

# Authority to Participate

**RESOLUTION NUMBER** \_\_\_\_\_

**A RESOLUTION** of the (Council) \_\_\_\_\_  
authorizing participation in the Community Development Block Grant Program.

**WHEREAS**, the Council of the City of \_\_\_\_\_ wishes to provide a (Project)  
\_\_\_\_\_ for use in the community; and

**WHEREAS**, this entity is an applicant for a grant in the amount of \$ \_\_\_\_\_ from the  
Alaska Department of Commerce, Community, and Economic Development (hereinafter  
"Department"), under the CDBG program;

**NOW, THEREFORE, BE IT RESOLVED THAT** the (usually Mayor) \_\_\_\_\_ of the City  
of \_\_\_\_\_ is hereby authorized to negotiate and execute any and all documents  
required for granting and managing funds on behalf of this organization.

The (usually Mayor) \_\_\_\_\_ is also authorized to execute subsequent  
amendments to said grant agreement to provide for adjustments to the project within the scope of  
services or tasks, based upon the needs of the project.

**PASSED AND APPROVED BY THE** \_\_\_\_\_ on  
\_\_\_\_\_, 20 \_\_\_\_\_.

**IN WITNESS THERETO:**

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Attest: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Attest: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

## Section 1: LMI Area-Wide Benefit

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

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1. Identify the community your project will serve. \_\_\_\_\_

**Note:** *If more than one community will be served, contact DCCED for an LMI determination.*

2. Will your project serve the residents of the entire community? Yes No

3. If you answered **NO** to question #2, skip to question #10.  
If you answered **YES** to question #2, refer to Part 1 of Appendix B. Is your community identified by census data as being at least 51% LMI according to Part 1 of Appendix B? Yes No

4. What is your community LMI % \_\_\_\_\_

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

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

6. Do the figures in Part 1 of Appendix B indicate that you must conduct a survey? Yes No

7. Have you contacted DCCED for survey methodology and followed those instructions in conducting your survey? Yes No

8. Did you include the survey that was completed prior to submission of your application? Yes No

9. Did the survey results indicate that the residents of the entire community are at least 51% LMI as defined by census data income guidelines in Part 2 of Appendix B. Yes No

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

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

Specific area within the community to be served:

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

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

## Section 2: LMI Limited Clientele

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

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

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

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

★ If you answered **YES** to question #1 and checked the appropriated group, your project meets the Limited Clientele criteria for serving 51% LMI persons. **STOP HERE.**

2. If you answered **NO** to question #1, you will need to identify the specific group of people your project will serve and provide information to show that at least 51% of those persons have income at or below the income figures listed in Part 2 of Appendix B.

Specific group within the community to be served:

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

★ If you identified a specific group to be served in question #2 above and answered **YES** to questions #3 and #4, your project meets the Limited Clientele criteria for serving at least 51% LMI persons. **STOP HERE.**

**Section 2: LMI Limited Clientele**

Page Two

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

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

# Statement of Assurances and Certifications

## The local government certifies to the State that:

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

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

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Signature, Chief Elected Official (or Executive Officer)

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Printed Name of Official

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Title of Official

**COOPERATIVE AGREEMENT**  
**CITY/BOROUGH RESOLUTION NUMBER \_\_\_\_\_**

An agreement by and between \_\_\_\_\_ and \_\_\_\_\_.

**WITNESSETH:**

**WHEREAS,** \_\_\_\_\_ (has/have) identified need in the community(ies) to expand economic opportunities; and

**WHEREAS,** (municipal entity) \_\_\_\_\_ contemplates submitting on behalf of (non-municipal entity) \_\_\_\_\_ an application for CDBG funds from the Department of Commerce, Community, and Economic Development (DCCED) for the purpose of meeting such needs; and

**WHEREAS,** \_\_\_\_\_ and \_\_\_\_\_ desire, and are required to, enter into a written cooperative agreement with each other to participate in such CDBG program; and

**WHEREAS,** \_\_\_\_\_ and \_\_\_\_\_ understand that \_\_\_\_\_ will act as the applicant and will have the ultimate responsibility to assume all obligations under terms of the grant including assuring compliance with all applicable laws and program regulations and performance of all work in accordance with the contract. Further, \_\_\_\_\_ will be the contact person for this project; and

**WHEREAS,** it is understood that \_\_\_\_\_ and DCCED have access to all participants' grant records and authority to monitor all activities.

**NOW, THEREFORE,** it is mutually agreed between \_\_\_\_\_ and \_\_\_\_\_ as follows:

1. The \_\_\_\_\_ and \_\_\_\_\_ hereby agree that the \_\_\_\_\_ will receive some specific benefit (i.e., usefulness, advantage, return) for the residents of the rural community for (a specified period of time, usually 20 years or the useful life of the facility) \_\_\_\_\_.
2. The \_\_\_\_\_ and \_\_\_\_\_ hereby agree to cooperate in the submission of an application for such CDBG funds, and agree to cooperate in implementation of the submitted CDBG project, as approved by DCCED.

Nothing contained in this agreement shall deprive any municipality of any power or zoning, development control, or other lawful authority which it presently possesses.

**PASSED AND APPROVED BY THE** \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

**IN WITNESS THERETO:**

By: \_\_\_\_\_  
Signature and Title

Attest: \_\_\_\_\_  
Signature and Title

By: \_\_\_\_\_  
Signature and Title

Attest: \_\_\_\_\_  
Signature and Title

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2501-0032 (exp. 01/31/2020)

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

**Applicant/Recipient Information** Indicate whether this is an Initial Report  or an Update Report

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

## Part I Threshold Determinations

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

## Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

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

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

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

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

(Note: Use Additional pages if necessary.)

## Certification

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

I certify that this information is true and complete.

Signature:	Date: (mm/dd/yyyy)
X	



# ADA Certification

## (Grantee, Applicant, Contractor) Notice

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

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

Name of Applicant: \_\_\_\_\_

Printed Name and Title of  
Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_