

HCD DOCUMENT ROUTING FORM

3 different certification forms 8/30/16 (L)

DATE: August 29, 2016

NAME OF DOCUMENT: Certification forms for Submitting the 2016 – 2017 Annual Action Plan

Approved at Commission Meeting on ~~6/7/16~~ ^{7/7/15} CAM# 15-0437

ITEM: M - ___ PH - 0203 O - ___ PUR - ___ R - ___

Routing Origin: CITY ATTORNEY'S OFFICE: ENGINEERING COMMUNITY DEV.

OTHER _____

Also attached: copy of CAR copy of document ACM Form # 1 originals

By: JB forwarded to:
Initials

1) Approved as to Content: [Signature] 8/29/16
JONATHAN BROWN, NWPf CRA and HCD MANAGER Date

2) Description:

Attached are the Annual Action Plan City Approval forms. We must attach this to the final documents that are submitted to HUD in order to receive the Federal grant funds.

3) Approved as to content: City Manager:

By: _____
LEE R. FELDMAN, ICMA-CM, CITY MANAGER

4) City Manager: Please sign as indicated and forward all originals to HOUSING & COMM. DEV.

INSTRUCTIONS TO CLERK'S OFFICE

5) City Clerk: retains 0 original document and forwards 13 original documents to HCD

Copy of document to Wendy x6313 Original Route form to Jonathan Brown/CRA

Attach ___ certified copies of Reso. # _____ Fill-in date

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**

- New
 Continuation
 Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

08/15/2016

4. Applicant Identifier:

120954

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:**6. Date Received by State:**

7. State Application Identifier:

8. APPLICANT INFORMATION:*** a. Legal Name:**

CITY OF FORT LAUDERDALE

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

59-6000319

*** c. Organizational DUNS:**

0722195950000

d. Address:*** Street1:**

100 NORTH ANDREWS AVENUE

Street2:

*** City:**

FORT LAUDERDALE

County/Parish:

*** State:**

FL: Florida

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

33301-1016

e. Organizational Unit:**Department Name:**

CITY MANAGER'S OFFICE

Division Name:

HOUSING AND COMMUNITY DEV.

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

Mr.

*** First Name:**

JONATHAN

Middle Name:

*** Last Name:**

BROWN

Suffix:

Title:

HOUSING AND COMMUNITY DEVELOPMENT MANAGER

Organizational Affiliation:

*** Telephone Number:**

954-828-4548

Fax Number:

954-828-4500

*** Email:**

JONATHANBR@FORTLAUDERDALE.GOV

Application for Federal Assistance SF-424

*** 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 & URBAN DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

14.218

CFDA Title:

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

*** 12. Funding Opportunity Number:**

2016-2017 HUD Entitlement Programs

* Title:

THE CITY OF FORT LAUDERDALE IS A HUD ENTITLEMENT MUNICIPALITY FOR THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAMS.

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

THE CITY HAS DESIGNATED ITS HOUSING AND COMMUNITY DEVELOPMENT (HCD) DIVISION AS THE ADMINISTRATOR OF CDBG PROGRAMS.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,475,549.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="200,000.00"/>
* g. TOTAL	<input type="text" value="1,675,549.00"/>

*** 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 in attachment.)**

- Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
* 3. Date Received: 08/15/2016	4. Applicant Identifier: 120954	
5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: CITY OF FORT LAUDERDALE		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 59-6000319	* c. Organizational DUNS: 0722195950000	
d. Address:		
* Street1: 100 NORTH ANDREWS AVENUE	Street2: <input type="text"/>	
* City: FORT LAUDERDALE	County/Parish: <input type="text"/>	
* State: FL: Florida	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* Zip / Postal Code: 33301-1016	
e. Organizational Unit:		
Department Name: CITY MANAGER'S OFFICE	Division Name: HOUSING AND COMMUNITY DEV.	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr.	* First Name: JONATHAN	
Middle Name: <input type="text"/>	* Last Name: BROWN	
Suffix: <input type="text"/>	Title: HOUSING AND COMMUNITY DEVELOPMENT MANAGER	
Organizational Affiliation: <input type="text"/>		
* Telephone Number: 954-828-4548	Fax Number: 954-828-4500	
* Email: JONATHANBR@FORTLAUDERDALE.GOV		

Application for Federal Assistance SF-424

*** 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 & URBAN DEVELOPMENT

11. Catalog of Federal Domestic Assistance Number:

14.239

CFDA Title:

HOME INVESTMENT PARTNERSHIP PROGRAMS (HOME)

*** 12. Funding Opportunity Number:**

2016-2017 HUD Entitlement Programs

* Title:

THE CITY OF FORT LAUDERDALE IS A HUD ENTITLEMENT MUNICIPALITY FOR THE HOME INVESTMENT PARTNERSHIP (HOME) PROGRAMS.

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

THE CITY HAS DESIGNATED ITS HOUSING AND COMMUNITY DEVELOPMENT (HCD) DIVISION AS THE ADMINISTRATOR OF HOME PROGRAMS.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="471,564.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="471,564.00"/>

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- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
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*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes No

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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)**

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Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

08/15/2016

4. Applicant Identifier:

120954

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

CITY OF FORT LAUDERDALE

* b. Employer/Taxpayer Identification Number (EIN/TIN):

59-6000319

* c. Organizational DUNS:

0722195950000

d. Address:

* Street1:

100 NORTH ANDREWS AVENUE

Street2:

* City:

FORT LAUDERDALE

County/Parish:

* State:

FL: Florida

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

33301-1016

e. Organizational Unit:

Department Name:

CITY MANAGER'S OFFICE

Division Name:

HOUSING AND COMMUNITY DEV.

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Mr.

* First Name:

JONATHAN

Middle Name:

* Last Name:

BROWN

Suffix:

Title:

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Organizational Affiliation:

* Telephone Number:

954-828-4548

Fax Number:

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* Email:

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11. Catalog of Federal Domestic Assistance Number:

14.239

CFDA Title:

HOME INVESTMENT PARTNERSHIP PROGRAMS (HOME)

*** 12. Funding Opportunity Number:**

2016-2017 HUD Entitlement Programs

* Title:

THE CITY OF FORT LAUDERDALE IS A HUD ENTITLEMENT MUNICIPALITY FOR THE HOUSING OPPORTUNITIES FOR PERSONS WITH HIV AIDS (HOPWA) PROGRAMS.

13. Competition Identification Number:

Title:

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

Add Attachment

Delete Attachment

View Attachment

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* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="7,136,480.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="7,136,480.00"/>

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* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed: