ATTACHMENT C:

SF-424's & 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, which means it will conduct an analysis of impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

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, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential antidisplacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG 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 CDBG, HOME, ESG, and FROPWA funds are consistent with the strategic plan.

Section 3 -- It will comply with section 3 of the Housing and Urban Development Act of 1968, and Implementing regulations at 24 CFR Part 135.

e/Authorized Official

Date 5LAX16

Specific CDBG 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 housing and community development plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that provide decent housing, expand economic opportunities primarily for persons of low and moderate income. (See CFR 24 570.2 and CFR 24 part 570)

Following a Plan -- It is following a current consolidated plan (or Comprehensive Housing Affordability Strategy) 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 certifies that 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 activities which the grantee certifies are designed to meet other community development needs having a 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);
- 2. Overall Benefit. The aggregate use of CDBG funds including section 108 guaranteed loans during program year(s) <u>FY17</u>, <u>FY19</u> (a period specified by the grantee consisting 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.

The jurisdiction will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108, unless CDBG funds are used to pay the proportion of fee or assessment attributable to the capital costs of public improvements financed from other revenue sources. In this case, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. Also, 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 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 USC 2000d), the Fair Housing Act (42 USC 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.

nature/Authorized Official

<u>Syally</u> Date

Chief Operating Officer Title

OPTIONAL CERTIFICATION CDBG

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 a 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 a 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/Authorized Official

Date

Chief Operating Officer Title

Specific HOME Certifications

The HOME participating jurisdiction certifies that:

Tenant Based Rental Assistance -- If the participating jurisdiction intends to provide tenant-based rental assistance:

The use of HOME funds for tenant-based rental assistance is an essential element of the participating jurisdiction's consolidated plan for expanding the supply, affordability, and availability of decent, safe, sanitary, and affordable housing.

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.

Appropriate Financial Assistance -- 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;

Signatu e/Authorized Official

SMAY1(p

Chief Operating Officer Title

ESG Certifications

The Emergency Solutions Grants Program Recipient certifies that:

Major rehabilitation/conversion – If an emergency shelter's rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the jurisdiction 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 jurisdiction will maintain the building as a shelter for homeless individual or family after the date the building as a shelter for homeless individual or family after the date the building is first occupied by a homeless 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 jurisdiction 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 jurisdiction 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 jurisdiction 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 jurisdiction 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 such individuals.

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

Confidentiality – The jurisdiction 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 jurisdiction 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 jurisdiction undertakes with assistance under ESG are consistent with the jurisdiction's consolidated plan.

Discharge Policy – The jurisdiction 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/Authorized Official

Date 5MANIG

Chief Operating Officer

Title

HOPWA 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 plan:

- 1. For at least 10 years in the case of assistance involving new construction, substantial rehabilitation, or acquisition of a facility,
- 2. For at least 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.

Signature/Authorized Official

<u>Suav</u>

Chief Operating Officer

Title

APPENDIX TO CERTIFICATIONS

INSTRUCTIONS CONCERNING LOBBYING:

A. 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.

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

Application fo	or Federal Assista	nce SF-424	
* 1. Type of Subm		New	* If Revision, select appropriate letter(s): * Other (Specify):
* 3. Date Received	:	4. Applicant Identifier:	
5a. Federal Entity	Identifier:		5b. Federal Award Identifier: B-16-MC060542
State Use Only:	unnuð frað skinn sam de sinn fra		
6. Date Received b	by State:	7. State Application I	Identifier:
8. APPLICANT IN	FORMATION:		
* a. Legal Name:	City of San Die	go	
* b. Employer/Taxp	payer Identification Num	ıber (EIN/TIN):	* c. Organizational DUNS:
95-60000776			1387354070000
d. Address:			
* Street1:	202 C Street		
Street2:	ATTN: ECONOMI	IC DEVELOPMENT DEPARTN	MENT
* City:	San Diego		
County/Parish:			
* State: Province:			CA: California
* Country:			USA: UNITED STATES
* Zip / Postal Code	92101-4110		
e. Organizational	· · · · · · · · · · · · · · · · · · ·		
Department Name:		·····	Division Name:
Economic Deve			Community Development Division
f. Name and cont	act information of pe	rson to be contacted on ma	atters involving this application:
Prefix: Ms	5.	* First Name:	e: Michele
Middle Name:	·····	•·	
* Last Name: Ma	irano		
Suffix:]	
Title: Community	y Development Co	ordinator	
Organizational Affili	iation:		
* Telephone Numbe	er: 619-236-6381		Fax Number: N/A
* Email: MMaranc	c@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:
14.218
CFDA Title:
Community Development Block Grant
* 12. Funding Opportunity Number:
FY 16 Program Formula Allocations
* Title:
Community Planning and Development Program Formula Allocations for FY 2016
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:
FY 16-17 Annual Action Plan: CDBG Program consisting of the provision of public services,
community facilities, public improvements, affordable housing, economic development & other related programs.
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

16. Congressional Districts)f:		
* a. Applicant 49-53			* b. Program/Project SeeAAP
Attach an additional list of Progr	am/Project Congressional Distric	ots if needed.	
		Add Attachment	Delete Attachment View Attachment
17. Proposed Project:			
* a. Start Date: 07/01/2016]		* b. End Date: 06/30/2017
18. Estimated Funding (\$):	· · · · · · · · · · · · · · · · · · ·		
* a. Federal	10,897,246.00		
* b. Applicant	0.00		
* c. State	0.00		
* d. Local	0.00		
* e. Other	62,681.00		
* f. Program Income	11,314,469.00		
* g. TOTAL	22,274,396.00		
* 19. Is Application Subject to	Review By State Under Exe	cutive Order 12372 Pro	ocess?
a. This application was m	ade available to the State und	er the Executive Order	12372 Process for review on
b. Program is subject to E	E.O. 12372 but has not been s	elected by the State for	review.
C. Program is not covered	by E.O. 12372.		
* 20. Is the Applicant Delingu	ent On Any Federal Debt? (If	f "Yes," provide explar	nation in attachment.)
Yes No			
If "Yes", provide explanation a	and attach		
· · · · · · · · · · · · · · · · · · ·		Add Attachment	Delete Attachment View Attachment
24. *Du -luging this applies			list of certifications** and (2) that the statements
herein are true, complete a	nd accurate to the best of n	ny knowledge. I also	provide the required assurances** and agree to
subject me to criminal, civil,	ms if l accept an award. I am or administrative penalties. (I	aware that any faise, i U.S. Code, Title 218, Se	ictitious, or fraudulent statements or claims may action 1001)
X ** 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.	* Fir:	st Name: Scott	
Middle Name:			
* Last Name: Chadwick			
* Last Name: Chadwick Suffix:		<u> </u>	
Suffix:	ng Officer	<u></u>	(
Suffix:* * Title: Chief Operati			(((((((((((((((((((
Suffix: * Title: Chief Operati * Telephone Number: 619-23	6-5587	Fa.	<pre></pre>
Suffix:	6-5587	Fa	<pre></pre>

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

Application fo	or Federal Assista	nce SF	-424								
* 1. Type of Submi			ew		evision, er (Spec	select approp cify):	priate letter((s):			
* 3. Date Received	:	4. Appli	icant Identifier:								
5a. Federal Entity I	Identifier:					ral Award Ide	entifier:				
State Use Only:										<u></u>	
6. Date Received b	by State:		7. State Application	Identii	fler:				••••••••••••••••••••••••••••••••••••••]
8. APPLICANT IN	FORMATION:								<u>Admanda di na sendetta esp</u>		
* a. Legal Name:	City of San Die	go								<u></u>	
* b. Employer/Taxp 95-60000776	payer Identification Nun	iber (EIN	J/TIN):	I		nizational DU 4070000	JNS:				
d. Address:	<u></u>			-	ne de Manada de Caracia						
* Street1: Street2: * City: County/Parish: * State: Province:	202 C Street ATTN: ECONOM: San Diego		ELOPMENT DEPARTI	1ENT		: Californ	nia]			
* Country:			······	USA: UNITED STATES					7		
* Zip / Postal Code:	92101-4110										_
e. Organizational	Unit:			<u>, , , , , , , , , , , , , , , , , , , </u>							
Department Name:	·			Div	vision N	lame:					
Economic Deve	lopment			Co	mmun	ity Devel	opment	Division			
f. Name and conta	act information of pe	rson to	be contacted on ma	tters	invol	ving this ap	plication:	10 1 ₀ 1 1 ₀ 1 10 10 10 10 10 10 10 10 10 10 10 10 1			
Prefix: Ms Middle Name: * Last Name: Ma Suffix:	e. arano]]	* First Name	; []	Miche	ele		·····			
Title: Community	y Development Co	ordina	itor								
Organizational Affili N/A	iation:										
* Telephone Numbe	er: 619-236-6381					Fax Numbe	er: N/A				
* Email: MMaranc	o@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:
14.231
CFDA Title:
Emergency Solutions Grant
* 12. Funding Opportunity Number:
FY 16 Program Formula Allocations
* Title:
Community Planning and Development Program Formula Allocations for FY 2016
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:
FY 16-17 Annual Action Plan: ESG Program consisting of the provision of emergency shelters, rapid
rehousing and other related programs.
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application	for Federal Assistanc	e SF-424
16. Congress	ional Districts Of:	
* a. Applicant	49-53	* b. Program/Project SeeAAP
Attach an addit	tional list of Program/Project C	ongressional Districts if needed.
	· · · · · · · · · · · · · · · · · · ·	Add Attachment Delete Attachment View Attachment
17. Proposed	Project:	
* a. Start Date:	07/01/2016	* b, End Date: 06/30/2017
18. Estimated	Funding (\$):	
* a. Federal		992,604.00
* b. Applicant		0.00
* c. State		0.00
* d. Local		0.00
* e. Other		0.00
* f. Program In	come	0.00
* g. TOTAL		992,604.00
a. This ap	plication was made availabl	v State Under Executive Order 12372 Process? ie to the State under the Executive Order 12372 Process for review on but has not been selected by the State for review. 372.
* 20. Is the Ap		Federal Debt? (If "Yes," provide explanation in attachment.)
Yes	No 1	
If "Yes", provi	de explanation and attach	
		Add Attachment Delete Attachment View Attachment
herein are tru comply with a subject me to	e, complete and accurate ny resulting terms if I acce criminal, civil, or administ E ertifications and assurances,	(1) to the statements contained in the list of certifications** and (2) that the statements to the best of my knowledge. I also provide the required assurances** and agree to apt an award. I am aware that any false, fictitious, or fraudulent statements or claims may rative penalties. (U.S. Code, Title 218, Section 1001) or an internet site where you may obtain this list, is contained in the announcement or agency
Authorized Re	epresentative:	
Prefix:	Mr.	* First Name: Scott
Middle Name:		
* Last Name:	Chadwick	
Suffix:]
* Title: Cr	nief Operating Office	
* Telephone Nu	mber: 619-236-5587	Fax Number:
* Email: SChae	dwick@sandiego.gov	
* Signature of A	uthorized Representative:	* Date Signed:

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

Application for	Federal Assistance SF-424		
* 1. Type of Submiss			Revision, select appropriate letter(s): her (Specify):
* 3. Date Received:	4. Applicant Identifier:		
5a. Federal Entity Ide	entifier:	┑┃┍╴	5b. Federal Award Identifier: 3-16-MC060533
State Use Only:	an a		
6. Date Received by	State: 7. State Application	n Iden	ntifier:
8. APPLICANT INF	ORMATION:		
* a. Legal Name: C	ity of San Diego		
* b. Employer/Taxpa	yer Identification Number (EIN/TIN):	- I (m	c. Organizational DUNS: 1387354070000
d. Address:			
* Street1: Street2: * City:	202 C Street ATTN: ECONOMIC DEVELOPMENT DEPAR San Diego	TMEN	I'T
County/Parish: * State:			CA: California
Province: * Country:			USA: UNITED STATES
* Zip / Postal Code:	92101-4110		
e. Organizational U	Init:		
Department Name:		D	Division Name:
Economic Devel	opment] []	Community Development Division
f. Name and contac	ct information of person to be contacted on I	natter	rs involving this application:
Prefix: Ms . Middle Name: * Last Name: Ma r	* First Nar	າ ອ : 	Michele
Suffix:			
Title: Community	Development Coordinator		
Organizational Affiliat	tion:		
* Telephone Number	619-236-6381		Fax Number: N/A
* Email: MMarano@	esandiego.gov		

* 1. 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): * Other (speci	Application for Federal Assistance SF-424	
Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: 	* 9. Type of Applicant 1: Select Applicant Type:	<u> </u>
Type of Applicant 3: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify): * 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 Tile: HOME Investment Fortnerships Frogram * 12. Funding Opportunity Number: FY 16 Frogram Formula Allocations * Tile: Community Flanning and Development Program Formula Allocations for FY 2016 13. Competition Identification Number: Tile: Tile: 14. Areas Affected by Project (Cittee, Counties, States, etc.): Attl Allocitment Work altment Work Althought * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: BOME consists of owner-occupied rehab, affordable rental bousing,	C: City or Township Government	
<pre>* Other (specify): </pre>	Type of Applicant 2: Select Applicant Type:	
<pre>* Other (specify): </pre>		
*10. Name of Federal Agency: U.S. Department of Housing and Othan Development 11. Catalog of Federal Domestic Assistance Number: 14.239 CFDA Title: INOME Investment Partnershipa Program *12. Funding Opportunity Number: IFY 16 Program Formula Allocations * Title: Community Planning and Development Program Formula Allocations for FY 2016 13. Competition Identification Number: Image: Title: Image: Areas Affected by Project (Cities, Counties, States, etc.): Areas Affected by Project (Cities, Counties, States, etc.): Areas Affected by Project (Cities, Counties, States, etc.): Areas Affected Dy Project (Cities, Counties, States, etc.): Yier, Allaciment Yier, Allaciment Yier, Allaciment Yier, Allaciment	Type of Applicant 3: Select Applicant Type:	
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Community Planning and Development Program Formula Allocations for FY 2016		
13. Competition Identification Number: 13. Competition Identification Number: Title: Title: 14. Areas Affected by Project (Citles, Counties, States, etc.): 14. Areas Affected by Project (Citles, Counties, States, etc.): Add Attachment Delete Attachment View Attachment * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: ROME consists of owner-occupied rehab, affordable rental housing,		
Title: Id. Areas Affected by Project (Cities, Counties, States, etc.): Add Attachment Delete Attachment View Attachment * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,	community riaming and bevelopment riogram formula Altocations for F1 2010	
Title: Id. Areas Affected by Project (Cities, Counties, States, etc.): Add Attachment Delete Attachment View Attachment * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,		
Title: Id. Areas Affected by Project (Cities, Counties, States, etc.): Add Attachment Delete Attachment View Attachment * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,		
14. Areas Affected by Project (Cities, Counties, States, etc.): Add Attachment Delete Attachment View Attachment * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,	13. Competition Identification Number:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Add Attachment Delete Attachment View Attachment * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,		
Add Attachment Delete Attachment View Attachment * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,	Title:	
Add Attachment Delete Attachment View Attachment * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,		
Add Attachment Delete Attachment View Attachment * 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,		
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* 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,	14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project: FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,	Add Attachment Detete Attachment View Attachment	
FY 16-17 Annual Action Plan: HOME consists of owner-occupied rehab, affordable rental housing,		
Attach supporting documents as specified in agency instructions.		
Add Attachments Delete Attachments View Attachments	Add Attachments Delete Attachments View Attachments	

Application	for Federal Assistan	ce SF-424			
16. Congressi	ional Districts Of:				
* a. Applicant	49-53		*	b. Program/Project SeeAAP	
Attach an addit	ional list of Program/Project	Congressional Distri	sts if needed.	·····	· · · · · · · · · · · · · · · · · · ·
			Add Atlachment	elete Attachment View	Attachment
17. Proposed	Project:				
* a. Start Date:	07/01/2016			* b. End Date: 06/30/	2017
18. Estimated	Funding (\$):				
* a. Federal		4,093,848.00	n an		
* b. Applicant		0.00			
* c. State		0.00			
* d. Local		0.00			
* e. Other		6,726,636.00			
* f. Program In	come	4,250,000.00	•		
* g. TOTAL		15,070,484.00			an an a san an a
* 19. Is Applic	ation Subject to Review B	y State Under Exe	cutive Order 12372 Proces	s?	
📃 a. This ap	plication was made availal	ole to the State unc	er the Executive Order 123	72 Process for review on	·
b. Progran	n is subject to E.O. 12372	but has not been s	elected by the State for revi	ew.	
🔀 c. Program	n is not covered by E.O. 1	2372.			
* 20. Is the Ap	plicant Delinquent On An	y Federal Debt? (I	"Yes," provide explanatio	n in attachment.)	
Yes	🔀 No				
If "Yes", provid	de explanation and attach			Faith and the second	
			Add Attachment D	elete Attachment View	Attachment
herein are tru comply with a subject me to	e, complete and accurat ny resulting terms if I acc criminal, civil, or adminis E ertifications and assurances	e to the best of r ept an award. I am trative penalties. (ny knowledge. I also prov aware that any false, fictiti J.S. Code, Title 218, Sectio	of certifications** and (2) th ide the required assuranc ious, or fraudulent statemen in 1001) list, is contained ¹ in the annou	es** and agree to nts or claims may
Authorized Re	presentative:			<u>,,,, ,,, ,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>1997 - Andrew (* 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19</u>
Prefix:	Mr.	* Fir	st Name: Scott	<u> </u>	
Middle Name:					
* Last Name:	Chadwick				
Suffix:					
* Title: Cł	nief Operating Offic	er	~		
* Telephone Nu	mber: 619-236-5587		Fax Nur	nber:	
* Email: SChao	dwick@sandiego.gov				
* Signature of A	uthorized Representative:	2. 2. Alia	THE		* Date Signed: SMAY(4

OMB Number: 4040-0004 /31/2016

					Expiration Date: 8
Assista	ince SF	-424			
olication		e of Application: w ontinuation evision	[If Revision, select appropriate letter(s): Other (Specify):	
	4. Appli	cant Identifier:			
]	5b. Federal Award Identifier: CAH-16-F008	
		7. State Applicatio	on le	dentifier:	
N:		· • • • • • • • • • • • • • • • • • • •			
San Die	go				
cation Nur	nber (EIN	I/TIN):		* c. Organizational DUNS: 1.387354070000	
<u></u>					
Street ECONOM	IC DEVI	ELOPMENT DEPAR		IENT	
ego					
				CA: California	
*********				USA: UNITED STATES	*
4110					

* City:	San Diego								
County/Parish:									
* State:		CA: California							
Province:									
* Country:			USA:	UNITED STATES		л			
* Zip / Postal Coo	de: 92101-4110								
e. Organization	al Unit:			******************************* *******		NUMERIA ANTAL A			
Department Nam	ie:		Division I	Name:					
Economic Dev	Economic Development			Community Development Division					
f. Name and co	ntact information of per	rson to be contacted on ma	itters invo	lving this application:					
Prefix:	Ms.	* First Name	Mich	ele	······································				
Prefix: Middle Name:	Ms.	* First Name	: Mich	ele					
Middle Name:	Ms. Marano	* First Name	Mich	ele					
Middle Name:		* First Name	Mich	ele					
Middle Name: [* Last Name: [Suffix:			Mich	ele					
Middle Name: [* Last Name: [Suffix:	Marano ty Development Coc		Mich	ele		· · · · · · · · · · · · · · · · · · ·			
Middle Name: [* Last Name:] Suffix: [Title: Communi	Marano ty Development Coc		Mich	ele		· · · · · · · · · · · · · · · · · · ·			
Middle Name: * Last Name: Suffix: Title: Communi Organizational A	Marano ty Development Coo ffiliation:		Mich	ele Fax Number: N/A					
Middle Name: [* Last Name:] Suffix: [Title: Communi Organizational At N/A * Telephone Num	Marano ty Development Coc ffiliation:		Mich						

Application for Federal Assistance SF-424

* 1. Type of Submission:

Changed/Corrected Application

Preapplication

Application

* 3. Date Received:

State Use Only:

95-60000776

d. Address: * Street1:

Street2:

5a. Federal Entity Identifier:

6. Date Received by State:

8. APPLICANT INFORMATION:

* a. Legal Name: City of San Diego

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

202 C Street

ATTN:

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 16 Program Formula Allocations
* Title:
Community Flanning and Development Program Formula Allocations for FY 2016
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:
FY 16-17 Annual Action Plan: HOPWA Program consists of TBRA, supportive services, transitional/ emergency/recovery housing and other related programs.
Danorgener, 2000001, noderny and obior relation programs.
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

					·····		
Application	for Federal Assistar	ice SF-424					
16. Congressi	onal Districts Of:				·		
* a. Applicant	49-53			* b. Program	n/Project SeeAAP		
Attach an addit	onal list of Program/Project	Congressional Distri	cts if needed.				
			Add Attachmer	t Delete Atlat	chment View	Altachment	
17. Proposed	Project:						
* a. Start Date:	07/01/2016			* b. Er	ind Date: 06/30/2	2017	
18. Estimated Funding (\$):							
* a. Federal		2,855,967.00					
* b. Applicant		0.00					
* c. State		0.00					
* d. Local		0.00					
* e. Other		182,138.00					
* f. Program Ind	come	0.00					
* g. TOTAL		3,038,105.00					
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?							
a. This application was made available to the State under the Executive Order 12372 Process for review on							
b. Program is subject to E.O. 12372 but has not been selected by the State for review.							
C. Program is not covered by E.O. 12372.							
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)							
If "Yes", provid	le explanation and attach						
			Add Attachmer	Delete Altac	shmant 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 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.	* Firs	st Name: Scott				
Middle Name:							
* Last Name:	Chadwick						
Suffix:							
* Title: Chief Operating Officer							
* Telephone Number: 619-236-5587 Fax Number:							
* Email: SChadwick@sandiego.gov							
* Signature of Authorized Representative:							