emergency shelters,
 - Transitional shelters, and
 - Permanent/supportive housing.

SPECIAL NEEDS FACILITIES AND SERVICES

1. Has the grantee described the facilities/services to assist non-homeless persons in need of supportive housing? **See Table 1B**
Yes No Verification found on page 45,46
 - Discussion should also include a description of appropriate supportive housing for persons leaving mental/physical health facilities.

BARRIERS TO AFFORDABLE HOUSING

1. Has the grantee described public policies that affect affordable housing?
Yes No Verification found on page 25
Factors which affect affordable housing may include:
 - Building and zoning codes;
 - Environmental problems;
 - Impact fees;
 - Cost of land; and
 - Incentive programs such as tax abatement or down-payment assistance.**Note:** For Urban Counties, does the discussion include factors in both incorporated and unincorporated areas?

STRATEGIC PLAN (91.215)

When reviewing this section of the Consolidated Plan, keep in mind that the priorities/objectives should relate to the needs identified in the Housing and Homeless Needs and Housing and Market Analysis sections.

GENERAL

1. Does the grantee describe the basis for assigning the priority given to each category in Table 2A?
Yes No
2. Has the grantee identified any obstacles to meeting underserved needs?
Yes No Verification found on page 5,39,47
3. Has the grantee summarized the priorities and specific objectives, describing how funds that are reasonably expected to be made available will be used to address identified needs? **See Tables 1A, 1B, 1C, 2A, 2B, and 2C**
Yes No
4. For each specific objective, has the grantee identified proposed accomplishments the jurisdiction hopes to achieve in quantitative terms over a specific time period, or in other measurable terms as identified and defined by the jurisdiction? **See Tables 1A, 1B, 1C, 2A, 2B and 2C**
Yes No

AFFORDABLE HOUSING

1. Did the grantee state how the analysis of the housing market and the severity of housing problems and needs of extremely low-income, low-income, and moderate-income renters and owners identified in accordance with 91.205 provided the basis for assigning the relative priority given to each priority needs category in the priority housing needs table prescribed by HUD?
Yes No Verification found on page 5,15-17
2. Does the affordable housing section identify how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units?
Yes No Verification found on page 20
3. Does the grantee described proposed accomplishments to specify the number of extremely low, low, moderate, and middle income families to whom the grantee will provide affordable housing as defined in 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership over a specific time period?
Yes No Verification found on page 21-23, Appendix Table 2A

HOMELESSNESS

1. Does the grantee describe the strategy for helping low-income families avoid becoming homeless?
Yes No Verification found on page 34
2. Does the grantee describe the jurisdiction's strategy for reaching out to homeless persons and assessing their individual needs?
Yes No Verification found on page 33,34
3. Does the grantee describe the jurisdiction's strategy for addressing the emergency

shelter and transitional housing needs of homeless persons?

Yes No Verification found on page 32-34

4. Does the grantee describe the jurisdiction's strategy for helping homeless persons make the transition to permanent housing and independent living?

Yes No Verification found on page 32-34

OTHER SPECIAL NEEDS

1. With respect to supportive needs of the non-homeless, does the plan describe the priority housing and supportive service needs of persons who are not homeless but require supportive housing?

Yes No Verification found on page 43,44

NON-HOUSING COMMUNITY DEVELOPMENT PLAN

1. Did the grantee describe the priority non-housing community development needs, reflecting the needs for the type of activity, in terms of dollar amounts estimated to meet the goal of the type of activity? **Table 2B (required)**?

Yes No

Note: The Community Development component of the plan must state the grantee's specific long-term and short-term community development objectives (including economic development activities that create jobs) that must be developed in accordance with the statutory goals described in 24 CFR 91.1 and the primary objectives of the CDBG program.

2. Is the grantee requesting approval of a Neighborhood Revitalization Strategy Area?

Yes No

If YES, does it meet the requirements of CPD Notice 96-1? Yes No

Note: Separate documentation should be maintained to verify compliance with CPD Notice 96-1.

BARRIERS TO AFFORDABLE HOUSING

1. Does the grantee describe the jurisdiction's strategy to remove or ameliorate negative effects of public policies, that serve as barriers to affordable housing as identified in the needs assessment section?

Yes No Verification found on page 25

LEAD-BASED PAINT HAZARDS

1. Does the plan outline the actions proposed or being taken to evaluate and reduce lead-based paint hazards, and describe how the lead-based paint hazard reduction will be integrated into housing policies and programs?

