ATTACHMENT C:

SF-424's & CERTIFICATIONS

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 HOPWA funds are consistent with the strategic plan.

Section 3 4 It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

Signature Authorized Official Date (ZMAY)

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:

- 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>F16</u>, <u>F178</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.

24413

Signature/Authorized Official

Date

DEPENDING DEFICER

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;

Signature Authorized Official

Date

AFERTING DEFICER

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 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 conversion.

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

CHIEF DRERATING DEFICEP

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:

For at least 10 years in the case of assistance involving new construction, substantial rehabilitation, or acquisition of a facility,

For at least 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.

IZMAN (S

Signature/Authorized Official

1.

2

Date

PERATING DEFICER

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.

Application for	Federal Assista	nce SI	-424		
* 1. Type of Submiss			ew		Revision, select appropriate letter(s):
* 3. Date Received:		4. Appli	cant Identifier:		
5a. Federal Entity Ide	entifier:				5b. Federal Award Identifier: B-15-MC060542
State Use Only:					
6. Date Received by	State:		7. State Application	Ide	entifier:
8. APPLICANT INFO	ORMATION:				
* a. Legal Name: C	ity of San Die	go			
* b. Employer/Taxpa			I/TIN):		* c. Organizational DUNS:
d. Address:					
* Street1:	202 C Street				
Street2:	Attn: HUD Prog	grams i	Administration		
* City:	San Diego				
County/Parish:					
* State:					CA: California
Province:					
* Country:					USA: UNITED STATES
	92101				
e. Organizational U	Init:			_	
Department Name:					Division Name:
Economic Develo	opment				HUD Programs Administration
f. Name and contac	ct information of pe	rson to	be contacted on ma	atte	ers involving this application:
Prefix: Ms.]	* First Name	:	Sima
Middle Name:					
* Last Name: Tha	kkar				
Suffix:]			
Title: HUD Progra	um Manager				
Organizational Affiliat	ion:				
N/A					
* Telephone Number:	619-236-5902				Fax Number: N/A
* Email: SThakkar	@sandiego.gov				

a. Type of Applicant 1: 3	Select Applicant Type:	
C: City or Township	o Government	
Type of Applicant 2: Select	Applicant Type:	
Type of Applicant 3: Select	Applicant Type:	
* Other (specify):		
* 10. Name of Federal Age	ency:	
US Department of Ho	busing and Urban Development	
11. Catalog of Federal Do	omestic Assistance Number:	
14.218		
CFDA Title:		
Community Developme	ent Block Grant	
* 12. Funding Opportunity	y Number:	
FY 15 Program Formu	ala Allocations	
1		
* Title: Community Planning	and Development Program Formula Allocations for FY 2015	
Community Planning		
Community Planning 13. Competition Identifica		
Community Planning		
Community Planning 13. Competition Identifica		
Community Planning 13. Competition Identifica		
Community Planning		
Community Planning 13. Competition Identifica Title:		
Community Planning 13. Competition Identifica Title: 14. Areas Affected by Pro	ation Number:	
Community Planning 13. Competition Identifica	ation Number:	
Community Planning 13. Competition Identifica Title: 14. Areas Affected by Proplement City of Same	ation Number: 	
Community Planning 13. Competition Identifica 13. Competition Identifica 14. Areas Affected by Proposed 15. Descriptive Title of A FY 15-16 Annual Act:	ation Number: 	
Community Planning 13. Competition Identifica Title: 14. Areas Affected by Property 15. Descriptive Title of A FY 15-16 Annual Act: community facilities related programs.	ation Number: 	

Application for Federal	Assistance SF-424			
16. Congressional Districts C)f:			
* a. Applicant 49-53			* b. Program/Project SeeAi	AP
Attach an additional list of Progr	am/Project Congressional Distric	ts if needed.		
		Add Attachment	Delete Attachment Vie	ew Attachment
17. Proposed Project:				
* a. Start Date: 07/01/2015]		* b. End Date: 06/3	0/2016
18. Estimated Funding (\$):				
* a. Federal	11,026,482.00			
* b. Applicant				
* c. State				
* d. Local				
* e. Other	4,348,875.00			
* f. Program Income	60,658.00			
* g. TOTAL	15,436,015.00			
* 20. Is the Applicant Delinqu	ent On Any Federal Debt? (If	"Yes," provide explanation	on in attachment.)	
Yes No	sitt Off Any Pederal Debt? (if		n in attachment.)	
If "Yes", provide explanation a	and attach			
		Add Attachment	Delete Attachment Vie	w Attachment
 21. *By signing this application herein are true, complete an comply with any resulting term subject me to criminal, civil, or ** I AGREE ** The list of certifications and a specific instructions. 	ad accurate to the best of m ms if I accept an award. I am or administrative penalties. (U	ny knowledge. I also pro aware that any false, ficti J.S. Code, Title 218, Sectio	vide the required assurar tious, or fraudulent statem on 1001)	nces** and agree to nents or claims may
Authorized Representative:				
Prefix: Mr.	* Firs	t Name: Scott		
Middle Name:				
* Last Name: Chadwick				
Suffix:				
* Title: Chief Operation	ng Officer			
* Telephone Number: 619-236	5-5587	Fax Nu	imber:	
* Email: schadwick@sandie	go.gov			
* Signature of Authorized Repres	entative:	H.		* Date Signed:

Application for	Federal Assistance S	F-424		
* 1. Type of Submiss		lew [* If Revisio * Other (S	ion, select appropriate letter(s): Specify):
* 3. Date Received:	4. Apr	licant Identifier:		
5a. Federal Entity Id	entifier:		I	ederal Award Identifier: -MC060542
State Use Only:	1999 - Miller Andre Schland, althou a thao Alban a' contra lea na ann an Arland a thao ann a' ann a' ann a' ann			
6. Date Received by	State:	7. State Application I	ldentifier:	
8. APPLICANT INF	ORMATION:			
* a. Legal Name: C	ity of San Diego			
* b. Employer/Taxpa 95-60000776	yer Identification Number (E	N/TIN):	I	rganizational DUNS: 354070000
d. Address:				
* Street1:	202 C Street			
Street2:	Attn: HUD Programs	Administration		
* City:	San Diego			
County/Parish:				
* State:			С	CA: California
Province:				
* Country:			USA	A: UNITED STATES
* Zip / Postal Code:	92101			
e. Organizational U	Jnit:			
Department Name:			Divisior	on Name:
Economic Devel	opment		HUD E	Programs Administration
f. Name and contac	ct information of person to	be contacted on ma	tters inv	volving this application:
Prefix: Ms.		* First Name:	: Sin	ma
Middle Name:				
* Last Name: Tha	kkar			
Suffix:				
Title: HUD Progra	am Manager			
Organizational Affiliat	tion:			
N/A				
* Telephone Number:	619-236-5902			Fax Number: N/A
* Email: SThakkar	@sandiego.gov			

	elect Applicant Type:	:					
C: City or Township	Government						
Type of Applicant 2: Select A	pplicant Type:						
Type of Applicant 3: Select A	pplicant Type:						
* Other (specify):							
* 10. Name of Federal Age	ncy:						
US Department of Ho	ising and Urban D	Development					
11. Catalog of Federal Do	nestic Assistance Nu	imber:					
14.231							
CFDA Title:							_
Emergency Solutions	Grant						
* 12. Funding Opportunity	Number:						
TV 15 D T							
FY 15 Program Formu	a Allocations						
	.a Allocations						
		Program Fori	mula Allocatic	ns for FY 201	5		1
* Title:		Program Form	mula Allocatic	ns for FY 201	5]
* Title:		Program Form	mula Allocatic	ns for FY 201	5		
* Title:		Program Form	mula Allocatic	ns for FY 201	5		
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* Title: Community Planning a	and Development P	Program Form	mula Allocatic	ns for FY 201	5		
* Title: Community Planning a 13. Competition Identifica	and Development P	Program Form	mula Allocatic	ns for FY 201	5		
* Title: Community Planning a 13. Competition Identifica	and Development P	Program Form	mula Allocatic	ns for FY 201	5]
* Title: Community Planning a 13. Competition Identifica	and Development P	Program Form	mula Allocatic	ns for FY 201	5]
* Title: Community Planning a 13. Competition Identifica	and Development P	Program Form	mula Allocatic	ns for FY 201	5]
* Title: Community Planning a 13. Competition Identifica	and Development P	Program Form	mula Allocatio	ns for FY 201	5]
* Title: Community Planning a 13. Competition Identifica Title:	and Development P		mula Allocatic	ns for FY 201	5		
* Title: Community Planning a 13. Competition Identifica Title: 14. Areas Affected by Proj	and Development P tion Number: ect (Cities, Counties,					v Attachment	
* Title: Community Planning a 13. Competition Identifica Title:	and Development P tion Number: ect (Cities, Counties,		mula Allocatic			v Attachment	
* Title: Community Planning a 13. Competition Identifica Title: 14. Areas Affected by Proj	ect (Cities, Counties,					v Attachment	
* Title: Community Planning a 13. Competition Identifica Title: 14. Areas Affected by Proj City of Sa * 15. Descriptive Title of A FY 15-16 Annual Acti	ect (Cities, Counties,	States, etc.):	Add Attachment	Delete Attac	chment Viev]
* Title: Community Planning a 13. Competition Identifica Title: 14. Areas Affected by Proj City of Sa * 15. Descriptive Title of A FY 15-16 Annual Acti	ect (Cities, Counties,	States, etc.):	Add Attachment	Delete Attac	chment Viev		
13. Competition Identifica Title: 14. Areas Affected by Proj	ect (Cities, Counties,	States, etc.):	Add Attachment	Delete Attac	chment Viev		

Application for Federal Assistance SF-424
16. Congressional Districts Of:
* a. Applicant 49-53 * b. Program/Project Action
Attach an additional list of Program/Project Congressional Districts if needed.
Add Attachment Delete Attachment View Attachment
17. Proposed Project:
* a. Start Date: 07/01/2015 * b. End Date: 06/30/2016
18. Estimated Funding (\$):
* a. Federal 978, 583.00
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income * g. TOTAL 978, 583.00
* 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", 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 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: * Date Signed:

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

Application for Federal Assistance SF-424	
* 1. Type of Submission: * 2. Type of Application: * If Revision, select appropriate letter(s): Preapplication New	
* 3. Date Received: 4. Applicant Identifier:	
5a. Federal Entity Identifier: CAH-15-F008	
State Use Only:	
6. Date Received by State: 7. State Application Identifier:	
3. APPLICANT INFORMATION:	
a.Legal Name: City of San Diego	
* b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS: 95-60000776 1387354070000	
d. Address:	
Street1: 202 C Street Street2: Attn: HUD Programs Administration City: San Diego County/Parish:	
State: CA: California Province:]
Country: USA: UNITED STATES]
Zip / Postal Code: 92101	
e. Organizational Unit:	
Department Name: Division Name:	
Economic Development HUD Programs Administration	
. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Ms. * First Name: Sima Aliddle Name: Last Name: Thakkar Suffix: Image: Suffix: Thakkar	
itle: HUD Program Manager	
Drganizational Affiliation:	
Telephone Number: 619-236-5902 Fax Number: N/A	
Email: SThakkar@sandiego.gov	

* 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:
C: City or Township Government Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify): US Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 14.241 CFDA Title:
Type of Applicant 3: Select Applicant Type: * Other (specify): * 10. Name of Federal Agency: US Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 14.241 CFDA Title:
* Other (specify): * 10. Name of Federal Agency: US Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 14.241 CFDA Title:
* Other (specify): * 10. Name of Federal Agency: US Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 14.241 CFDA Title:
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US Department of Housing and Urban Development 11. Catalog of Federal Domestic Assistance Number: 14.241 CFDA Title:
11. Catalog of Federal Domestic Assistance Number: 14.241 CFDA Title:
14.241 CFDA Title:
CFDA Title:
Housing Opportunities for Persons with AIDS
* 12. Funding Opportunity Number:
FY 15 Program Formula Allocations
* Title: Community Planning and Development Program Formula Allocations for FY 2015
community riaming and beveropment riogram rommula Arrocations for Fr 2015
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
City of Jan Jiego Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
FY 15-16 AAP: HOPWA consists of TBRA, supportive services, transitional housing, recovery housing, licensed residential care facilities, emergency housing & other related programs.
recensed residencial care ractifices, emergency notating a other related programs.
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

16. Congressional Districts	01.				
* a. Applicant 49-53			* b. Program/Project	Action	
Attach an additional list of Prog	ram/Project Congressional Dist	tricts if needed.			
		Add Attachment	Delete Attachment	View Attachment	
17. Proposed Project:					
* a. Start Date: 07/01/2015	5		* b. End Date:	06/30/2016	
18. Estimated Funding (\$):					
* a. Federal	2,826,474.0	00			
* b. Applicant					
* c. State					
* d. Local					
* e. Other	371,481.0	00			
* f. Program Income					
* g. TOTAL	3,197,955.0	0			
* 19. Is Application Subject t	o Review Bv State Under Ex	cecutive Order 12372 Pro	cess?		
	ade available to the State ur	adar the Evenutive Order	10070 Dracas for roy	iour on	
].
I h Drogram is subject to l	-() 123/2 but has not been	selected by the State for	review.		
D. Program is subject to t					
C. Program is not covered					
C. Program is not covered	d by E.O. 12372.				
C. Program is not covered	d by E.O. 12372.				
C. Program is not covered 20. Is the Applicant Delingu Yes No	d by E.O. 12372. Jent On Any Federal Debt?				
C. Program is not covered	d by E.O. 12372. Jent On Any Federal Debt?	(If "Yes," provide explan	ation in attachment.)	View Attachment	
C. Program is not covered 20. Is the Applicant Delingu Yes No	d by E.O. 12372. Jent On Any Federal Debt?			View Attachment	
C. Program is not covered C. Program is not co	t by E.O. 12372. Jent On Any Federal Debt? and attach Jon, I certify (1) to the state	(If "Yes," provide explanation of the second	ation in attachment.) Delete Attachment	and (2) that the stateme	ents
C. Program is not covered C. Program is not co	by E.O. 12372. Jent On Any Federal Debt? and attach ion, I certify (1) to the state nd accurate to the best of	(If "Yes," provide explanation of the second	ation in attachment.) Delete Attachment list of certifications** provide the required	and (2) that the stateme assurances** and agree	e to
C. Program is not covered C. Program is not co	t by E.O. 12372. Jent On Any Federal Debt? and attach ion, I certify (1) to the state nd accurate to the best of rms if I accept an award. I a	(If "Yes," provide explana Add Attachment ements contained in the I my knowledge. I also p m aware that any false, fi	ation in attachment.) Delete Attachment list of certifications** provide the required ictitious, or fraudulen	and (2) that the stateme assurances** and agree	e to
C. Program is not covered C. Program is not co	t by E.O. 12372. Jent On Any Federal Debt? and attach ion, I certify (1) to the state nd accurate to the best of rms if I accept an award. I a	(If "Yes," provide explana Add Attachment ements contained in the I my knowledge. I also p m aware that any false, fi	ation in attachment.) Delete Attachment list of certifications** provide the required ictitious, or fraudulen	and (2) that the stateme assurances** and agree	e to
 c. Program is not covered * 20. Is the Applicant Delingu Yes No If "Yes", provide explanation 21. *By signing this applicate herein are true, complete a comply with any resulting te subject me to criminal, civil, 	d by E.O. 12372. Jent On Any Federal Debt? and attach ion, I certify (1) to the state nd accurate to the best of rms if I accept an award. I an or administrative penalties.	(If "Yes," provide explana Add Attachment ements contained in the I my knowledge. I also p m aware that any false, fi . (U.S. Code, Title 218, Se	ation in attachment.) Delete Attachment list of certifications** provide the required ictitious, or fraudulen action 1001)	and (2) that the stateme assurances ^{**} and agre t statements or claims	e to may
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OMB Number: 4040-0004 Expiration Date: 8/31/2016

Application for	Federal Assistance	3F-424	
* 1. Type of Submiss Preapplication Application Changed/Corr		New [* If Revision, select appropriate letter(s): * Other (Specify):
* 3. Date Received:	4. Ap	plicant Identifier:	
5a. Federal Entity Ide	entifier:		5b. Federal Award Identifier: B-15-MC060533
State Use Only:			
6. Date Received by	State:	7. State Application I	n Identifier:
8. APPLICANT INF	ORMATION:		
* a. Legal Name: C	ity of San Diego		
* b. Employer/Taxpa	yer Identification Number (E	EIN/TIN):	* c. Organizational DUNS:
95-60000776			1387354070000
d. Address:			
* Street1:	202 C Street		
Street2:	Attn: HUD Programs	Administration	
* City:	San Diego		
County/Parish:			
* State:			CA: California
Province:			
* Country: * Zip / Postal Code:	92101		USA: UNITED STATES
e. Organizational U			
Department Name:			Division Name:
Economic Devel	opment		HUD Programs Administration
f. Name and contac	ct information of person	to be contacted on ma	natters involving this application:
Prefix: Ms.		* First Name	e: Sima
Middle Name:			
* Last Name: Tha	kkar		
Suffix:			
Title: HUD Progra	am Manager		
Organizational Affiliat	tion:		
N/A			
* Telephone Number	619-236-5902		Fax Number: N/A
* Email: SThakkar	c@sandiego.gov		

	уре:	
C: City or Township Government		
Type of Applicant 2: Select Applicant Type:		
Type of Applicant 3: Select Applicant Type:		
* Other (specify):		
* 10. Name of Federal Agency:		
US Department of Housing and Urban	n Development	
11. Catalog of Federal Domestic Assistance	Number:	
14.239		
CFDA Title:		
HOME Investment Partnerships Prog:	ram	
* 12. Funding Opportunity Number:		
FY 15 Program Formula Allocations		
* Title:		
Community Planning and Development	t Program Formula Allocations for FY 2015	
13. Competition Identification Number:		
13. Competition Identification Number: Title:		
13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counti		
13. Competition Identification Number: Title:		
13. Competition Identification Number: Image: Competition Identification Number: Image: Image: Image: Competition Identification Number: Image: Image	ies, States, etc.): Add Attachment Delete Attachment View Attachment	
13. Competition Identification Number: 14. Areas Affected by Project (Cities, Counti 14. Areas Affected by Project (Cities, Counti 14. Areas Affected by Project (Cities, Counti 15. Descriptive Title of Applicant's Project: FY 15-16 Annual Action Plan: HOME	ies, States, etc.): Add Attachment Delete Attachment View Attachment : consists of the provision of tenant-based rental assistance,	
13. Competition Identification Number: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counting of the second se	ies, States, etc.): Add Attachment Delete Attachment View Attachment	
13. Competition Identification Number: 13. Competition Identification Number: Title: 14. Areas Affected by Project (Cities, Counti 14. Areas Affected by Project (Cities, Counti City of San Disc * 15. Descriptive Title of Applicant's Project: FY 15-16 Annual Action Plan: HOME	ies, States, etc.): Add Attachment Delete Attachment View Attachment : consists of the provision of tenant-based rental assistance,	

Application for Federal Assistance SF-424
16. Congressional Districts Of:
* a. Applicant 49-53 * b. Program/Project Action
Attach an additional list of Program/Project Congressional Districts if needed.
Add Attachment Delete Attachment View Attachment
17. Proposed Project:
* a. Start Date: 07/01/2015 * b. End Date: 06/30/2016
18. Estimated Funding (\$):
* a. Federal 3,963,370.00
* b. Applicant
* c. State
* d. Local
* e. Other 6,836,854.00
* f. Program Income 3, 605, 000.00
* g. TOTAL 14,405,224.00
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
a. This application was made available to the State under the Executive Order 12372 Process for review on
b. Program is subject to E.O. 12372 but has not been selected by the State for review.
C. Program is not covered by E.O. 12372.
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)
Yes No
If "Yes", provide explanation and attach
Add Attachment Delete Attachment View Attachment
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)
** 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 Name: Scott
* Last Name: Chadwick
Suffix:
Telephone Number: 619-236-5587 Fax Number:
* Email: schadwick@sandiego.gov
* Signature of Authorized Representative: * Date Signed: