## **ATTACHMENT C:**

# CERTIFICATIONS, SF-424 APPLICATIONS, & SF-424D ASSURANCES

#### **CERTIFICATIONS**

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the jurisdiction certifies that:

Affirmatively Further Fair Housing -- The jurisdiction will affirmatively further fair housing.

**Uniform Relocation Act and Anti-displacement and Relocation Plan** -- It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR Part 24. It has in effect and is following a residential anti-displacement and relocation assistance plan required under 24 CFR Part 42 in connection with any activity assisted with funding under the Community Development Block Grant or HOME programs.

Anti-Lobbying -- To the best of the jurisdiction's knowledge and belief:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, 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 the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- 2. If any funds 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, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
- 3. It will require that the language of paragraph 1 and 2 of this anti-lobbying 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.

**Authority of Jurisdiction** -- The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations.

**Consistency with plan** -- The housing activities to be undertaken with Community Development Block Grant, HOME, Emergency Solutions Grant, and Housing Opportunities for Persons With AIDS funds are consistent with the strategic plan in the jurisdiction's consolidated plan.

Section 3 -- It will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR Part 135.

Signature of Authorized Official

.00 - Erik Caldwell

Title

#### Specific Community Development Block Grant Certifications

The Entitlement Community certifies that:

Citizen Participation -- It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR 91.105.

Community Development Plan -- Its consolidated plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that that have been developed in accordance with the primary objective of the CDBG program (i.e., the development of viable urban communities, by providing decent housing and expanding economic opportunities, primarily for persons of low and moderate income) and requirements of 24 CFR Parts 91 and 570.

Following a Plan -- It is following a current consolidated plan that has been approved by HUD.

Use of Funds -- It has complied with the following criteria:

- 1. Maximum Feasible Priority. With respect to activities expected to be assisted with CDBG funds, it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low- and moderate-income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include CDBG-assisted activities which the grantee certifies are designed to meet other community development needs having particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available (see Optional CDBG Certification).
- 2. Overall Benefit. The aggregate use of CDBG funds, including Section 108 guaranteed loans, during program year(s) \_\_2019\_\_\_\_\_ [a period specified by the grantee of one, two, or three specific consecutive program years], shall principally benefit persons of low and moderate income in a manner that ensures that at least 70 percent of the amount is expended for activities that benefit such persons during the designated period.
- 3. Special Assessments. It will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108 loan guaranteed funds, by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements.

However, if CDBG funds are used to pay the proportion of a fee or assessment that relates to the capital costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.

In addition, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

Excessive Force -- It has adopted and is enforcing:

- 1. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
- 2. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction.

Compliance with Anti-discrimination laws -- The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the Fair Housing Act (42 U.S.C. 3601-3619) and implementing regulations.

**Lead-Based Paint** -- Its activities concerning lead-based paint will comply with the requirements of 24 CFR Part 35, Subparts A, B, J, K and R.

Compliance with Laws -- It will comply with applicable laws.

Signature of Authorized Official

**\$**15119 Date

Title Caldwell

#### **OPTIONAL Community Development Block Grant Certification**

Submit the following certification only when one or more of the activities in the action plan are designed to meet other community development needs having particular urgency as specified in 24 CFR 570.208(c):

The grantee hereby certifies that the Annual Plan includes one or more specifically identified CDBG-assisted activities which are designed to meet other community development needs having particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs.

Signature of Authorized Official

6/5/10 Date

Proposerik Calderl

DCOO- Enik Caldwell

#### **Specific HOME Certifications**

The HOME participating jurisdiction certifies that:

**Tenant Based Rental Assistance** -- If it plans to provide tenant-based rental assistance, the tenant-based rental assistance is an essential element of its consolidated plan.

Eligible Activities and Costs -- It is using and will use HOME funds for eligible activities and costs, as described in 24 CFR §§92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in §92.214.

**Subsidy layering** -- Before committing any funds to a project, it will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing;

Signature of Authorized Official

Date

DCOD-Enik Caldwell

#### **Emergency Solutions Grants Certifications**

The Emergency Solutions Grants Program recipient certifies that:

Major rehabilitation/conversion/renovation – If an emergency shelter's rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the recipient will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation.

If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the recipient will maintain the building as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion.

In all other cases where ESG funds are used for renovation, the recipient will maintain the building as a shelter for homeless individuals and families for a minimum of 3 years after the date the building is first occupied by a homeless individual or family after the completed renovation.

Essential Services and Operating Costs – In the case of assistance involving shelter operations or essential services related to street outreach or emergency shelter, the recipient will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the recipient serves the same type of persons (e.g., families with children, unaccompanied youth, disabled individuals, or victims of domestic violence) or persons in the same geographic area.

**Renovation** – Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

Supportive Services – The recipient will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, victim services, counseling, supervision, and other services essential for achieving independent living), and other Federal State, local, and private assistance available for these individuals.

Matching Funds – The recipient will obtain matching amounts required under 24 CFR 576.201.

Confidentiality – The recipient has established and is implementing procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter.

Homeless Persons Involvement – To the maximum extent practicable, the recipient will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under the ESG program, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted under the program.

Consolidated Plan – All activities the recipient undertakes with assistance under ESG are consistent with its consolidated plan.

**Discharge Policy** – The recipient will establish and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.

Signature of Authorized Official

Date

DCOO-Ecik Caldwell

#### Housing Opportunities for Persons With AIDS Certifications

The HOPWA grantee certifies that:

**Activities** -- Activities funded under the program will meet urgent needs that are not being met by available public and private sources.

**Building** -- Any building or structure assisted under that program shall be operated for the purpose specified in the consolidated plan:

- 1. For a period of not less than 10 years in the case of assistance involving new construction, substantial rehabilitation, or acquisition of a facility,
- 2. For a period of not less than 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.

Signature of Authorized Official

1000-Erila Caldwell

Date

Title

#### APPENDIX TO CERTIFICATIONS

#### INSTRUCTIONS CONCERNING LOBBYING CERTIFICATION:

#### **Lobbying Certification**

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.

72 29 72 C							LAPITATIO	on Date: 12/31/201
	or Federal Assista	ance S	F-424					
* 1. Type of Subm	ission: * 2. Type of Application:		* If Revision, select appropriate letter(s):					
Preapplication	Preapplication New		lew			2000 (100 to 100 to		
Application	Application Continuation		* Other	(Specify):				
Changed/Co	orrected Application	F	Revision				]	
* 3. Date Received	d:	4. App	olicant Identifier:					
07/01/2019								
5a. Federal Entity I	Identifier:			5b. F	ederal Award Iden	ntifier:		
State Use Only:								
6. Date Received b	y State:		7. State Application	Identifie	er:			-
8. APPLICANT IN	FORMATION:			-				
* a. Legal Name:	City of San Dieg	go						
* b. Employer/Taxp	payer Identification Num	nber (Ell	N/TIN):	* c. C	Organizational DUN	ıs.		
95-6000776					7354070000	13.		
d. Address:								-
* Street1:	1200 Third Ave	1200 Third Avenue						
Street2:		ATTN: Economic Development Department; MS 56D						
* City:	San Diego							
County/Parish:								
* State:		CA: California						
Province:						.a		
* Country:		USA: UNITED STATES						
* Zip / Postal Code:	92101-4110	TARGET ALL CONTROL OF THE PROPERTY OF THE PROP						
e. Organizational l	Unit:							
Department Name:				Divisio	on Name:			
Economic Devel	Lopment					oment Division		
f. Name and conta	ct information of per	rson to	be contacted on ma					
Prefix: Mr.			* First Name:		ephen	ication.	-	
Middle Name:		<u> </u>			ерпеп			
* Last Name: Mad	Maduli-Williams							
Suffix:								
Title: Program Ma	anager							
Organizational Affiliat	tion:							
	ego/Economic Dev	/elopm	ent Department					
* Telephone Number:	Telephone Number: 619-533-6510 Fax Number:							
*Email: smaduliw	willi@sandiego.go	JOV						