Yes No Verification found on page 10

ANTI-POVERTY STRATEGY

1. Does the grantee describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families?

Yes No Verification found on page 40

Has the grantee programs such as:

- Family Self-sufficiency
- Head Start
- State and Local Programs
- Section 3
- Welfare to Work
- Workforce Development Initiative

INSTITUTIONAL STRUCTURE

1. Does the grantee explain the institutional structure, including private industry, nonprofit organizations, and public institutions, through which the jurisdiction will carry out its housing and community development plan, assessing the strengths and gaps in the delivery system?
Yes No Verification found on page 8,9
2. Does the grantee describe the organizational relationship between the organizational relationship between the jurisdiction and the public housing agency, and include the appointing authority for the commissioners or board of the housing agency, etc.?
Yes No Verification found on page 8,9

COORDINATION

1. Does the plan identify the jurisdiction's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health, and service agencies?
Yes No Verification found on page 8,9

PUBLIC HOUSING

1. Does the grantee describe the jurisdiction's activities to encourage public housing residents to become more involved in management and participate in homeownership?
Yes No Verification found on page 24
2. Has the grantee describe the manner in which the plan of the jurisdiction will help address the needs of public housing?
Yes No Verification found on page 22-24
Note: Amended to Title 1 October 21, 1998 Section 105(b)(11)
3. Is the grantee served by a troubled PHA as designated by HUD?
Yes No
4. If YES, Has the grantee in which any troubled public housing agency is located, described the manner in which the State or unit of local government will provide financial or other assistance to such troubled agency in improving its operations to remove such designation?
Yes No Verification found on page
Note: Amended to Title 1 October 21, 1998 Section 105(g)

ACTION PLAN (91.220)

1. Has the Standard 424 Form for the applicable programs been included with the correct dollar allocations and signed by the appropriate official?
Yes No
2. Is the DUNS number listed?
Yes No
3. Did the grantee describe the geographic areas of the jurisdiction (including areas of low income and/or racial/minority concentration) in which assistance will be directed during the next year.
Yes No
4. Did the grantee describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) during the next year and the rationale for assigning the priorities.
Yes No

RESOURCES

1. Has the grantee described the Federal Resources, and private and non-Federal public resources expected to be available to address priority needs and specific objectives identified in the plan?
Yes No Verification found on page 1
2. Did the grantee describe how HOME and/or ESG matching requirements will be satisfied?
Yes No N/A Verification found on page N/A

ACTIVITIES 91.220(c)

1.
 - a) Has the grantee described the CDBG funded activities for the program year in a complete manner? **See Table 3**
Yes No
 - b) Has the grantee described the HOME funded activities for the program year in a complete manner? **See Table 3**
Yes No
 - c) Has the grantee described the ESG funded activities for the program year in a complete manner? **See Table 3**
Yes No
 - d) Has the grantee described the HOPWA funded activities for the program year in a complete manner? **See Table 3**
Yes No
2. Does the action plan contain a summary of priorities and specific objectives that will be addressed during the program year?
Yes No Verification found on page 9
3. Do the proposed activities correspond to the priority needs identified/local specific objectives listed in the Consolidated Plan?
Yes No Verification found on page 9-11,16-18

Note: The Jurisdiction should use priority needs as identified in Table 2A and 2B

of the Consolidated Plan.

4. Are the proposed activities identified in sufficient detail, including the number and type of families that will benefit from the proposed activities and locations, so that citizens know the degree to which they may be affected?
Yes No Verification found on page 9-11,16-18, Program descriptions following the Action Plan text.

Expenditure Limits

1. Has the grantee exceeded the 20% administrative cap for CDBG?
Yes No
2. Has the grantee exceeded the 15% public service cap for CDBG?
Yes No
3. Has the grantee exceeded the 10% administrative cap for HOME?
Yes No
4. Has the grantee met the 15% CHDO set-aside for HOME?
Yes No
5. Has the grantee exceeded the 3% administrative cap for HOPWA or the 7% administrative cap by project sponsors under HOPWA?
Yes No

GEOGRAPHIC DISTRIBUTION 91.220(d)

1. Did the grantee include a narrative, maps, or tables that identify the geographic areas in which it will direct assistance?
Yes No Verification found on page 3
2. Does the grantee provide a description of the areas, including areas of minority concentration, in which it will direct funds?
Yes No Verification found on page 3
3. Does the grantee provide the rationale for the priorities for allocating investment geographically for each program, including within the metropolitan area (or a State's service area) for the HOPWA program?
Yes No Verification found on page 4
If no, explain the basis for the no response:

HOMELESS AND OTHER SPECIAL NEEDS ACTIVITIES 91.220(e)

1. Have homeless prevention activities been proposed?
Yes No Verification found on page 13,14
2. Have emergency shelter, transitional housing, programs to assist in the transition to permanent housing and independent living been proposed?
Yes No Verification found on page Proposed activities 7,10,12 ifollowing the Plan text.
3. Are supportive housing activities being undertaken to address the priority housing needs of persons who are not homeless (elderly, frail elderly, persons with disabilities, person with HIV/AIDS, persons with alcohol or other substance abuse

problems)?

Yes No Verification found on page 18

OTHER ACTIONS 91.220(f)

1. Does the Action Plan include other proposed actions which will address the following, **if applicable**:

- fostering decent housing, Yes No
- public housing improvements and resident initiatives, Yes No
- evaluation and reduction of lead-based hazards, Yes No
- reducing the number of persons below the poverty line, Yes No
- developing institutional structures/enhancing coordination between housing and services agencies, Yes No and
- assisting troubled public housing agencies. Yes No

PROGRAM SPECIFIC REQUIREMENTS 91.220(g)

1. CDBG- Does the total amount of funds allocated equal the amount of the grant plus program income and carryover funds?

Yes No

2. HOME

a) Did grantee (PJ) describe other forms of investment? **See Section 92.205**

Yes No N/A

If grantee (PJ) plans to use HOME funds for homebuyers, did they state the guidelines of resale or recapture, as required in 92.254?

Yes No N/A

b) If grantee (PJ) plans to use HOME funds to refinance existing debt secured by multifamily housing that is being rehabilitated with HOME funds, did they state its refinancing guidelines required under 24 CFR 92.206(b)?

Yes No N/A

c) Resale Provisions -- For homeownership activities, did the participating jurisdiction must describe its resale or recapture guidelines that ensure the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4).

Yes No

d) HOME Tenant-Based Rental Assistance -- Did the participating jurisdiction must describe the local market conditions that led to the use of a HOME funds for tenant based rental assistance program?

Yes No

a. If the tenant based rental assistance program is targeted to or provides a preference for a special needs group, that group must be identified in the Consolidated Plan as having an unmet need and show the preference is needed to narrow the gap in benefits and services received by this population.

e) If a participating jurisdiction intends to use forms of investment other than those described in 24 CFR 92.205(b), did the jurisdiction describe these forms of investment?

Yes No

f) Did the jurisdiction describe the policy and procedures it will follow to affirmatively

- market housing containing five or more HOME-assisted units?
 Yes No
- g) Did the jurisdiction describe actions taken to establish and oversee a minority outreach program within its jurisdiction to ensure inclusion, to the maximum extent possible, of minority and women, and entities owned by minorities and women, including without limitation, real estate firms, construction firms, appraisal firms, management firms, financial institutions, investment banking firms, underwriters, accountants, and providers of legal services, in all contracts, entered into by the participating jurisdiction with such persons or entities, public and private, in order to facilitate the activities of the participating jurisdiction to provide affordable housing under the HOME program or any other Federal housing law applicable to such jurisdiction?
 Yes No
- h) If a jurisdiction intends to use HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds, did it state its financing guidelines required under 24 CFR 92.206(b)?
 Yes No
3. American Dream Downpayment Initiative
- a. If the jurisdiction planned to use American Dream Downpayment Initiative (ADDI) funds to increase access to homeownership, did it provide the following information:
- i. description of the planned use of the ADDI funds?
 Yes No
- ii. plan for conducting targeted outreach to residents and tenants of public and manufactured housing and to other families assisted by public housing agencies, for the purposes of ensuring that the ADDI funds are used to provide downpayment assistance for such residents, tenants, and families? Yes No
- iii. a description of the actions to be taken to ensure the suitability of families receiving ADDI funds to undertake and maintain homeownership, such as provision of housing counseling to homebuyers?
 Yes No
3. Minority Homeownership -- Did the jurisdiction provide an estimate of the total number of minority households expected to be assisted in becoming homeowners?
 Yes No

MONITORING (91.230)

1. Does the grantee describe the standards and procedures that it will use to monitor activities carried out in furtherance of the plan?
 Yes No Verification found on page 8
2. Does the Plan describe actions to be taken by the grantee to monitor its performance in meeting its goals and objectives set forth in it's Consolidated Plan?
 Yes No Verification found on page 8
3. Does the Plan describe steps/actions being taken to insure compliance with program requirements, including requirements involving the timeliness of expenditures?
 Yes No Verification found on page 8

Note: If timeliness of expenditures is an issue, please make sure the grant award letter includes language regarding appropriate actions the grantee should

take to remedy this problem.

4. Does the Plan describe steps/actions it will use to ensure long-term compliance with housing codes, including any actions or on-site inspections it plans to undertake during the program year?

Yes No Verification found on page 8

Note: For example, a HOME program grantee should identify steps it will take to review affordable housing projects it has funded to insure compliance with all HOME program requirements.

5. Does the Plan describe actions to be taken by the grantee to monitor its subrecipients, (including sponsors or administering agents)?

Yes No Verification found on page 8

HUD APPROVAL ACTION

The regulations at Section 91.500(b) state that HUD will approve or disapprove a plan or a portion of a plan for the three following reasons:

- 1) if it is inconsistent with the purposes of NAHA;
- 2) if it is substantially incomplete; and/or
- 3) if certifications are not satisfactory to the Secretary.

Please use the following to determine approval or disapproval:

CONSISTENCY WITH NAHA

1. Is the Plan inconsistent with the purposes of NAHA?

Yes No

If the Plan is inconsistent with NAHA, set forth the basis of that determination by using the following as a guide:

- Does the Plan provide assistance to help families, not owning a home, to save for a down-payment for the purchase of a home.
- Does the Plan provide assistance to retain, where feasible, as housing affordable to low income families, those dwelling units provided for such purpose with federal assistance.
- Does the Plan provide assistance to extend and strengthen partnerships among all levels of government and the private sector, including for-profit and non-profit organizations, in the production and operation of housing affordable to low- and moderate-income families.
- Does the Plan provide assistance to expand and improve federal rental assistance for very low-income families.
- Does the Plan provide assistance to increase the supply of supportive housing, which combines structural features and services needed to enable persons with special needs to live with dignity and independence.

SUBSTANTIALLY INCOMPLETE

1. Is the Plan (including any corrective actions taken at HUD's request during HUD's

review of the plan) substantially incomplete?

Yes No

If the Plan is substantially incomplete, set forth the basis of that determination by using the following as a guide:

- The Plan was developed without the required citizen participation or the required consultation.
- The Plan fails to satisfy all the required elements in the regulations.

AFFIRMATIVELY FURTHERING FAIR HOUSING

1. Is the Certification to Affirmatively Further Fair Housing satisfactory to the Secretary?

Yes No

If the Certification is not satisfactory, set forth the basis of that determination by using the following as a guide:

- Disregard of regulatory requirements to conduct an analysis of impediments to fair housing choice, take appropriate actions to address identified impediments, and maintain adequate records on the steps taken to affirmatively further fair housing in the jurisdiction.
- Lack of action taken on outstanding findings regarding performance under affirmatively furthering fair housing certification requirements of the Consolidated Plan or the Community Development Block Grant Program.

CERTIFICATIONS (91.225)

1. Are the general and specific certifications for each program funded complete and accurate, where applicable:

Note: Consortia, please refer to 91.425
State, please refer to 91.325

General:

- | | | |
|--|---|-----------------------------|
| (1) Affirmatively furthering fair housing: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (2) Anti-displacement and relocation Plan: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (3) Drug-free workplace: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (4) Anti-lobbying | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (5) Authority of Jurisdiction | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (6) Consistency with Plan | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (7) Acquisition and relocation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (8) Section 3 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

CDBG:**

- | | | |
|---------------------------------------|---|-----------------------------|
| (1) Citizen Participation | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (2) Community Development Plan | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (3) Following Plan | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (4) Use of funds | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (5) Excessive Force | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (6) Compliance with anti-displacement | | |

- | | | |
|---|---|-----------------------------|
| law | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (7) Compliance with lead-based paint procedures | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| (8) Compliance with laws | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

ESG:

- | | | |
|---|------------------------------|-----------------------------|
| (1) Not less than 10-years | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Not less than 3-years | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) Service Provision | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (4) Safe and Sanitary | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (5) Supportive Services | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (6) Match Requirements | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (7) Confidentiality | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (8) Employing or involving the homeless | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (9) Consolidated Plan compliance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

HOME

- | | | |
|--|------------------------------|-----------------------------|
| (1) TBRA is consistent w/Plan | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) Use for eligible activities | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (3) PJ will monitor HOME assisted projects | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

HOPWA:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| (1) Meet urgent needs | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (2) 10- or 3-year operation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

***The certification period for the CDBG program's overall benefit requirements must be consistent with the period certified in the prior certification.*

Based on my review of the Plan against the regulations, I have determined the Plan is:

Approved

Disapproved

Date plan disapproved (in part or in its entirety):

Note: Written notification of disapproval must be communicated to the applicant in accordance with 24 CFR 91.500(c). **If disapproved**, provide documentation including dates and times on incompleteness determination, and discussions with grantee and Headquarters:

Reviewed by

DATE:

Program Manager

DATE:

CPD Director

DATE: