DATE: August 29, 2016 HCD DOCUMENT ROUTING FORM 3 Cution 18 18 18 18 18 18 18 18 18 18 18 18 18									
DATE: August 29, 2016									
NAME OF DOCUMENT: Certification forms for Submitting the 2016 – 2017 Annual Action Plan									
Approved at Commission Meeting on 67715 CAM# 15-0437									
ITEM:									
Routing Origin: CITY ATTORNEY'S OFFICE: ENGINEERING COMMUNITY DEV.									
☐ OTHER									
Also attached:									
By: JB forwarded to:									
1) Approved as to Content: 82916 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 3 original documents to HCD Copy of document to Why 16313 Original Route form to Jonathan Brown/CRA Attach certified copies of Reso. # Fill-in date									
Attach certified copies of Reso. # Fill-in date									

OMB Number: 4040-0004 Expiration Date: 8/31/2016

Application for F	ederal Assista	nce SF	-424									
* 1. Type of Submission: Preapplication Application Changed/Corrected Application			ew [Revision,	select appropriate	e letter(s):					
* 3. Date Received: 4. Applicant Identifier: 120954												
5a. Federal Entity Ide	ntifier:				5b. Feder	al Award Identific	er:]		
State Use Only:				_								
6. Date Received by S	State:		7. State Application I	lde	entifier:							
8. APPLICANT INFO	RMATION:											
* a. Legal Name:	ITY OF FORT LA	UDERDA	LE									
* b. Employer/Taxpay	er Identification Num	nber (EIN	I/TIN):	П	* c. Organ	nizational DUNS:						
d. Address:												
* Street1: Street2: * City:	100 NORTH ANDREWS AVENUE FORT LAUDERDALE											
County/Parish: * State: Province:	FL: Florida											
* Country:	33301-1016				USA:	UNITED STAT	ES					
e. Organizational U	nit:											
Department Name: CITY MANAGER'S	OFFICE			П	Division N	ame: 3 AND COMMUN	NITY DEV.					
f. Name and contac	t information of pe	rson to	be contacted on ma	atte	ers involv	ing this applic	ation:					
Prefix: Mr. Middle Name: * Last Name: BROX Suffix:	* First Name: JONATHAN ROWN											
Title: HOUSING AN	D COMMUNITY DE	VELOPM	MENT MANAGER	_								
Organizational Affiliati	ion:]		
* Telephone Number:	954-828-4548					Fax Number:	954-828-4	500				
* Email: JONATHAN	BR@FORTLAUDERD	ALE.GO	υV								7	

* 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)									
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:									
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:									
* Other (specify): * 10. Name of Federal Agency: US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT 11. Catalog of Federal Domestic Assistance Number: 14.218 CFDA Title:									
* Other (specify): * 10. Name of Federal Agency: US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT 11. Catalog of Federal Domestic Assistance Number: 14.218 CFDA Title:									
* 10. Name of Federal Agency: US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT 11. Catalog of Federal Domestic Assistance Number: 14.218 CFDA Title:									
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US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT 11. Catalog of Federal Domestic Assistance Number: 14.218 CFDA Title:									
US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT 11. Catalog of Federal Domestic Assistance Number: 14.218 CFDA Title:									
11. Catalog of Federal Domestic Assistance Number: 14.218 CFDA Title:									
14.218 CFDA Title:									
CFDA Title:									
56, 462 PM/SEC									
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 Assis	tance SF-424						
16. Congression	onal Districts Of:							P
* a. Applicant	22				* b. Program/Proj	ect 20 2	2	
Attach an addition	onal list of Program/Pro	ject Congressional Distric	ts if needed.					
			Add Attach	ment	Delete Attachme	ent Vi	ew Attachment	
17. Proposed F	Project:							
* a. Start Date:	10/01/2016				* b. End D	ate: 09/3	0/2017	
18. Estimated I	Funding (\$):							
* a. Federal		1,475,549.00						
* b. Applicant		0.00						
* c. State		0.00						
* d. Local		0.00						
* e. Other		0.00						
* f. Program Inco	ome	200,000.00						
* g. TOTAL		1,675,549.00						
a. This app	lication was made ava	w By State Under Exect allable to the State under 172 but has not been se 12372.	er the Executiv	e Order 1	2372 Process for r	eview on		
Yes	licant Delinquent On No e explanation and atta	Any Federal Debt? (If	"Yes," provide		ion in attachment		w 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 Rep	resentative:							
Prefix:	r.	* First	Name: LEE					
Middle Name:								
* Last Name:	ELDMAN							
Suffix:								
* Title:	A-CM, CITY MANAG	ER						
* Telephone Num	ber: 954-828-5959			Fax N	umber:			
* Email: LFELDM	IAN@FORTLAUDERDAI	E.GOV			-			
* Signature of Aut	horized Representative	ful	lh				* Date Signed:	8 30/16

