City of Chattanooga

Department of Economic Development

*Office of Housing & Community Investment*

*(HCI)*



Application for

**Community Development Block Grant Cares Act**

**(CDBG-CV) Funding**

 

**Community Development Block Grant Cares Act (CDBG-CV) Funding**

**Application Checklist**

[ ]  1. Cover Letter specifying:

1. The name and address of the non-profit organization;
2. The agency’s mission;
3. The funding amount being requested, name of program/project/activity, specific, proposed use of funds and tieback to COVID;
4. The program Federal Objective; and
5. The name, address, and telephone number of a specific contact person within the organization that can be contacted for additional information, if necessary.

[ ]  2. Completed and signed Application Form

[ ]  3. Required Attachments/Supplemental Information:\*

1. [ ]  Agency-wide, board approved most recent Annual Operating Budget
2. [ ]  Charter of the non-profit organization filed with Tennessee Secretary of State. If the Name on the Charter does not match the Agency’s current name, please ensure any amendments or merger documents filed with the State are provided;
3. [ ]  Document indicating Non-Profit Tax Exemption Status for the non-profit organization under the Internal Revenue Code, such as an IRS Determination Letter;
4. [ ]  Most recent IRS Form 990 as filed with the IRS;
5. [ ]  The most recent **Annual Audit** (if applicable) of the non-profit organization, prepared by an independent Certified Public Accountant in accordance with Generally Accepted Auditing Standards. Fiscal Year 2021-22 Audited Financial Statements are preferred. If 2021-22 annual audit is not yet available, then please provide the most recent audit (2020-21), as well as an engagement statement noting when the 2021-22 audit will be completed and submitted to the City.
6. If the agency is not required to file Form 990 with the IRS or have an independent audit report due to other funding requirements, annual financial statements prepared by the agency or compiled by an accountant must be submitted with request.
7. [ ]  Provide a list of full time, part time and contract employees associated with the project/program; staff biographies/resumes, description of their roles in the project/program; and job descriptions.
8. [ ]  List of the Board of Directors, including position, contact information, and number of years served;
9. [ ]  Board approval for application submittal for the specified project(s);
10. [ ]  If project involves construction, project write-up and a certified cost estimate from qualified contractor, engineer, or architect – as applicable;
11. [ ]  Certification regarding debarment; and
12. [ ]  Certification of Conflict of Interest
13. [ ]  Proof of registration in SAM.gov

[ ]  **Electronic Copy Submitted –** Due by 4:00 PM on August 21, 2023 to **hci@chattanooga.gov** and copy Sandra Gober at **Sgober@chattanooga.gov**

**\*Under number 3 above, City of Chattanooga and Hamilton County government, only a, g, and j are applicable and a departmental/project budget is acceptable.**

***Application Form***

***CDBG-CV***

## General Organization & Project Information

|  |  |
| --- | --- |
| ***Agency:*** |       |
| ***Name of Contact Person:*** |       |
| ***Title:*** |       |
| ***Address:*** |       |
| ***City:***  |       | ***State:***  |       | ***Zip Code:*** |       |
| ***Phone:*** |       | ***Email:*** |       |
| ***UEI Number:*** |       | ***Federal Tax #:*** |       |
| ***Agency Type:*** | [ ]  City Government Agency |
| [ ]  Non-Profit Organization |
| [ ]  Public Agency |
| [ ]  Community Housing Development Organization |
| ***Is the agency a 501(c)(3)?*** |  [ ]  Yes [ ]  No |
| ***Date 501(c)(3) status was granted:*** |       |

|  |  |
| --- | --- |
| ***Project Name:*** |       |
| ***Project Address:*** |       |
| ***City:***  |       | ***State:***  |       | ***Zip Code:*** |       |
|  |  |  |  |
| ***CDBG-CV Funding Request:***  |       | ***Applicant’s Leverage:*** |       |
| ***Total Project Cost:*** |       | ***CDBG Leverage % of Total*** |       |

|  |  |
| --- | --- |
| ***Current Status of*** ***Program/Project/Activity*** | [ ]  Program/Project/Activity is currently funded with CDBG |
| [ ]  Program/Project/Activity currently NOT funded with CDBG |
| [ ]  New Service/Program |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Projected Start Date****:* |       | ***Projected Completion Date*:** |       |

|  |  |  |
| --- | --- | --- |
| ***Type******Program/Project/ Activity:*** | [ ] Homeowner Housing Rehabilitation | [ ]  Homebuyer Assistance/Soft Second Mortgages |
| [ ]  Rental Housing Rehabilitation |
| [ ]  Public Service | [ ]  Public Facility/Infrastructure |
| [ ]  Economic Development | [ ]  Clearance |

## II. Objectives, Outcomes, Results

|  |
| --- |
| ***A. National Objective***  |
| 1. [ ]  Activities Benefiting L/M income persons
 | 1. [ ]  Prevention/Elimination of Slums or Blight
 |
| Sub-Categories | Sub-Categories |
| 1. [ ]  Area Benefit (LMI Census Tract only)
 | a. [ ]  Slums and Blight Area Basis |
| 1. [ ]  L/M Limited Clientele
 | b. [ ]  Slums and Blight Spot Basis |
| 1. [ ]  L/M Housing
 | c. [ ]  Slums or Blight in an Urban Renewal Area |
| 1. [ ]  L/M Jobs - Create/Retain
 |  |

|  |
| --- |
| ***B. Geographic Area – Proposed Project/Program/Activity Service Area*** |
| [ ]  City-wide or |
| Please indicate street(s), Census Tract(s), neighborhood(s), etc., :      |

|  |
| --- |
| ***C. Goals and Objectives Project/Program/Activity Will Address*** |
| ***Housing & Related Activities*** |
| ***Goal Name*** | ***Needs Addressed*** | ***Goal Outcome Indicator*** |
| [ ]  1. Increase Affordable Housing Opportunities | [ ]  A. Increase supply of affordable rental housing | Rental units renovated:Number       |
|  | [ ]  B. Preserve existing housing stock | Homeowner units renovated:Number       |
|  | [ ]  C. Increase access to homeownership opportunities | Homeowner units created:Number       |
|  | [ ]  D. Improved/increased access/retention to housing | Direct financial assistance to homebuyers:Number of Households       |
|  |  | Housing counseling/education:Number of persons       |
|  |  | Fair Housing education:Number of persons       |
|  |  |  |
|  |  |  |
|  |  |  |
| ***Public Facilities and Improvements*** |
| ***Goal Name*** | ***Needs Addressed*** | ***Goal Outcome Indicator*** |
| [ ]  2. Community Development Public Facilities and Infrastructure | [ ]  A. Public facilities      | Infrastructure improvements- streets:Liner feet:      Number of persons       |
|  | [ ]  B. Community improvements, infrastructure      | Infrastructure improvements- sidewalks:Liner feet:      Number of persons       |
|  |       | Substandard buildings/structures demolished:Number:       |
|  |       | Public facility improved:Number of persons       |
|  |       |       |
|  |       |       |
|  |       |       |
| ***Public Services*** |
| ***Goal Name*** | ***Needs Addressed*** | ***Goal Outcome Indicator*** |
| [ ]  3. Public Services  |       | Number of Households       |
|  [ ]  3a. New Service |       | Number of People       |
|  [ ]  3b. Substantial Increase |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
| **If activity is not a new service but Substantial Increase from current level, what are the number and percentage increase**? Number       Percentage Increase:       |
| ***Economic Development*** |
| ***Goal Name*** | ***Needs Addressed*** | ***Goal Outcome Indicator*** |
| [ ]  4. Increase Employment Opportunities | [ ]  E. Promote economic development activities | Jobs created: Number       |
|  |       | Jobs retained: Number       |
|  |       | Businesses assisted:Number       |
|  |  |  |

## III. Project/Program/Activity Budget and Funding Information (Increase rows if necessary or attach additional sheets)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Program/Project/ Activity Budget Line Items*** | ***Total Line Item Cost*** | ***Amount CDBG-CV Will Cover*** | ***Amount Other Sources Will Cover*** | ***Name of Other Sources*** |
|       | $      | $      | $      |       |
|       | $      | $      | $      |       |
|       | $      | $      | $      |       |
|       | $      | $      | $      |       |
|       | $      | $      | $      |       |
|       | $      | $      | $      |       |
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|       | $      | $      | $      |       |
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|       | $      | $      | $      |       |
|       | $      | $      | $      |       |
|       | $      | $      | $      |       |
|       | $      | $      | $      |       |
| **Total Project/Program/Activity Cost** | **$** | **$**$      | **$**$      |  |
| **Percentages** | **100%** |       |       |  |

## IV. Project Beneficiary Statistics

1. Indicate the beneficiaries, under the following categories, that your program/project/activity will serve and has served, along with estimated number. (Check all that are applicable.)
2. ***Target Population(s)***

|  |  |
| --- | --- |
| Beneficiaries | Estimated Number to be Served |
| [ ]  Low and moderate income individuals |       |
| [ ]  Low/Mod income households |       |
| [ ]  Low/Mod income community |       |
| [ ]  Elderly  |       |
| [ ]  Individuals with disabilities |       |
| [ ]  Jobs Created/Retained |       |
| [ ]  Businesses Assisted |       |
| [ ]  Homeless individuals |       |
| [ ]  Special Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |       |
| [ ]  Veterans |       |
| [ ] At-risk youth Specify:       |       |
| [ ] Other (Specify)       |       |

1. ***Historic and Proposed Outcomes***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Program Beneficiary Characteristics Clients/Patients/Recipients/Other*** | ***FY 2022-23 Actual*** | ***FY 2022-23 Projected*** | ***FY 2023-24 Target*** |
| 1. Number of Persons Served
 |  |  |  |
| 1. Number Housing Units Preserved
 |       |       |       |
| 1. Number of Businesses Assisted
 |       |       |       |
| 1. Number of Jobs Created/Retained
 |       |       |       |
| 1. Number of Substandard Structures Demolished
 |       |       |       |
| 1. Linear Feet - Sidewalks
 |       |       |       |
| 1. Linear Feet - Streets
 |       |       |       |

*Historic and Proposed Outcomes – Cont.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Program Beneficiary Characteristics Clients/Patients/Recipients/Other*** | ***FY 2021 Actual*** | ***FY 2022 Projected*** | ***FY 2023 Target*** |
| 1. **Unduplicated Count of Program Beneficiaries** **TOTAL:** a)Households [ ]  b)Persons [ ]
 |       |       |       |
| 1. Total Continuing From Previous Fiscal Year
 |       |       |       |
| 1. Total New for the Year
 |       |       |       |
| 1. Total Terminated During the Year
 |       |       |       |
| 1. **Age Group TOTAL**
 |       |       |       |
| 1. Infants – Under 5
 |       |       |       |
| 1. Between 5 and 12
 |       |       |       |
| 1. Between 13 and 17
 |       |       |       |
| 1. Between 18 and 29
 |       |       |       |
| 1. Between 30 and 64
 |       |       |       |
| 1. 65 and over
 |       |       |       |
| 1. Not Known
 |       |       |       |
|  **B. Sex**  **TOTAL** |       |       |       |
| * 1. Male
 |       |       |       |
| * 1. Female
 |       |       |       |
| * 1. Not Known
 |       |       |       |
|  **C. Ethnic Background TOTAL** |       |       |       |
| * 1. White
 |       |       |       |
| * 1. Black
 |       |       |       |
| * 1. Hispanic
 |       |       |       |
| * 1. Asian
 |       |       |       |
| * 1. Other – Ethnic Minority
 |       |       |       |
| * 1. Not Known
 |       |       |       |
|  **D. % Income Level TOTAL** |       |       |       |
| * 1. Below – 30%
 |       |       |       |
| * 1. 31 – 50%
 |       |       |       |
| * 1. 51 – 80%
 |       |       |       |
| * 1. 81% and Over
 |       |       |       |
| * 1. Not Known
 |       |       |       |
|  |  |  |  |
|  **E. Location of Residence TOTAL****(of those from line 7)** |       |       |       |
| * 1. Chattanooga
 |       |       |       |
| * 1. Outside of Chattanooga
 |       |       |       |
| * 1. Not Known
 |       |       |       |

1. Explain how estimates in charts were derived.

## V. Program/Project/Activity Details - Narrative

Provide information on the project/program/activity for which you are seeking funding by providing details on the following:

1. ***Project Description* -** Describe program/project/activity along with justification/demonstration of need as well as organization’s need for funding. **Clearly articulate how proposed activity ties back to COVID**. Discuss where, when, how, and purpose the CDBG-CV and other related funds will be used. Discuss what service(s)/benefits will be provided to clients, as well as how project/program is operated in collaboration with other projects/programs in the community.

For housing preservation projects, please discuss applicable energy saving features; property standards; ongoing program/project administration; ensuring compliance and period of affordability; composition of targeted area (housing mix, income levels, access to transportation, etc.); and plans for property management and maintenance.

For public services, indicate whether the proposed activity is a new activity or a substantial increase in a current service. Provide details on how the substantial increase is/will be determined and defined.

For public facility improvement projects, please ensure the following are addressed: physical description of property; location; current ownership, current value, work write-up, zoning, and certified cost estimate.

For homebuyer assistance projects, please include proposed program guidelines and objectives, level of assistance, and underwriting standards and procedures. You must also address how the potential homebuyer will obtain housing counseling from a HUD approved housing counseling agency.

1. ***Budget and Funding Information* -** Provided supporting details/information on the numbers included in the budget chart. Discuss when and how CDBG-CV funds, and any other funds will be utilized – providing specific details on the costs applicable to CDBG-CV. If the activity is not a new activity, discuss how those costs were covered in the past**.**

1. ***Objective & Outcome*** - Provide details on the information included in the charts above - discussing the measurable, quantifiable outcomes, objectives, and beneficiaries. (*BE SPECIFIC*: i.e., 14 houses will be rehabilitated, 25 children will receive subsidized child care, 50 individuals will be counseled, 10 families will become first-time homebuyers, etc.)

1. ***Target Population* -** Discuss the target population(s) that will be served and how it was determined.

1. ***Participant Eligibility* -** Discuss the manner/process by which clients/beneficiaries/units/area/sites (as applicable) will be selected, served, tracked and reported on.

1. ***Service area* –** Discuss the area in which the proposed program/project/activity will cover.

1. ***Program/project marketing plan* –** To whom, how, when, and where the project/program will be marketed?

1. ***Long term sustainability* –** What are the expected long-term benefits to the clients being served/units improved/sidewalks installed/jobs created, etc., and how will they be sustained? Additionally, if program/project/activity is funded how it will be funded/sustained in upcoming years?

1. ***Project timeline/milestones*** - Detail the chronological order of the major phases of your project / program. Include expected start date and end date. Although this is only a projection, be as accurate as possible).

1. ***Community Engagement* -** Discuss how program/activity will be coordinated with others in the community.

1. ***Program/project evaluation plan*** (How will you know if your project is successful?) Briefly describe your method for evaluating (measuring) the success of your project, including frequency of evaluations.

##  Organization/Project History

1. Has the agency carried out this program/project in the past? [ ]  Yes [ ]  No
2. If yes, please answer the following questions:
3. When was the program/project previously attempted?

1. Funding source and amount?

1. Expounding upon the data provided, what were the outcomes/results of the program/project?

1. If the request is for a continuation of services; describe successes and failures of program in the past and how you will overcome them.

1. Are there other agencies that provide the same or similar programs to the one you are proposing? [ ]  Yes [ ]  No
2. If yes, please discuss these programs and explain why your program/project should be funded. What makes it unique to similar programs/projects in the area?

1. Is this proposed project/program in coordination with, or part of, an ongoing Housing or Community Development Initiative? [ ]  Yes [ ]  No
2. If yes, please explain.

1. Have you received CDBG, HOME, ESG or City General funds within the last three years?

[ ]  Yes [ ]  No

1. If yes, list the type received, amount, project/program supported and current balances.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Year | Project/Program Supported | Amount | Current Balance |
|       |       |       | $      | $      |
|       |       |       | $      | $      |
|       |       |       | $      | $      |
|       |       |       | $      | $      |
|       |       |       | $      | $      |

1. ***Current balances*** - Please explain when any balances will be fully expended.

1. Has your organization submitted a request for funding under the City’s Priority Based Budgeting (PBB) process for the upcoming fiscal year (July 1, 2023 - June 30, 2024), and/or the One Chattanooga Relief and Recovery Plan? If yes, provide a brief description of the request (s), including amount of the request(s).

1. If your organization received funding from the City of Chattanooga (other than CDBG, ESG, or HOME) for the most recent fiscal year (July 1, 2022 – June 30, 2023), provided details on purpose amount, remaining balance, and expected completion and full expenditure timeline.

1. Have you applied to other sources of funding for the proposed project/program?

[ ]  Yes [ ]  No

If yes, explain and complete chart below:

|  |  |  |  |
| --- | --- | --- | --- |
| ***Agency Request Made to*** | ***Amount of******Request*** | ***Status*** | ***Date*** |
| ***Approved/Amount*** | ***Pending*** | ***Denied*** |
|       |       |  [ ]        | [ ]  | [ ]  |       |
|       |       |  [ ]        | [ ]  | [ ]  |       |
|       |       |  [ ]        | [ ]  | [ ]  |       |
|       |       |  [ ]        | [ ]  | [ ]  |       |
|       |       |  [ ]        | [ ]  | [ ]  |       |
|       |       |  [ ]        | [ ]  | [ ]  |       |

1. If you have not applied to other potential funders, please explain why.

1. With or without CDBG-CV funding, how will the proposed project/program be leveraged and sustained in the future?

1. If you are awarded more than $200,000 for a single project, do you acknowledge that you will be required to follow Section 3 regulations (Economic Opportunities For Low- And Very Low-Income Persons) at 24 CFR Part 75? [ ]  Yes [ ]  No

## Organization Experience/Capacity

* 1. Please provide information for major sources of funding for programs and operations.

|  |
| --- |
| **Major Sources of Funding for the Past Three Years** |
| Program/Project  | Name of Funding Source | FY2020-21 Received | FY2021-22 Received | FY 2022-23 Received | FY 2023-24 Requested  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

1. Please provide information describing the agency’s history, experience and capacity to undertake and carry out the project/program, expend awarded funds in a timely manner, and adhere to any required long-term compliance.

1. What services/activities are the applicant organization currently providing and to what type of clientele? What types and number of beneficiaries are/were assisted, annually? Discuss similar programs you have managed in the past three years?

1. Is the applicant organization working with other organizations/agencies that perform similar services?

Yes [ ]  No [ ]

If “yes”, identify those organizations/agencies:

1. Describe the applicant organization’s experience with CDBG or other Federal grant programs.

1. Include with attachments, a list of full time, part time and contract employees associated with the project/program; staff biographies/resumes, description of their roles in the project/program; and job descriptions.

1. Check each item that exists within your organization’s capacity.

[ ]  Audit System

[ ]  Written, internal controls

[ ]  Record Keeping System

[ ]  Procurement System – formal written procedures in place

[ ]  Staff Time/ tracking and distribution

[ ]  Client eligibility and demographic data collection and reporting system

[ ]  Conflict of interest policies

[ ]  Formal personnel system – written procedures in place

[ ]  Fund raising/development

[ ]  Revenue generation

[ ]  No outstanding findings or issues

1. Describe the applicant organization’s administrative systems including but not limited to the above list. If any gaps exist in the applicant organization’s administrative systems, how will they be addressed?

1. Does the organization have any outstanding audit findings or compliance issues with the City, State or Federal Government?

Yes [ ]  No [ ]

If “yes”, please explain:

## Rehabilitation Construction Project Information (Indicate N/A) If not applicable.

Describe the applicant organization’s level of experience with Davis-Bacon prevailing wage requirements.

Describe the applicant organization’s experience/capacity with oversight of construction projects.

If the applicant organization currently does not have the construction capacity or has identified a weakness in its capacity, how will this be remedied?

## AUTHORIZATION FOR APPLICATION SUBMITTAL

Name of Organization:

Address:

Name of Individual Authorized to Submit Application:

Title of Individual Authorized to Submit Application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Authorized to Submit Application

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

## BOARD OF DIRECTOR AUTHORIZATION

I (We) certify to the City of Chattanooga that the Board of Directors of the organization identified in this application has authorized the submission of this request for funding support. I (We) certify, to the best of my (our) knowledge, that the information contained in this proposal is true and complete.

* 1. **Name of Authorized Board Official:**

**Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **Name of Authorized Board Official:**

**Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, INELIGIBILITY, AND OTHER RESPONSIBILITY MATTERS

*Title 24 Code of Federal Regulations Part 24 requires that City of Chattanooga not enter into contract with any agency, corporation. partnership, or other legal entity that has been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by the Federal Government from participating in transactions involving Federal funds. You are required to sign the certification below which specifies that neither you nor your principals are presently debarred, suspended. proposed for debarment, declared ineligible, or voluntarily excluded from participation in programs funded by a Federal agency. It also certifies that you will not use, directly or indirectly, any of these funds to employ, award contracts to, engage the services of, or fund any contractor that is debarred, suspended, or ineligible under 24 Code of Federal Regulations Part 24.*

*If you need to determine whether your agency/firm has been debarred or suspended, or if a subcontractor you plan to hire is suspended or debarred, please refer to the following sources:*

• *List of Parties Excluded From Federal Procurement and Non-procurement Programs, issued by the U.S. General Services Administration, Office of Acquisition Policy. Contact the Superintendent of Documents, U.S. Government Printing Office, Washington D.C. 20402 (Reference Stock # 722-002-00000-8). The telephone number is 202-512-1800.*

• *Internet access is also available at http://epls.arnet.gov*

1. By signing and submitting this certification, the undersigned certifies to the best of its knowledge and belief, that it and its principals:
	1. Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
	2. Have not within a three-year period preceding this award, been convicted of or had a civil judgment rendered against them for: commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property;
	3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in Section (1.b) of this certification;
	4. Have not within a three-year period preceding this award, had one or more contracts (Federal, State, or local) terminated for cause or default;
	5. Will not knowingly enter into any subcontract with a person who is, or organization that is, debarred, suspended, proposed for debarment, or declared ineligible for award of contracts by any Federal agency; and
	6. Will require that the language 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.
2. “Principals”, for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity.
3. Where the undersigned is unable to certify to the statements listed in Section (1) in this certification, an explanation shall be attached. The Contractor shall provide immediate written notice if, at any time prior to or during the negotiated contract period, the Contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by Section (1) of this provision. The knowledge and information of Contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

This certification submitted to the City of Chattanooga is a material representation of fact upon which reliance is placed when entering into a contract agreement. If it is later determined that the Applicant knowingly rendered an erroneous certification, in addition to other remedies available, the City of Chattanooga may terminate, for default, any contracts executed from reliance upon this information.

Signature of Authorized Signing Official/Representative Date

Printed Name of Signer Name of Agency

## Conflict of Interest Disclosure Form

Conflict of Interest Regulations: U.S. HUD’s Conflict of Interest provisions are set forth at 24 CFR 570.611(b) which provide in relevant part that “…no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter…” 24 CFR 570.611(c) describes the persons covered by the above rule as being applicable to “Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer or elected official or appointed official of the recipient, or any designated public agencies, or of subrecipients that are receiving funds under this part.”

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, funding or providing assistance. The term “Conflict of Interest” refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program. Please mark the appropriate box for each question and complete the attachment, if indicated. This form (with Attachment, if required) must be completed and returned with your application.

Agency Name:       Funding Source:

Agency Address:

City, State, ZIP:       Project Name:

1. **Family Relationships:**

Does any employee, board member or person (as described above) in your agency have a family member directly or indirectly involved or employed with the Department of Economic Development and/or City of Chattanooga that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

[ ]  Yes [ ]  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

1. **Program Relationships:**

Does any employee, board member or person (as described above) in your agency serve or is appointed in a Department of Economic Development and/or City of Chattanooga Board/Committee have or may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

[ ]  Yes [ ]  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

Does an employee of the Department of Economic Development and/or City of Chattanooga serve in the agency’s Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

[ ]  Yes [ ]  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

Does any elected official of the City of Chattanooga serve in the agency’s Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

[ ]  Yes [ ]  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

Is any employee, board member and/or person (as described above) in your agency involved in any other activity, directly or indirectly, with the Department of Economic Development and/or City of Chattanooga that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

[ ]  Yes [ ]  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

1. **Business Relationships**

Is any employee, board member or person in your agency or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with the Department of Economic Development and/or City of Chattanooga to provide goods or services, sponsor development activities and/or receive referrals from the Department of Economic Development and/or City of Chattanooga?

[ ]  Yes [ ]  No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

*I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the Department of Economic Development and/or City of Chattanooga to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document. If U.S. HUD determines that a conflict of interest exists, this contract may be terminated and you may be required to return any and all funding allocated, whether used or not used.*

***Print Name***:       ***Date:*** \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conflict of Interest Disclosure Form Attachment**

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered **NO to ALL the questions, you may discard this attachment.**

Agency Name:       Funding Source:

Agency Address:

City, State, ZIP:       Project Name:

|  |  |
| --- | --- |
| Name of Person Involved | Describe Nature of Conflict – Actual, Potential, or PerceivedPlease provide as much relevant information as possible. |
|  |       |
|  |  |
|  |  |
|  |  |
|  |  |

Print Name (Executive Director):

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

Signature