City of Montgomery, Alabama
Department of Planning
Community Development Division

Emergency Solutions Grant (ESG)
Program Guidelines and Application
For
Program Year 2014-2015

25 Washington Ave. 4th Floor
Montgomery, Alabama 36104
Telephone (334) 625-2275
www.montgomeryal.gov

September 10, 2013

Dear Prospective Applicant(s):

The City of Montgomery is requesting proposals for services and projects qualifying under the following program(s):

PY 2014-2015 EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM

Background
The City of Montgomery is an entitlement city in its twenty-second year of participation in the U.S. Department of Housing and Urban Development (HUD) ESG Program. During this time, the City has been awarded millions of dollars to assist the homeless population of Montgomery by providing essential shelter services impacting those who are homeless, potentially homeless, chronically homeless, and youth.

This interim rule, published in the Federal Register on December 5, 2011, revises the regulations for the Emergency Shelter Grants program by establishing the regulations for the Emergency Solutions Grants program, which replaces the Emergency Shelter Grants program. **The change in the program's name, from Emergency Shelter Grants to Emergency Solutions Grants, reflects the change in the program's focus from addressing the needs of homeless people in emergency or transitional shelters to assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness.**

Available Funding
The 2014-2015 ESG program year runs from May 1, 2014 through April 30, 2015. The City of Montgomery is anticipating an allocation of approximately $113,148.00 in ESG funds.

Funding Limitations
The federally funded Emergency Solutions Grant program limits the amount of administrative funds to 5%of the total allocation.

Prior to developing your proposal, city staff urges each potential applicant to carefully consider whether or not their program meets a need of the ESG program. The City will not consider any grant requests smaller than $25,000. Organizations with questions about the eligibility of a project are strongly encouraged to contact city staff for technical assistance and guidance.

All proposals must benefit residents that live inside the City limits (not County). Projects that do not meet the funding requirements will be disqualified from funding consideration. City staff will assist organizations in evaluating project eligibility and can be contacted for technical assistance at any time before the application deadline.

APPLICATION SUBMISSION INSTRUCTIONS

An original, plus two (2) copies of the proposal must be received by the City of Montgomery's Community Development Division NO LATER THAN 2:00 P.M. ON Monday, October 7, 2013. Proposals received after this deadline will be accepted but WILL NOT be reviewed or considered for funding. No exceptions will be granted. Please DO NOT staple, hole punch or attach a cover sheet. The copies may be separated by a binder clip. **All THREE copies must have original signatures.**

Applications must be signed in blue ink only.

Please mail or deliver your proposal to:

City of Montgomery
Community Development Division
25 Washington Avenue, 4th Floor
Montgomery, Alabama 36104

Funding levels, project categories and recipients will be determined by the Community Development Staff, Planning Director, and submitted to HUD no later than March 15, 2014. Decisions are conditional upon the successful completion of the project's environmental review by city staff.

If you have any questions, please contact the Community Development Division directly at (334) 625-2275.

SECTION 1

GENERAL INFORMATION
ORGANIZATIONAL FINANCIAL INFORMATION
INSURANCE REQUIREMENTS

PART 1: GENERAL APPLICTION INFORMATION

PLEASE TYPE IN THE SPACE PROVIDED FOR:

A. Organization's Name:

B. Organization's Start Date:

C. Organization's CEO/ President:

D. Organization's Address:

E. Organization's Mailing Address:

F. Organization's Area Code & Phone Number: Ext.

G. Organization's Area Code & Fax Number:

H. Email Address: Website Address:

I. Type of Organization (Place an "X" after appropriate selection):

501(c)(3) Nonprofit ☐ For-Profit Entity ☐ Government Entity ☐ Faith-Based ☐

Institution of Higher Education ☐ Other ☐ Explain:

J. Federal Tax ID: DUNS #: Organization's Fiscal Year:

K. Proposal Contact Person:

L. Proposal Contact Area Code & Phone Number: Ext.

M. Proposal Contact Person's Email Address:

N. Name of Project:

O. Project Status (Place an "X" after appropriate selection): New Project ☐ Continuation ☐

P. Project Address:

Q. Project Census Tract(s): Block Group(s):

R. Amount of ESG Funds Requested:

S. Previous Year(s) of ESG Funding (COMPLETE TABLE BELOW)

Year							
$Amount							

PART 2. ORGANIZATION FINANCIAL INFORMATION

Using the tables below, itemize income and expenses			
A. Income	**Most Audited Recent Fiscal Year (Fill in Below)**	**Current Fiscal Year**	**Proposed Organizational Budget**
PRIVATE SUPPORT			
	2011-2012	**2012-2013**	**2013-2014**
Contributions			
Grants			
Fundraising			
Other			
Subtotal			
GOVERNMENT			
	2011-2012	**2012-2013**	**2013-2014**
Federal			
State			
Local			
Subtotal			
OTHER REVENUE			
Describe	**2011-2012**	**2012-2013**	**2013-2014**
Subtotal			
TOTAL REVENUE			

Expenses	**2011-2012**	**2012-2013**	**2013-2014**
Personnel (Salaries, Benefits, Taxes, etc.)			
Capital (Equipment, Supplies, Services, Utilities, etc.)			
Other (Insurance, Audits, etc.)			
TOTAL EXPENSES			
SURPLUS/DEFICIT			

A COPY OF YOUR ORGANIZATION'S CURRENT AUDIT REPORT IS REQUIRED FOR THIS APPLICATION. FAILURE TO SUBMIT ALL PAGES OF AUDIT INCLUDING, BUT NOT LIMITED TO, ITS AUTHORSHIP AND FINDINGS AND CONCERNS PORTION WILL BE CONSIDERED INCOMPLETE AND AUTOMATICALLY BE DISQUALIFIED.

PART 3. EXPLANATION OF ORGANIZATION FINANCIAL INFORMATION

C. Organization Income and Expenses

In the space below, briefly explain any organizational budget changes (income or expenses) greater than 15%.

D. Organization's Audit Report

In the space provided below, (If applicable), indicate any Findings and Concerns that may be listed in your organization's audit report. Please provide the page number of the Finding/Concern and give explanation of such including your organization's response for corrective action(s). Include the entire audit report. Please do not leave out any pages or sections of the report.

PART 4: INSURANCE REQUIREMENTS

Provide information requested below.
The City of Montgomery requires general liability insurance, automobile liability insurance (City-funded vehicles for any organizational purpose), worker's compensation and employer's liability insurance (individuals employed by your organization). Note: If your funding request is approved, the City will require that new insurance certificates and endorsements be issued pursuant to City requirements. The City of Montgomery requires minimum limits of liability insurance not less than $1,000,000 per occurrence.

Name of Insurance Company	Effective Date of Policy	Limits of Liability	Deductibles Per Occurrence
General Liability Insurance			
		$	$
Automobile Liability			
		$	$
Worker's Compensation			
		$	$

Place Copies of Applicable Insurance Documentation Behind This Page.

APPLICATION SIGNATURE PAGE

THIS PAGE MUST BE SIGNED BY THE AUTHORIZED CERTIFYING OFFICIAL OR THE APPLICATION WILL NOT BE ACCEPTED. PLEASE SIGN ORIGINAL APPLICATION IN BLUE INK.

The undersigned certifies that:

(a) The information contained in this document is complete and accurate;

(b) The proposed program described in this application meets one of the National Objectives governing the use of Emergency Solutions Grant (ESG) funds;

(c) The applicant shall comply with all Federal and City policies and requirements affecting the ESG program;

(d) If the project is a facility, the sponsor shall maintain and operate the facility for its approved use throughout its economic life; and

(e) Sufficient funds are available from non-ESG sources to complete the project as described, if applicable.

_____

Signature of Authorized Certifying Official

_____

Title

_____

Printed Name of Authorizing Certifying Official

_____

Applicant Organization

_____

Date

SECTION 2

PROPOSAL INFORMATION

APPLICATION
EMERGENCY SOLUTIONS GRANT - FISCAL YEAR 2013

A.l. Applicant: _____
City/County/Nonprofit Agency **County**

Authorized Official: _____

Applicant's Address:_____

Contact Person: _____

Address:_____

Telephone: _____ E-mail: _____

A.2. Declaration of Debt:
Does the applicant owe money to the state or federal government? □ Yes □ No
If the answer is "yes", please attach an explanation.

A.3. 2013 Population of Service Area: _____

A.4. House District:
Senate District:
Congressional:

A.5. Problem Area(s) Addressed:
□ Street Outreach
□ Emergency Shelter
□ Homelessness Prevention
□ Rapid Re-housing
□ HMIS

A.6. ESG Funds Requested:
□ Administration
□ Street Outreach
□ Homelessness Prevention
□ HMIS
□ Emergency Shelter
□ Rapid Re-housing

A.7. **Brief description of the project:** List the amount requested for, and the problem area(s) addressed, (provide the location and type of project, the estimated number of beneficiaries, the number of beneficiaries served during the last calendar year, amount and source of other funds, etc.)

A.8. Verification of Tax-Exempt Status:
Provide the IRS Determination Letters) as well as tax-exempt number(s).

A.9. **Current Audit:** Provide current audit of the financial status of the agency.

B.1. Identification of Homeless Assistance Needs **20 Points**

Applicants will identify the homeless assistance needs they propose to address for their service area including the needs of other eligible clientele such as victims of domestic violence. They should use quantifiable data, specific to their service area, to the maximum extent possible. Data should include the number of individuals and families actually served during the last calendar year.

Maximum of 2 text pages. (Single Spaced)

B.2. Applicant's Strategy to Address Homeless Problems **20 Points**

Applicants will describe their strategy for addressing homeless problems. They will provide specific data quantifying the types of assistance or services provided to homeless individuals and families or those persons at risk of homelessness during the last calendar year. **Applicants will estimate the number of participants they propose to assist in relation to the types of assistance to be provided.** They should explain their strategy for targeting funds to the neediest persons, or to the geographic or functional areas where funds may have the greatest impact.

Maximum of 2 text pages. (Single Spaced)

B.3. Capacity and Coordination **20 Points**

Applicants will describe their management capacity. Provide specific details relating to direct or related experience with service provision to homeless individuals and families or those at-risk of homelessness. Applicants will provide their plan to coordinate and integrate ESG-funded activities with other programs targeted to serving homeless persons and with mainstream resources for which program participants may be eligible.

Maximum of 2 text pages. (Single Spaced)

B.4. Participation in a Continuum of Care **10 Points**

The applicant will demonstrate a thorough understanding of the "continuum of care" concept and explain how the services provided are in line with this concept. This will include information concerning membership in the Mid-Alabama Coalition for the Homeless (MACH), and demonstrate participation in the Homeless Management Information System (HMIS). The applicant will explain the levels of participation in the continuum and detail the strategies of their particular agency for serving the homeless.

Maximum of 2 text pages (Single Spaced) (charts not included in page limit).

B.5. Match 10 Points

Points will be given based on the clarity of proposed match. Match (in-kind or cash) must be explained as to how its use relates to the activities allowed under the McKinney Homeless Assistance Act, as amended Match must be verified to include resolutions and letters detailing sources of funds. Letters from banks, organizations, or donors specifying donated items will be needed. Volunteer hours and fundraising efforts will need to be discussed in enough detail to establish validity. The service area or activities for which volunteer hours are used must be clearly indicated.

Maximum of 2 text pages (graphs/charts not included in page limit).

B.6. Budget 10 Points

The budget narrative must consist of a thorough explanation of activities involved with the request. Each budget category (Administration, Street Outreach, Emergency Shelter, Homelessness Prevention, Rapid Re-Housing, and HMIS) must give a detailed description of costs. In addition to the budget forms, each agency for which funds are requested should submit its annual budget that shows the source and amount of other funds received.

Maximum of 2 text pages (graphs/charts not included in page limit).

B.7. Timeline 10 Points

Provide a flow chart or timeline showing the schedule of necessary project elements with starting and ending dates for each. Activities applied for must be completed and closed out within twelve (12) months.

PROJECT SPECIFIC FINANCIAL INFORMATION
POINTS 10

BUDGET:
Using the sample format below, please provide a detailed budget for the proposed project for your organization. You may add categories as specific to your project. Please place document in the appropriate order.

A. Program Name:			
EXPENSES	**ESG**	**OTHER SOURCES OF FUNDING**	**TOTAL PROJECT COST**
1. Salaries	**$**	**$**	**$**
2. Payroll Taxes	**$**	**$**	**$**
3. Fringe Benefits	**$**	**$**	**$**
4. Consultation/ Professional Fees	**$**	**$**	**$**
5. Insurance	**$**	**$**	**$**
6. Travel	**$**	**$**	**$**
7. Equipment	**$**	**$**	**$**
8. Supplies	**$**	**$**	**$**
9. Printing & Copying	**$**	**$**	**$**
10. Telephone & Fax	**$**	**$**	**$**
11. Postage & Delivery	**$**	**$**	**$**
12. Rent	**$**	**$**	**$**
13. Utilities	**$**	**$**	**$**
14. Maintenance	**$**	**$**	**$**
15. Evaluation	**$**	**$**	**$**
16. Marketing	**$**	**$**	**$**
17. Other (Specify)	**$**	**$**	**$**
TOTAL AMOUNT	**$**	**$**	**$**

Budget Comments:
On a separate page(s), please provide a written justification for each line item above and place behind this page. Please show your work in the example below and how you arrived at each amount requested. Use as many sheets necessary. Please place document in the appropriate order.

EXAMPLE

1. Salaries - Executive Director (20% time charged to ESG) $25 per hr. X 8 hrs. per week = $200 X 4 weeks = $800 per mo.

2. Payroll Taxes

3. Fringe Benefits

4. Consultation/ Professional Fees

5. Insurance

6. Travel

7. Equipment

8. Supplies

9. Printing & Copying

10. Telephone & Fax

11. Postage & Delivery

12. Rent - EXAMPLE - $400 per mo. X 12 mos. = $4,800

13. Utilities - EXAMPLE - PHONE - $50 per mo. X 12 mos. = $600; POWER - $200 per mo. X 12 mos. = $2,400; GAS - $100 per mo. X 12 mos. = $1,200. TOTAL UTILITIES REQUEST = $4,200

14. Maintenance

15. Evaluation

16. Marketing

17. Other (Specify)

Other Funding Sources for the Proposed Project:
Using the sample format below, please provide information on "Other Sources of Funding" for the proposed project for your organization. Please provide proof of other funding sources (Letter of commitment, etc.) and place behind "Other Sources of Funding Page".

Other Sources of Funding			
Funding Sources	**Award Date**	**Date Available**	**Amount**
TOTAL OTHER SOURCES			

PLEASE PLACE ALL BUDGETS DOCUMENTS IN THE APPROPRIATE ORDER IN THE APPLICATION.

Total Clients Served: Please complete table below indicating population served for the past three (3) years						
Client Type	**2010-2011 # of Clients**	**2010-2011 % of low-Income**	**2011-2012 # of Clients**	**2011-2012 % of low-Income**	**2012-2013 # of Clients**	**2012-2013 % of low-Income**
City of Montgomery						
Non-Residents						
Total						

Beneficiary Information - Please complete the following beneficiary table below: Project Year 2014-2015		
1.	**Total projected number of beneficiaries in program**	
2.	**Number of beneficiaries in program to be served with ESG funds**	
3.	**Percentage of ESG beneficiaries with low-moderate income**	
4.	**Project Address**	
5.	****Project Census Tract(s)**	
6.	****Project Block Group(s)**	
7.	****Service Area/Location**	**North, South, East, West Street Boundaries of Proposed Program**

****Census Tract/Block Group information can be located on U.S. Census Bureau website - American Factfinder 2 at http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml**

*****IF PROJECT SERVES BENEFICIARIES FROM MANY AREAS OF THE CITY VERSUS A DEFINED AREA OR LOCATION, IT IS CONSIDERED TO BE A CITYWIDE PROJECT AND YOU WILL NOT NEED TO LIST CENSUS TRACTS/BLOCK GROUPS***

*****IF PROJECT SERVES A DEFINED AREA OR LOCATION, PROVIDE BOUNDARIES (NORTH, SOUTH, EAST, WEST STREETS) OF PROPOSED PROJECT***

*****IF PROJECT SERVES TARGETED AREAS/NEIGHBORHOODS, LIST EACH AREA/NEIGHBORHOOD SEPARATELY INDICATING THE CENSUS TRACTS & BLOCK GROUPS WHERE THEY ARE LOCATED***

Describe key benchmarks and performance measures for your project.
On a separate page, please create a "Performance Measurement Table" using the example and required format below. List major activities, the direct product/service numbers for each activity and the direct outcome/benefit of each activity listed. Use as many sheets as necessary and place behind this page.

PERFORMANCE MEASUREMENT TABLE		
ACTIVITY (What the program does to fulfill its mission)	**INDICATOR** (The direct products of program activities) Service numbers	**OUTCOME** (Benefits that result from the program)
Example: Provide nutritious, home delivered meals to homebound seniors in the City of Montgomery	Example: Deliver nutritious, “hot” meals to at least 88 homebound seniors in the City of Montgomery	Example: Improved access to nutritional, well-balanced meals for program participants Improved quality of life for program participants
Example: Pediatric health care for “sick,” low/moderate income children in the City of Montgomery without any form of health coverage	Example: Provide pediatric health care to at least 97 “sick,” low/moderate income children in the City of Montgomery without any form of health coverage	Example: Improved access to healthcare for program participants Improved quality of life for program participants

Project Timeline: List all project milestones and their anticipated work period. There may be an opportunity to update the project timeline after award notification and before executing a grant agreement with the City. Any proposed changes, including extensions and early completion, must be requested in writing and approved in advance by the City of Montgomery's Community Development Office. Note: Applicant assumes all financial risks if work on the proposed project begins before grant notification and could result in forfeit of award. **YOU MUST USE THIS FORMAT.** Use additional pages if necessary.

Task/Activity	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR

EVALUATION

EVALUATION:
In the space provided below, please describe how you will monitor and evaluate the success of the proposed program in detail. Specifically describe the tool(s) that will be used to evaluate the proposed program.

Organization's Board of Directors

Board of Directors			
Name	**Occupation**	**Years on Board**	**Contact No.**

Key Staff Members: In the space provided below, Please provide a list key staff members responsible for implementing and administering the proposed program and their role as it pertains to the project. Please attach résumés of key staff members describing their experience in implementation and/or administration of programs similar to the proposed program behind this page.

KEY STAFF MEMBERS		
Staff Member's Name	**Position/Name**	**Years Experience**

SECTION 3

CERTIFICATIONS AND ASSURANCES

&

E-VERIFY MEMORANDUM OF UNDERSTANDING & AFFIDAVIT

ASIGNATURE & CERTIFICATIONS

Please read and sign in BLUE INK where applicable on the following pages

EMERGENCY SOLUTIONS GRANTS PROGRAM CERTIFICATIONS

I,_____ authorized to act on behalf of the_____ _____, certify that the (City/County/Non-Profit Agency) will comply (or assure compliance by nonprofit organizations to which it distributes funds under the Emergency Solutions Grants Program) with:

(1) The requirements of 24 CFR 576.21 (a)(4) which provide that the funding of homeless prevention activities for families that have received eviction notices or notices of termination of utility service meet the following standards: (A) that the inability of the family to make the required payments must be the result of a sudden reduction in income; (B) that the assistance must be necessary to avoid eviction of the family or termination of the services to the family; (C) that there must be a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and (D) that the assistance must not supplant funding for preexisting homeless prevention activities from any other source.

(2) The requirements of 24 CFR 576.53(b)(2) concerning the submission by nonprofit organizations applying for funding of a certification of approval of the proposed projects) from the unit of local government in which the proposed project is located.

(3) The requirements of 24 CFR 576.53 concerning the continued use of buildings for which Emergency Shelter Grant funds are used for rehabilitation or conversion of buildings for use as emergency shelters for the homeless; or when funds are used solely for operating costs or essential services, concerning the population to be served.

(4) The building standards requirement of a 24 CFR 576.55;

(5) The requirements of 24 CFR 576.56, concerning assistance to the homeless;

(6) The requirements of 24 CFR 576.57, other appropriate provisions of 24 CFR Part 576, and other applicable Federal law concerning nondiscrimination and equal opportunity.

(7) The requirements of 24 CFR 576.59(b) concerning the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

(8) The requirements of 24 CFR 576.59 concerning minimizing the displacement of persons as a result of a project assisted with these funds.

(9) The requirements of 24 CFR 576.56(a) and 576.65(b) that grantees develop and implement procedures to ensure the confidentiality of records retaining to any individual provided family violence prevention or treatment services under any project assisted under the Emergency Solutions Grants Program and that the address or location of any family violence shelter project assisted under the Emergency Solutions Grants Program will, except with written authorization of the person or persons responsible for the operation of such shelter, not be made public.

(10) The requirement that recipients involve, to the maximum extent practicable, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, and in providing services for occupants of these facilities as provided by 24 CFR 576.5(b)(2).

I further certify that the (City/County/Non-Profit Agency) will comply with the requirements of 24 CFR Part 24 concerning the Drug Free Workplace Act of 1988.

I further certify that the (City/County/Non-Profit Agency) will comply with the provisions of, regulations, and procedures applicable under 24 CFR with respect to the environmental review responsibilities under the National Environmental Policy Act of 1969 and related authorities as specified in 24 CFR Part 58.

I further certify that the submission of an application by the (City/County/Non-Profit Agency) for an emergency shelter grant is authorized under State and local law, and that the (City/County/Non-Profit Agency) possesses legal authority to fund the carrying out of Emergency Solutions Grant activities by nonprofit organizations in accordance with applicable laws and regulations of the Department of Housing and Urban Development.

Name and Title _____

Signature _____

Date_____

EMERGENCY SOLUTIOINS GRANTS PROGRAM
PROHIBITION OF THE USE OF FEDERAL FUNDS FOR LOBBYING CERTIFICATION

I, _____ authorized to act on behalf of the _____ certify to the best of my knowledge and belief, that:

1. **No federal appropriated funds have been paid or will be paid, by or on behalf of the Grantee, to any person for influencing or attempting to influence an officer or employee of any agency (State or Federal, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal loan, the entering into of any cooperative agreement, and modification of any Federal contract, grant, loan, or cooperative agreement.**

2. **If any fluids other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.**

3. **The Grantee shall 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.**

(Name and Title)

(Signature) **(Date)**

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

CITY OF MONTGOMERY
ASSURANCES

Note: Some of these assurances may not be applicable to your project. If you have questions, please contact the agency to which this proposal will be submitted. Further, the City of Montgomery may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.

2. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

3. Will give the City and the Comptroller General of the United States, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

4. Will comply with the conflict of interest provisions at 24 CFR 85.36 and 84.42, and 24 CFR Part 85 related to the establishment of safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

5. Will comply with the uniform administrative requirements in accordance with OMB Circular A-110 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profrt Organizations" as implemented at 24 CFR Part 570 §570.502.

6. Will comply with the requirements and standards of OMB Circular A-122 "Cost Principles for Non-Profit Organizations."

7. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

8. Will comply with all Federal statutes, related amendments, and implementing regulations relating to nondiscrimination, fair housing and equal opportunity including, but not limited to: (a) Title VI of the Civil Rights Act of 1964, as amended; (b) Fair Housing Act; (c) Equal Opportunity in Housing (Executive Order 11063, as amended by Executive Order 12259); (d) Section 109 of Title I of the Housing and Community Development Act of 1974, as amended; (e) Age Discrimination Act of 1975, as amended; (f) any other nondiscrimination provisions in the specific statute under which application for Federal assistance is being made; and (g) the requirements of any other nondiscrimination statute which may apply.

9. Will comply with all Federal statutes, related amendments, and implementing regulations relating to handicapped accessibility including, but not limited to: (a) Architectural Barriers Act of 1968, as amended; and (b) Americans with Disabilities Act; Section 504 of the Rehabilitation Act of 1973.

10. Will comply with all Federal statutes, related amendments, and implementing regulations relating to employment and contracting including, but not limited to: (a) Equal Employment Opportunity, Executive Order 11246, as amended; and (b) Section 3 of the Housing and Urban Development Act of 1968.

11. Will comply, if applicable, with flood insurance requirements of Section 202 of the Flood Disaster Protection Act of 1973.

12. Will comply, as applicable, with the provisions of the: (a) Davis-Bacon Act; (b) the Contract Work Hours and Safety Standards Act; (c) the Copeland (Anti-Kickback) Act; and, (d) Fair Labor Standards Act of 1938, as amended regarding labor standards for federally assisted construction subagreements.

13. Will comply with the requirements found at 24 CFR Part 5 regarding debarred, suspended and ineligible contractors and subrecipients.

14. Will comply, or has already complied, with the requirements of the Uniform Relocation Assistance Act, Section 104(d) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs.

15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972; (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended; (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended; and (h) protection of endangered species under the Endangered Species Act of 1973, as amended.

16. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1968, EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 .

17. Will comply with the Lead-Based Paint Poisoning Prevention Act which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

18. Will comply, as applicable, with the provisions of the Hatch Act which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program. In cases where City, State and/or Federal laws, rules and regulations address certain issues, the most stringent ruling shall apply.

(This page must be signed in **BLUE INK** by the authorized certifying official or the application will not be accepted)

_____ _____

Signature of Authorized Certifying Official **Title**

_____ _____

Applicant Organization **Date**

CITY OF MONTGOMERY CERTIFICATION REGARDING DISBARMENT & SUSPENSION

1. The Proposer certifies to the best of his/her knowledge and belief that the Proposer and/or any of its principles **are** ( ) **are not** ( ) presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by the City of Montgomery, State of Alabama and/or any Federal agency.

2. Principles, for the purpose of this certification, mean officers, directors, owners, partners, and persons having primary management or supervisory responsibilities with a business entity (i.e., general manager, project manager, plant manager, supervisor, or head of subsidiary, division or business segment, and similar positions).

3. The Proposer shall provide immediate written notice to the City of Montgomery's Community Development Office if, at any time prior to the award of potential grant fund, the Proposer learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The certification in paragraph 1 is a material representation of fact upon which reliance will be placed when making an award of a grant/contract. If it is later determined that the Proposer knowingly rendered an erroneous certification, the City of Montgomery, in addition to other remedies, may terminate and/or withdraw the award resulting from this proposal for default.

_____

Signature of Chief Executive Officer

_____

Printed name of Chief Executive Officer

Title: _____

Date: _____

AFFIDAVIT FOR BUSINESS ENTITY/EMPLOYER /CONTRACTOR

This form with attachment is to be returned with the response to any RFP or other form of procurement and is to be completed as a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees.

State of _____

County of _____

Before me, a notary public, personally appeared _____ (print name) who, being duly sworn, says as follows:

"As a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees, I hereby attest that in my capacity as _____(state position) for _____ _____ (state business entity/employer/contractor name) that said business entity/employer/contractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien."

I further attest that said business entity/employer/contractor is enrolled in the E-Verify program. *(ATTACH DOCUMENTATION ESTABLISHING THAT BUSINESS ENTITY/EMPLOYER/CONTRACTOR IS ENROLLED IN THE E-VERIFY PROGRAM)*

_____Signature of Affiant

Sworn to and subscribed before me this _____day of _____, 2____.

I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

_____Signature and Seal of Notary Public

ATTACHMENT: VERIFICATION OF E-VERIFY ENROLLMENT.

THIS FORM PROVIDED FOR COMPLIANCE WITH SECTIONS 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT; CODE OF ALABAMA, SECTIONS 31-13-9 (a) and (b).

SECTION 4

OTHER REQUIRED ATTACHMENTS

OTHER REQUIRED ADDITIONAL DOCUMENTS

The following items are required for submission with this application and should be placed in Section 4 of the application. Please place in order as listed below.

1. Most Current Audited Financial Statement **(FAILURE TO SUBMIT IN WHOLE WILL DISQUALIFY APPLICATION)**
2. Articles of Incorporation
3. By-Laws
4. IRS Non-Profit Determination Letter
5. Copies of Appropriate Licenses & Insurances
6. E-Verify Memorandum of Understanding (MOU) - 13-Page Document
7. Original E-Verify Affidavit (Signed & Notarized)
8. Letters of Support