OMB Number: 4040-0004 Expiration Date: 8/31/2016

Application for	r Federal Assista	nce SF-424							
Preapplication New		New Continuation	* 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:		1							
6. Date Received b	by State:	7. State Application Id	er:						
8. APPLICANT IN	FORMATION:								
* a. Legal Name:	CITY OF FORT LA	UDERDALE							
* b. Employer/Taxp 59-6000319	ayer Identification Nun	nber (EIN/TIN):	Organizational DUNS: 22195950000						
d. Address:			ř						
* Street1: Street2: * City: County/Parish: * State: Province:	100 NORTH ANDREWS AVENUE FORT LAUDERDALE FL: Florida								
* Country:			JSA: UNITED STATES						
* Zip / Postal Code:									
e. Organizational Department Name: CITY MANAGER'			sion Name: USING AND COMMUNITY DEV.						
f. Name and conta	act information of pe	erson to be contacted on ma	involving this application:						
Prefix: Mx Middle Name: BF Suffix: BF	ROWN	* First Name:	JONATHAN						
Title: HOUSING A	AND COMMUNITY DE	EVELOPMENT MANAGER							
Organizational Affili	iation:								
* Telephone Number	er: 954-828-4548		Fax Number: 954-828-4500						
* Email: JONATH	ANBR@FORTLAUDERD	DALE.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	n for Federal Assistance SF-424							
16. Congress	ional Districts Of:							
* a. Applicant	22 * b. Program/Project 20 22							
Attach an addi	tional list of Program/Project Congressional Districts if needed.							
	Add Attachment Delete Attachment View Attachment							
17. Proposed	Project:							
* a. Start Date:	10/01/2016 * b. End Date: 09/30/2017							
18. Estimated	Funding (\$):							
* a. Federal	471,564.00							
* b. Applicant	0.00							
* c. State	0.00							
* d. Local	0.00							
* e. Other	0.00							
* f. Program In	come 0.00							
* g. TOTAL	471,564.00							
* 19. Is Applic	ation Subject to Review By State Under Executive Order 12372 Process?							
a. This ap	plication was made available to the State under the Executive Order 12372 Process for review on .							
b. Program	n is subject to E.O. 12372 but has not been selected by the State for review.							
C. Program	n is not covered by E.O. 12372.							
* 20. Is the Ap	plicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)							
Yes	⊠ No							
If "Yes", provid	de 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)								
** The list of co specific instructi	ertifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency ions.							
Authorized Re	presentative:							
Prefix:	Mr. * First Name: LEE							
Middle Name:	R.							
* Last Name:	FELDMAN							
Suffix:								
* Title:	MA-CM, CITY MANAGER							
* Telephone Nu	mber: 954-828-5959 Fax Number:							
* Email: LFELI	DMAN@FORTLAUDERDALE.GOV							
* Signature of A	uthorized Representative: * Date Signed: 8/30//6							

OMB Number: 4040-0004 Expiration Date: 8/31/2016

Application for F	Application for Federal Assistance SF-424								
* 1. Type of Submission Preapplication Application Changed/Corre	on: ected Application	⊠ Ne	ew [Revision, select appropriate letter(s): Other (Specify):				
* 3. Date Received: 08/15/2016		4. Appli	cant Identifier:						
5a. Federal Entity Ide	ntifier:			51	5b. Federal Award Identifier:				
State Use Only:			**************************************						
6. Date Received by S	State:		7. State Application I	den	entifier:				
8. APPLICANT INFO	DRMATION:								
* a. Legal Name: C	ITY OF FORT LA	JDERDA	LE						
* b. Employer/Taxpay	er Identification Num	nber (EIN	I/TIN):	1 -	* c. Organizational DUNS: 0722195950000				
d. Address:									
* Street1: Street2: * City:	100 NORTH ANDREWS AVENUE FORT LAUDERDALE								
County/Parish:						1			
* State: Province:					FL: Florida				
* Country:					USA: UNITED STATES	1			
* Zip / Postal Code:	33301-1016					•			
e. Organizational U	nit:								
Department Name:				D	Division Name:				
CITY MANAGER'S	OFFICE			Н	HOUSING AND COMMUNITY DEV.				
f. Name and contac	t information of pe	rson to	be contacted on ma	tter	ers involving this application:				
Prefix: Mr.			* First Name:	:	JONATHAN				
Middle Name: * Last Name: BROT									
Suffix:	ROWN								
Title: HOUSING AN	D COMMUNITY DE	VELOP	MENT MANAGER						
Organizational Affiliat	ion:								
* Telephone Number:	954-828-4548	V			Fax Number: 954-828-4500				
* Email: JONATHAN	BR@FORTLAUDERD	ALE.G	OV						

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 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
*15. Descriptive Title of Applicant's Project: THE CITY HAS DESIGNATED ITS HOUSING AND COMMUNITY DEVELOPMENT (HCD) DIVISION AS THE ADMINISTRATOR
OF HOPWA PROGRAMS.
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application	ı for Federal Assistan	ce SF-424		9	3			
16. Congress	ional Districts Of:							
* a. Applicant	22			* b. Pro	ogram/Project 20	22		
Attach an addit	ional list of Program/Project	Congressional Districts in	f needed.					
			Add Attachmer	Delete	Attachment	/iew Attachment		
17. Proposed	Project:							
* a. Start Date:	10/01/2016			§ 9	* b. End Date: 09/	30/2017		
18. Estimated	Funding (\$):							
* a. Federal		7,136,480.00						
* b. Applicant		0.00						
* c. State		0.00						
* d. Local		0.00						
* e. Other		0.00						
* f. Program In	come	0.00						
* g. TOTAL		7,136,480.00						
<u> </u>	ation Subject to Review E						7	
	plication was made availal n is subject to E.O. 12372				ocess for review on			
	n is not covered by E.O. 1		ited by the otal	e for feview.				
* 20. Is the Ap	plicant Delinquent On An	y Federal Debt? (If "Ye	es," provide ex	planation in a	ttachment.)		¥	
Yes	⊠ No							
If "Yes", provid	de explanation and attach							
		<i>A</i>	Add Attachmen	t Delete	Attachment	iew 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 AGREI								
** The list of conspecific instruct	ertifications and assurances ions.	, or an internet site whe	ere you may ob	tain this list, is	contained in the an	inouncement or ager	ncy	
Authorized Re	presentative:							
Prefix:	Mr.	* First Na	ame: LEE					
Middle Name:	R.							
* Last Name:	FELDMAN							
Suffix:			_					
* Title:	MA-CM, CITY MANAGER							
* Telephone Nu	mber: 954-828-5959			Fax Number:				
* Email: LFEL	DMAN@FORTLAUDERDALE.	GOV						
* Signature of Authorized Representative:								