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:
U.S. Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Number:
14.239
CFDA Title:
HOME Investment Partnerships Program
* 12. Funding Opportunity Number:
FY 2020 Program Formula Allocations
* Title:
Community Planning and Development Program Formula Allocations for Fiscal Year 2020 (Program Year 2019)
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:
FY20/PY19 Annual Action Plan: HOME consists of the provision of tenant-based rental assistance, affordable rental housing, affordable homeownership, and other related 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	49-53			* b. Program/Project	SeeAAP	
Attach an additiona	Il list of Program/Project Co	ngressional Districts	if needed.			
			Add Attachment	Delete Attachment	View Attachment	
17. Proposed Pro	ject:					
* a. Start Date: 0	7/01/2019			* b. End Date:	06/30/2020	
18. Estimated Fun	ıding (\$):	34				
* a. Federal		5,312,011.00				
* b. Applicant		0.00				
* c. State		0.00				
* d. Local		0.00				
* e. Other	10	,223,688.00				
* f. Program Income	9	903,588.00				
* g. TOTAL	16	,439,287.00				
* 19. Is Application	n Subject to Review By S	tate Under Execut	ive Order 12372 Pro	cess?		
a. This applica	tion was made available t	o the State under t	he Executive Order	2372 Process for review	v on .	
	subject to E.O. 12372 but					
C. Program is r	not covered by E.O. 1237	2.				
* 20. Is the Applica	ant Delinquent On Any Fe	deral Debt? (If "Y	es," provide explana	ation in attachment.)		
∐ Yes	⊠ No					
If "Yes", provide ex	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: Mr.		* First Na	ame: Erik			
Middle Name:						
* Last Name: Cald	dwell					
Suffix:						
Title: Deputy Chief Operating Officer						
Telephone Number: (619) 235–5880 Fax Number:						
Email: ECaldwell@sandiego.gov						
Signature of Authorized Representative: * Date Signed:						

Application f	Application for Federal Assistance SF-424						
* 1. Type of Subr Preapplicat Application Changed/C	tion	□ c	pe of Application: lew ontinuation evision		f Revision, select appropriate letter(s):  Other (Specify):		
* 3. Date Received:  4. Applicant Identifier:			icant Identifier:				
5a. Federal Entity Identifier:					5b. Federal Award Identifier:		
State Use Only:							
6. Date Received	by State:		7. State Application	lde	entifier:	_	
8. APPLICANT IN	NFORMATION:					_	
* a. Legal Name:	City of San Dieg	10				7	
* b. Employer/Tax	payer Identification Num	ber (EIN	/TIN):	1 -	* c. Organizational DUNS:		
d. Address:						_	
* Street1:	1200 Third Ave	nue				_	
Street2:		ATTN: Economic Development Department; MS 56D					
* City:  County/Parish:	San Diego						
* State:							
Province:					CA: California		
* Country:							
* Zip / Postal Code:	92101-4110	USA: UNITED STATES 92101-4110					
e. Organizational	Unit:						
Department Name:				Г	ivision Name:	_	
Economic Deve	lopment			-	Community Development Division	1	
f. Name and conta	f. Name and contact information of person to be contacted on matters involving this application:						
Prefix:			* First Name:		Stephen	+	
Middle Name:							
* Last Name: Ma	duli-Williams						
- January Carlotte Ca							
Organizational Affiliation: Sity of San Diego/Economic Development Department							
	Telephone Number: 619-533-6510 Fax Number:						
Email: smaduliwilli@sandiego.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:
U.S. Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Number:
14.241
CFDA Title:
Housing Opportunities for Persons with AIDS
* 12. Funding Opportunity Number:
FY 2020 Program Formula Allocations
*Title:  Community Planning and Development Program Formula Allocations for Fiscal Year 2020 (Program Year 2019)
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):  Add Attachment  Delete Attachment  View Attachment
A.S. Description Title of Applicant's Project
*15. Descriptive Title of Applicant's Project:  FY20/PY19 Annual Action Plan: HOPWA Program consists of TBRA, supportive services, transitional housing, licensed residential care facilities emergency hosuing, & other related programs
Attach supporting documents as specified in agency instructions.  Add Attachments  Delete Attachments  View Attachments

Applicatio	Application for Federal Assistance SF-424			
16. Congress	16. Congressional Districts Of:			
* a. Applicant	49-53	* b. Program/Project SeeAAP		
Attach an add	itional list of Program/Project Congressional Distri	cts if needed.		
		Add Attachment Delete Attachment View Attachment		
17. Proposed	Project:			
* a. Start Date	07/01/2019	* b. End Date: 06/30/2020		
18. Estimated	d Funding (\$):			
* a. Federal	4,164,570.00			
* b. Applicant	0.00			
* c. State	0.00			
* d. Local	0.00			
* e. Other	1,400,000.00			
* f. Program Ir	0.00			
* g. TOTAL	5,564,570.00			
* 19. Is Applic	cation Subject to Review By State Under Exe	cutive Order 12372 Process?		
a. This ap	pplication was made available to the State und	er the Executive Order 12372 Process for review on .		
b. Progra	m is subject to E.O. 12372 but has not been s	elected by the State for review.		
C. Progra	m is not covered by E.O. 12372.			
* 20. Is the Ap	* 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 c specific instruct	** 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:	Mr. * First	st Name: Erik		
Middle Name:				
* Last Name:	Caldwell			
Suffix:				
* Title: Deputy Chief Operating Officer				
* Telephone Number: (619) 235-5880 Fax Number:				
* Email: ECaldwell@sandiego.gov				
* Signature of A	* Signature of Authorized Representative:  * Date Signed:  **Date Signed:			

Application	n for Federal Assists	nno SE 424					
	n for Federal Assista						
* 1. Type of St		I	* If Revision, select appropriate letter(s):				
Preappli		New New					
Applicati	on	Continuation	* Other (Specify):				
Changed	d/Corrected Application	Revision					
* 3. Date Rece	1-14-170-0-1807 (-1	4. Applicant Identifier:					
07/01/2019	3						
5a. Federal En	ntity Identifier:		5b. Federal Award Identifier:				
State Use On	ly:						
6. Date Receiv	ed by State:	7. State Application	Identifier:				
8. APPLICAN	T INFORMATION:						
* a. Legal Nam	e: City of San Dieg	go					
* b. Employer/T	Faxpayer Identification Num		* c. Organizational DUNS:				
95-6000776			1387354070000				
d. Address:							
* Street1:	1200 Third Ave	enue					
Street2:	ATTN: Economic	C Development Departme	ent: MS 56D				
* City:	San Diego		3.67 1.6 302				
County/Parish							
* State:			CA: California				
Province:			CA: California				
* Country:		USA: UNITED STATES					
* Zip / Postal Co	ode: 92101-4110						
e. Organization	e. Organizational Unit:						
Department Nar	ne:		Division Name:				
Economic De	velopment		Community Development Division				
f. Name and co	ontact information of per	rson to be contacted on mai	tters involving this application:				
Prefix:	Mr.	* First Name:					
Middle Name:		2					
* Last Name:	Maduli-Williams						
Suffix:							
Title: Program	Title: Program Manager						
Organizational A	ffiliation:						
City of San	City of San Diego/Economic Development Department						
* Telephone Nun	nber: 619-533-6510		Fax Number:				
* Email: smadu	ıliwilli@sandiego.g	OV					
		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					

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:		
U.S. Department of Housing and Urban Development		
11. Catalog of Federal Domestic Assistance Number:		
14.231		
CFDA Title:		
Emergency Solutions Grant		
* 12. Funding Opportunity Number:		
FY 2020 Program Formula Allocations		
* Title:		
Community Planning and Development Program Formula Allocations for Fiscal Year 2020 (Program Year		
2019)		
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:		
FY20/PY19 Annual Action Plan: ESG Program consists of the provision of emergency shelters, rapid rehousing, and other related programs.		
Lenousing, and other related programs.		
Attach supporting documents as specified in agency instructions.		
Add Attachments Delete Attachments View Attachments		

Application	n for Federal As	ssistance SF-424			
	sional Districts Of:				
* a. Applicant		7			
85.20	15 03		* b. Program/Project SeeAAP		
Attach an add	itional list of Program	n/Project Congressional Distri	MATTER CONTROL OF THE		
			Add Attachment Delete Attachment View Attachment		
17. Proposed					
* a. Start Date	: 07/01/2019		* b. End Date: 06/30/2020		
18. Estimate	d Funding (\$):				
* a. Federal		1,005,803.00			
* b. Applicant		0.00			
* c. State		0.00			
* d. Local		0.00			
* e. Other		0.00	*		
* f. Program Ir	come	0.00			
* g. TOTAL		1,005,803.00			
* 19. Is Applic	ation Subject to Re	eview By State Under Exec	cutive Order 12372 Process?		
			er the Executive Order 12372 Process for review on		
b. Program	n is subject to E.O.	12372 but has not been se	elected by the State for review.		
	n is not covered by		and the diale for review.		
			W II		
Yes	No No	On Any Federal Debt? (If	"Yes," provide explanation in attachment.)		
If "Yes", provid	de explanation and	attach			
, р.с	as explanation and	attach	Add Attacks and D		
24 *D			Add Attachment Delete Attachment View Attachment		
herein are tru	21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements 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)					
**   AGREE					
** The list of ce	ertifications and assu	rances, or an internet site v	where you may obtain this list, is contained in the announcement or agency		
specific instructi	ons.	and the state of	miles you may obtain this list, is contained in the announcement or agency		
Authorized Re	oresentative:				
Prefix:	Mr.	* First	Name: Erik		
Middle Name:		With Control			
Last Name:	Caldwell				
Suffix:					
Title: De	Title: Deputy Chief Operating Officer				
Telephone Number					
Email: ECaldwell@sandiego.gov					
Signature of Authorized Representative:					
oignature of Au	ulorizea Kepresentat	Ive:	* Date Signed: 43/14		
		The state of the s			

Application for Federal Assista	Application for Federal Assistance SF-424					
* 1. Type of Submission:						
* 1. Type of Submission:  Preapplication  * 2. Type of Application:  New		* If Revision, select appropriate letter(s):				
Application	Continuation	* Other (Specify):				
Changed/Corrected Application	Revision	One (Opecity).				
* 3. Date Received:						
07/01/2019	Applicant Identifier:					
5a. Federal Entity Identifier:						
Sur Foucial Entity Identifier.		5b. Federal Award Identifier:				
State Use Only:						
6. Date Received by State:	7 204 4 5 5					
20 2000	7. State Application	Identifier:				
8. APPLICANT INFORMATION:						
*a. Legal Name: City of San Dieg	jo					
* b. Employer/Taxpayer Identification Num	iber (EIN/TIN):	* c. Organizational DUNS:				
95-6000776		1387354070000				
d. Address:						
* Street1: 1200 Third Ave.	enue					
Street2: ATTN: Economic	Development Departme	ent; MS 56D				
* City: San Diego		·				
County/Parish:						
* State:	CA: California					
Province:						
* Country:	- 2007	USA: UNITED STATES				
* Zip / Postal Code: 92101-4110						
e. Organizational Unit:						
Department Name:		Division Name:				
Economic Development		Community Development Division				
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix: Mr.	* First Name:					
Middle Name:		Scephen				
* Last Name: Maduli-Williams						
Suffix:						
Title: Program Manager						
Organizational Affiliation:						
City of San Diego/Economic Development Department						
Telephone Number:         619-533-6510         Fax Number:						
Email: smaduliwilli@sandiego.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:
U.S. Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Number:
14.241
CFDA Title:
Community Development Block Grant
* 12. Funding Opportunity Number:
FY 2020 Program Formula Allocations
* Title:
Community Planning and Development Program Formula Allocations for Fiscal Year 2020 (Program Year 2019)
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:
FY20/PY19 Annual Action Plan: CDBG Program consisting of the provision of public services, affordable housing, economic development, community facilities, public improvements,& other related programs.
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application	Application for Federal Assistance SF-424			
16. Congressional Districts Of:				
* a. Applicant	49-53	* b. Program/Project SeeAAP		
Attach an addition	onal list of Program/Project Congressional Distric	ts if needed.		
		Add Attachment View Attachment		
17. Proposed F	Project:			
* a. Start Date:	07/01/2019	* b. End Date: 06/30/2020		
18. Estimated I	Funding (\$):			
* a. Federal	11,876,002.00			
* b. Applicant	0.00			
* c. State	0.00			
* d. Local	0.00			
* e. Other	4,647,964.00			
* f. Program Inc	ome 31,403,000.00			
* g. TOTAL	47,926,966.00			
* 19. Is Applica	tion Subject to Review By State Under Exec	cutive Order 12372 Process?		
a. This app	lication was made available to the State unde	er the Executive Order 12372 Process for review on		
b. Program	is subject to E.O. 12372 but has not been se	elected by the State for review.		
C. Program	is not covered by E.O. 12372.			
* 20. Is the App	licant 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:	Ar. *Firs	t Name: Erik		
Middle Name:				
* Last Name:	Caldwell			
Suffix:				
*Title: Deputy Chief Operating Officer				
* Telephone Number: (619) 235-5880 Fax Number:				
* Email: ECaldwell@sandiego.gov				
* Signature of Authorized Representative: * Date Signed: * Date Signed:				

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SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
one naug concord and the same a	Deputy Chief Operating office
APPLICANT ORGANIZATION	DATE SUBMITTED
City of San Diego	June 5th, 2019

SF-424D (Rev. 7-97) Back

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APPLICANT ORGANIZATION	DATE SUBMITTED
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#### ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009 Expiration Date: 02/28/2022

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SF-424D (Rev. 7-97) Back

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- Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 10. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29) U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seg.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statue(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statue(s) which may apply to the application.

- 11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- 12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
- 14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 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 (P.L. 91-190) 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 (16 U.S.C. §§1451 et seq.); (f) conformity of

- Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
- 18. 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."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
- 20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
One series of the series of th	Deputy Chief Operating
APPLICANT ORGANIZATION	DATE SUBMITTED
City of San Diggo	6/5/2019

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