

# Appendix E

HUD Certifications

City of Portland

City of Gresham

Multnomah County

Consolidated Plan 2011-2016



# Appendix E


## HUD Certifications City of Portland



## APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

|                                                                                                                                                                                                                                                                                                                                 |                                           |                                                                                                                                                                                                                                                                                            |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application                                                                                                                                                                                                                                                                                    |                                           | <b>2. DATE SUBMITTED</b><br>5/16/11                                                                                                                                                                                                                                                        | Applicant Identifier<br>93-6002236          |
| <input checked="" type="checkbox"/> Construction                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Pre-application  | <b>3. DATE RECEIVED BY STATE</b>                                                                                                                                                                                                                                                           | State Application Identifier                |
| <input type="checkbox"/> Non-Construction                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Construction     | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>                                                                                                                                                                                                                                                  | Federal Identifier<br>ORH09F001             |
| <input type="checkbox"/> Non-Construction                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Non-Construction |                                                                                                                                                                                                                                                                                            |                                             |
| <b>5. APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                                                 |                                           |                                                                                                                                                                                                                                                                                            |                                             |
| Legal Name:<br>City of Portland                                                                                                                                                                                                                                                                                                 |                                           | Organizational Unit:<br>Department:<br>Portland Housing Bureau                                                                                                                                                                                                                             |                                             |
| Organizational DUNS:<br>05-497-1197                                                                                                                                                                                                                                                                                             |                                           | Division:                                                                                                                                                                                                                                                                                  |                                             |
| Address:<br>Street:<br>421 SW 6th Avenue, Suite 500                                                                                                                                                                                                                                                                             |                                           | Name and telephone number of person to be contacted on matters involving this application (give area code)                                                                                                                                                                                 |                                             |
| City:<br>Portland                                                                                                                                                                                                                                                                                                               |                                           | Prefix<br>Ms                                                                                                                                                                                                                                                                               | First Name<br>Kate                          |
| County:<br>Multnomah County                                                                                                                                                                                                                                                                                                     |                                           | Middle Name                                                                                                                                                                                                                                                                                |                                             |
| State:<br>OR                                                                                                                                                                                                                                                                                                                    |                                           | Last Name<br>Allen                                                                                                                                                                                                                                                                         |                                             |
| Zip Code<br>97204                                                                                                                                                                                                                                                                                                               | Suffix:                                   |                                                                                                                                                                                                                                                                                            |                                             |
| Country:<br>United States                                                                                                                                                                                                                                                                                                       |                                           | Email:<br>kate.allen@portlandoregon.gov                                                                                                                                                                                                                                                    |                                             |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>93-6002236                                                                                                                                                                                                                                                                   |                                           | Phone Number (give area code)<br>503.823.2375                                                                                                                                                                                                                                              | Fax Number (give area code)<br>503.823.2387 |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) <input type="checkbox"/> <input type="checkbox"/> |                                           | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>C. Municipal<br>Other (specify)                                                                                                                                                                                   |                                             |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program):<br>Housing Opportunities for Persons with AIDS<br>14-241                                                                                                                                                                                  |                                           | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S. Department of Housing and Urban Development                                                                                                                                                                                                      |                                             |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)</b><br>OR Clackamas, Washington, Multnomah, Yamhill, Columbia WA: Clark, Skamania                                                                                                                                                                             |                                           | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>2011-2016 Consolidated Plan, FY2011-2012 Action Plan for the HOPWA EMSA, Oregon counties of Clackamas, Washington, Multnomah, Yamhill, Columbia; Washington counties of Clark, Skamania                                            |                                             |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br>July 1, 2011                                                                                                                                                                                                                                                                      |                                           | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>First, Third, and Fifth in Oregon                                                                                                                                                                                                |                                             |
| Ending Date:<br>June 30, 2012                                                                                                                                                                                                                                                                                                   |                                           | b. Project<br>First, Third, and Fifth in Oregon                                                                                                                                                                                                                                            |                                             |
| <b>15. ESTIMATED FUNDING:</b>                                                                                                                                                                                                                                                                                                   |                                           | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>                                                                                                                                                                                                        |                                             |
| a. Federal                                                                                                                                                                                                                                                                                                                      | \$ 1,086,484.00                           | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:                                                                                                                                         |                                             |
| b. Applicant                                                                                                                                                                                                                                                                                                                    | \$ .00                                    | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372                                                                                                                                                                                                           |                                             |
| c. State                                                                                                                                                                                                                                                                                                                        | \$ .00                                    | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW                                                                                                                                                                                                              |                                             |
| d. Local                                                                                                                                                                                                                                                                                                                        | \$ .00                                    | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>                                                                                                                                                                                                                                |                                             |
| e. Other                                                                                                                                                                                                                                                                                                                        | \$ .00                                    | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No                                                                                                                                                                                        |                                             |
| f. Program Income                                                                                                                                                                                                                                                                                                               | \$ .00                                    | <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |                                             |
| g. TOTAL                                                                                                                                                                                                                                                                                                                        | \$ .00                                    | a. Authorized Representative                                                                                                                                                                                                                                                               |                                             |
| Prefix Honorable                                                                                                                                                                                                                                                                                                                |                                           | First Name<br>Sam                                                                                                                                                                                                                                                                          | Middle Name                                 |
| Last Name<br>Adams                                                                                                                                                                                                                                                                                                              |                                           | Suffix                                                                                                                                                                                                                                                                                     |                                             |
| b. Title<br>Mayor, City of Portland                                                                                                                                                                                                                                                                                             |                                           | c. Telephone Number (give area code)<br>803.823.4120                                                                                                                                                                                                                                       |                                             |
| d. Signature of Authorized Representative                                                                                                                                                                                                    |                                           | e. Date Signed<br>5.19.11                                                                                                                                                                                                                                                                  |                                             |

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Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission

| Item:                          | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Item:             | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------------|------------------------|-------------------|--------------------|---------------------|--------------------------------|--------------------------------|--|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                             | Select Type of Submission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11                | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.                                                                                                                                                                                                 |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| 2.                             | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 12.               | List only the largest political entities affected (e.g., State, counties, cities).                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| 3.                             | State use only (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13                | Enter the proposed start date and end date of the project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| 4.                             | Enter Date Received by Federal Agency<br>Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 14.               | List the applicant's Congressional District and any District(s) affected by the program or project                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| 5.                             | Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.                                                                                                                                                                                                                                                                                                 | 15                | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| 6.                             | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16.               | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.                                                                                                                                                                                                                                                                                                                                           |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| 7.                             | Select the appropriate letter in the space provided.<br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table> | A. State          | I. State Controlled Institution of Higher Learning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B. County            | J. Private University | C. Municipal | K. Indian Tribe                                                                                                                                                                                                                                                                                                             | D. Township | L. Individual | E. Interstate | M. Profit Organization | F. Intermunicipal | N. Other (Specify) | G. Special District | O. Not for Profit Organization | H. Independent School District |  | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| A. State                       | I. State Controlled Institution of Higher Learning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| B. County                      | J. Private University                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| C. Municipal                   | K. Indian Tribe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| D. Township                    | L. Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| E. Interstate                  | M. Profit Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| F. Intermunicipal              | N. Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| G. Special District            | O. Not for Profit Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| H. Independent School District |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| 8.                             | Select the type from the following list:<br><ul style="list-style-type: none"> <li>• "New" means a new assistance award.</li> <li>• "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>• "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter:<br/> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> </li> </ul> | A. Increase Award | B. Decrease Award                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C. Increase Duration | D. Decrease Duration  | 18           | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| A. Increase Award              | B. Decrease Award                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| C. Increase Duration           | D. Decrease Duration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| 9.                             | Name of Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |
| 10.                            | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |     |                                                                                                                                                                                             |

## APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No 3076-0006

Version 7/03

|                                                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                                                                                                                                                            |                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input checked="" type="checkbox"/> <b>Construction</b><br><input type="checkbox"/> <b>Non-Construction</b>                                                                                                                     |                                  | <b>2. DATE SUBMITTED</b><br>5/16/11                                                                                                                                                                                                                                                        | Applicant Identifier<br>93-6002236    |
| <input type="checkbox"/> Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                                                                                                                                                  | <b>3. DATE RECEIVED BY STATE</b> |                                                                                                                                                                                                                                                                                            | State Application Identifier          |
|                                                                                                                                                                                                                                                                                 |                                  | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>                                                                                                                                                                                                                                                  | Federal Identifier<br>B-09-MC-41-0003 |
| <b>5. APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                 |                                  |                                                                                                                                                                                                                                                                                            |                                       |
| Legal Name:<br>City of Portland                                                                                                                                                                                                                                                 |                                  | <b>Organizational Unit.</b><br>Department:<br>Portland Housing Bureau                                                                                                                                                                                                                      |                                       |
| Organizational DUNS<br>05-497-1197                                                                                                                                                                                                                                              |                                  | Division:                                                                                                                                                                                                                                                                                  |                                       |
| <b>Address.</b><br>Street:<br>421 SW 6th Avenue, Suite 500                                                                                                                                                                                                                      |                                  | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>                                                                                                                                                                          |                                       |
| City:<br>Portland                                                                                                                                                                                                                                                               |                                  | Prefix:<br>Ms                                                                                                                                                                                                                                                                              | First Name:<br>Kate                   |
| County:<br>Multnomah County                                                                                                                                                                                                                                                     |                                  | Middle Name                                                                                                                                                                                                                                                                                |                                       |
| State:<br>OR                                                                                                                                                                                                                                                                    | Zip Code<br>97204                | Last Name<br>Allen                                                                                                                                                                                                                                                                         |                                       |
| Country:<br>United States                                                                                                                                                                                                                                                       |                                  | Suffix:                                                                                                                                                                                                                                                                                    |                                       |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN)</b><br>93-6002236                                                                                                                                                                                                                    |                                  | Email:<br>kate.allen@portlandoregon.gov                                                                                                                                                                                                                                                    |                                       |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Continuation</b> <input type="checkbox"/> <b>Revision</b><br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.) |                                  | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br><input type="checkbox"/> C. Municipal<br>Other (specify)                                                                                                                                                          |                                       |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program):<br>Community Development Block Grant/Entitlement Grants<br>14-218                                                                                                                         |                                  | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S. Department of Housing and Urban Development                                                                                                                                                                                                      |                                       |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>City of Portland                                                                                                                                                                                      |                                  | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>2011-2016 Consolidated Plan, FY2011-2012 Action Plan for the City of Portland                                                                                                                                                      |                                       |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br>July 1, 2011                                                                                                                                                                                                                      |                                  | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>First, Third, and Fifth in Oregon                                                                                                                                                                                                |                                       |
| Ending Date:<br>June 30, 2012                                                                                                                                                                                                                                                   |                                  | b. Project<br>First, Third, and Fifth in Oregon                                                                                                                                                                                                                                            |                                       |
| <b>15. ESTIMATED FUNDING:</b>                                                                                                                                                                                                                                                   |                                  | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>                                                                                                                                                                                                        |                                       |
| a. Federal                                                                                                                                                                                                                                                                      | \$ 9,032,093 <sup>00</sup>       | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON<br>DATE:                                                                                                                                      |                                       |
| b. Applicant                                                                                                                                                                                                                                                                    | \$ <sup>00</sup>                 | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372                                                                                                                                                                                                           |                                       |
| c. State                                                                                                                                                                                                                                                                        | \$ <sup>00</sup>                 | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW                                                                                                                                                                                                              |                                       |
| d. Local                                                                                                                                                                                                                                                                        | \$ <sup>00</sup>                 | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>                                                                                                                                                                                                                                |                                       |
| e. Other                                                                                                                                                                                                                                                                        | \$ <sup>00</sup>                 | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No                                                                                                                                                                                        |                                       |
| f. Program Income                                                                                                                                                                                                                                                               | \$ <sup>00</sup>                 | <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |                                       |
| g. TOTAL                                                                                                                                                                                                                                                                        | \$ <sup>00</sup>                 | <b>a. Authorized Representative</b>                                                                                                                                                                                                                                                        |                                       |
|                                                                                                                                                                                                                                                                                 |                                  | Prefix<br>Honorable                                                                                                                                                                                                                                                                        | First Name<br>Sam                     |
|                                                                                                                                                                                                                                                                                 |                                  | Middle Name                                                                                                                                                                                                                                                                                |                                       |
|                                                                                                                                                                                                                                                                                 |                                  | Last Name<br>Adams                                                                                                                                                                                                                                                                         |                                       |
|                                                                                                                                                                                                                                                                                 |                                  | Suffix                                                                                                                                                                                                                                                                                     |                                       |
|                                                                                                                                                                                                                                                                                 |                                  | c. Telephone Number (give area code)<br>803.823.4120                                                                                                                                                                                                                                       |                                       |
| d. Signature of Authorized Representative<br>                                                                                                                                                |                                  | e. Date Signed<br>7/5/11                                                                                                                                                                                                                                                                   |                                       |

Previous Edition Usable  
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Standard Form 424 (Rev.9-2003)  
 Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

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| Item:                          | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Item:             | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------------|------------------------|-------------------|--------------------|---------------------|--------------------------------|--------------------------------|--|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                             | Select Type of Submission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11                | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.                                                                                                                                                                                                 |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| 2.                             | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12.               | List only the largest political entities affected (e.g., State, counties, cities).                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| 3.                             | State use only (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 13                | Enter the proposed start date and end date of the project.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| 4.                             | Enter Date Received by Federal Agency<br>Federal Identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14.               | List the applicant's Congressional District and any District(s) affected by the program or project                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| 5.                             | Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.                                                                                                                                                                                                                                                                                              | 15                | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| 6.                             | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 16.               | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.                                                                                                                                                                                                                                                                                                                                           |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| 7.                             | Select the appropriate letter in the space provided.<br><table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>B. County</td> <td>J. Private University</td> </tr> <tr> <td>C. Municipal</td> <td>K. Indian Tribe</td> </tr> <tr> <td>D. Township</td> <td>L. Individual</td> </tr> <tr> <td>E. Interstate</td> <td>M. Profit Organization</td> </tr> <tr> <td>F. Intermunicipal</td> <td>N. Other (Specify)</td> </tr> <tr> <td>G. Special District</td> <td>O. Not for Profit Organization</td> </tr> <tr> <td>H. Independent School District</td> <td></td> </tr> </table> | A. State          | I. State Controlled Institution of Higher Learning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | B. County            | J. Private University | C. Municipal | K. Indian Tribe                                                                                                                                                                                                                                                                                                             | D. Township | L. Individual | E. Interstate | M. Profit Organization | F. Intermunicipal | N. Other (Specify) | G. Special District | O. Not for Profit Organization | H. Independent School District |  | 17 | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| A. State                       | I. State Controlled Institution of Higher Learning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| B. County                      | J. Private University                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| C. Municipal                   | K. Indian Tribe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| D. Township                    | L. Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| E. Interstate                  | M. Profit Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| F. Intermunicipal              | N. Other (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| G. Special District            | O. Not for Profit Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| H. Independent School District |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| 8.                             | Select the type from the following list:<br><ul style="list-style-type: none"> <li>• "New" means a new assistance award.</li> <li>• "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date</li> <li>• "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter<br/> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">A. Increase Award</td> <td style="width: 50%;">B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> </li> </ul>   | A. Increase Award | B. Decrease Award                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C. Increase Duration | D. Decrease Duration  | 18           | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| A. Increase Award              | B. Decrease Award                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| C. Increase Duration           | D. Decrease Duration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| 9.                             | Name of Federal agency from which assistance is being requested with this application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |
| 10.                            | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |                                |                                |  |    |                                                                                                                                                                                             |




# City of Portland

## APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No 3076-0006

Version 7/03

|                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                       |                                                                                                                                                    |                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                                                                                                                                              |                                                                                     | Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                                 | <b>2. DATE SUBMITTED</b><br>5/16/11                                                                                                                | Applicant Identifier<br>93-6002236                                                          |
|                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                       | <b>3. DATE RECEIVED BY STATE</b><br>State Application Identifier                                                                                   |                                                                                             |
|                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                       | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b><br>Federal Identifier<br>S09-MC-41-0001                                                                  |                                                                                             |
| <b>5. APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                       |                                                                                                                                                    |                                                                                             |
| <b>Legal Name</b><br>City of Portland                                                                                                                                                                                                                                                      |                                                                                     | <b>Organizational Unit</b><br>Department:<br>Portland Housing Bureau                                                                  |                                                                                                                                                    |                                                                                             |
| <b>Organizational DUNS</b><br>05-497-1197                                                                                                                                                                                                                                                  |                                                                                     | <b>Division</b>                                                                                                                       |                                                                                                                                                    |                                                                                             |
| <b>Address:</b><br>Street:<br>421 SW 6th Avenue, Suite 500                                                                                                                                                                                                                                 |                                                                                     | <b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>                     |                                                                                                                                                    |                                                                                             |
| City:<br>Portland                                                                                                                                                                                                                                                                          |                                                                                     | Prefix:<br>Ms                                                                                                                         | First Name:<br>Kate                                                                                                                                |                                                                                             |
| County:<br>Multnomah County                                                                                                                                                                                                                                                                |                                                                                     | Middle Name                                                                                                                           |                                                                                                                                                    |                                                                                             |
| State:<br>OR                                                                                                                                                                                                                                                                               |                                                                                     | Zip Code<br>97204                                                                                                                     |                                                                                                                                                    | Last Name<br>Allen                                                                          |
| Country:<br>United States                                                                                                                                                                                                                                                                  |                                                                                     | Suffix:                                                                                                                               |                                                                                                                                                    |                                                                                             |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN).</b><br>93-6002236                                                                                                                                                                                                                              |                                                                                     | Phone Number (give area code)<br>503.823.2375                                                                                         |                                                                                                                                                    | Fax Number (give area code)<br>503.823.2387                                                 |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)                           |                                                                                     | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>C. Municipal<br>Other (specify)                              |                                                                                                                                                    |                                                                                             |
| Other (specify)                                                                                                                                                                                                                                                                            |                                                                                     | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S. Department of Housing and Urban Development                                                 |                                                                                                                                                    |                                                                                             |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>14-231                                                                                                                                                                                                                        |                                                                                     | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>2011-2016 Consolidated Plan, FY2011-2012 Action Plan for the City of Portland |                                                                                                                                                    |                                                                                             |
| TITLE (Name of Program):<br>Emergency Shelter Grants Program                                                                                                                                                                                                                               |                                                                                     |                                                                                                                                       |                                                                                                                                                    |                                                                                             |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>City of Portland                                                                                                                                                                                                 |                                                                                     |                                                                                                                                       |                                                                                                                                                    |                                                                                             |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br>July 1, 2011                                                                                                                                                                                                                                 |                                                                                     | Ending Date:<br>June 30, 2012                                                                                                         |                                                                                                                                                    | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>First, Third, and Fifth in Oregon |
|                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                       |                                                                                                                                                    | b. Project<br>First, Third, and Fifth in Oregon                                             |
| <b>15. ESTIMATED FUNDING:</b>                                                                                                                                                                                                                                                              |                                                                                     | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>                                                   |                                                                                                                                                    |                                                                                             |
| a. Federal                                                                                                                                                                                                                                                                                 | \$                                                                                  | 440,264                                                                                                                               | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: |                                                                                             |
| b. Applicant                                                                                                                                                                                                                                                                               | \$                                                                                  |                                                                                                                                       | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372                                                                   |                                                                                             |
| c. State                                                                                                                                                                                                                                                                                   | \$                                                                                  |                                                                                                                                       | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW                                                                      |                                                                                             |
| d. Local                                                                                                                                                                                                                                                                                   | \$                                                                                  |                                                                                                                                       | <b>17 IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>                                                                                         |                                                                                             |
| e. Other                                                                                                                                                                                                                                                                                   | \$                                                                                  |                                                                                                                                       | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No                                                |                                                                                             |
| f. Program Income                                                                                                                                                                                                                                                                          | \$                                                                                  |                                                                                                                                       |                                                                                                                                                    |                                                                                             |
| g. TOTAL                                                                                                                                                                                                                                                                                   | \$                                                                                  |                                                                                                                                       |                                                                                                                                                    |                                                                                             |
| <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |                                                                                     |                                                                                                                                       |                                                                                                                                                    |                                                                                             |
| <b>a. Authorized Representative</b>                                                                                                                                                                                                                                                        |                                                                                     |                                                                                                                                       |                                                                                                                                                    |                                                                                             |
| Prefix<br>Honorable                                                                                                                                                                                                                                                                        | First Name<br>Sam                                                                   |                                                                                                                                       | Middle Name                                                                                                                                        |                                                                                             |
| Last Name<br>Adams                                                                                                                                                                                                                                                                         | Suffix                                                                              |                                                                                                                                       |                                                                                                                                                    |                                                                                             |
| b. Title<br>Mayor, City of Portland                                                                                                                                                                                                                                                        | c. Telephone Number (give area code)<br>803.823.4120                                |                                                                                                                                       | e. Date Signed<br>7/5/11                                                                                                                           |                                                                                             |
| d. Signature of Authorized Representative                                                                                                                                                                                                                                                  |  |                                                                                                                                       |                                                                                                                                                    |                                                                                             |

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| Item:                          | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Item:             | Entry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------|---------------|---------------|-------------------|------------------------|---------------------|--------------------|--------------------------------|--------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                             | Select Type of Submission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11                | Enter a brief descriptive title of the project. <i>If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.</i>                                                                                                                                                                                          |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
| 2.                             | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12.               | List only the largest political entities affected (e.g. State, counties, cities).                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
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| 4.                             | Enter Date Received by Federal Agency<br>Federal identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14.               | List the applicant's Congressional District and any District(s) affected by the program or project                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
| 5.                             | Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.                                                                                                                                                                                                                                                                                             | 15                | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
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| 7.                             | Select the appropriate letter in the space provided.<br><table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. State Controlled</td> </tr> <tr> <td>B. County</td> <td>Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify)</td> </tr> <tr> <td>H. Independent School District</td> <td>O. Not for Profit Organization</td> </tr> </table> | A. State          | I. State Controlled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | B. County            | Institution of Higher Learning | C. Municipal | J. Private University                                                                                                                                                                                                                                                                                                       | D. Township | K. Indian Tribe | E. Interstate | L. Individual | F. Intermunicipal | M. Profit Organization | G. Special District | N. Other (Specify) | H. Independent School District | O. Not for Profit Organization | 17. | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
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| B. County                      | Institution of Higher Learning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
| C. Municipal                   | J. Private University                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
| D. Township                    | K. Indian Tribe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
| E. Interstate                  | L. Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
| F. Intermunicipal              | M. Profit Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
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| H. Independent School District | O. Not for Profit Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
| 8.                             | Select the type from the following list:<br><ul style="list-style-type: none"> <li>• "New" means a new assistance award.</li> <li>• "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>• "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter:<br/> <table border="0" style="margin-left: 20px;"> <tr> <td>A. Increase Award</td> <td>B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> </li> </ul>                                  | A. Increase Award | B. Decrease Award                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C. Increase Duration | D. Decrease Duration           | 18           | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
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| 9.                             | Name of Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |
| 10.                            | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                |              |                                                                                                                                                                                                                                                                                                                             |             |                 |               |               |                   |                        |                     |                    |                                |                                |     |                                                                                                                                                                                             |

# City of Portland

## APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

|                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                            |                                             |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------|
| <b>1. TYPE OF SUBMISSION:</b><br>Application<br><input checked="" type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                                                                                                                                                                                         |                   | <input type="checkbox"/> Pre-application<br><input type="checkbox"/> Construction<br><input type="checkbox"/> Non-Construction                                                                                                                                                             | <b>2. DATE SUBMITTED</b><br>5/16/11         | Applicant Identifier<br>93-6002236 |
|                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                            | <b>3. DATE RECEIVED BY STATE</b>            | State Application Identifier       |
|                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                            | <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>   | Federal Identifier<br>M09-DC410203 |
| <b>5. APPLICANT INFORMATION</b>                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                            |                                             |                                    |
| Legal Name<br>City of Portland                                                                                                                                                                                                                                                                                                        |                   | Organizational Unit:<br>Department:<br>Portland Housing Bureau                                                                                                                                                                                                                             |                                             |                                    |
| Organizational DUNS<br>05-497-1197                                                                                                                                                                                                                                                                                                    |                   | Division:                                                                                                                                                                                                                                                                                  |                                             |                                    |
| <b>Address:</b><br>Street:<br>421 SW 6th Avenue, Suite 500                                                                                                                                                                                                                                                                            |                   | Name and telephone number of person to be contacted on matters involving this application (give area code)                                                                                                                                                                                 |                                             |                                    |
| City<br>Portland                                                                                                                                                                                                                                                                                                                      |                   | Prefix:<br>Ms                                                                                                                                                                                                                                                                              | First Name:<br>Kate                         |                                    |
| County<br>Multnomah County                                                                                                                                                                                                                                                                                                            |                   | Middle Name                                                                                                                                                                                                                                                                                |                                             |                                    |
| State<br>OR                                                                                                                                                                                                                                                                                                                           | Zip Code<br>97204 | Last Name<br>Allen                                                                                                                                                                                                                                                                         |                                             |                                    |
| Country<br>United States                                                                                                                                                                                                                                                                                                              |                   | Suffix:                                                                                                                                                                                                                                                                                    |                                             |                                    |
| <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b><br>93-6002236                                                                                                                                                                                                                                                                         |                   | Phone Number (give area code)<br>503.823.2375                                                                                                                                                                                                                                              | Fax Number (give area code)<br>503.823.2387 |                                    |
| <b>8. TYPE OF APPLICATION:</b><br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation<br><input type="checkbox"/> Revision<br>If Revision, enter appropriate letter(s) in box(es)<br>(See back of form for description of letters.)<br>Other (specify) <input type="checkbox"/> <input type="checkbox"/> |                   | <b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types)<br>C. Municipal<br>Other (specify)                                                                                                                                                                                   |                                             |                                    |
| <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b><br>TITLE (Name of Program):<br>HOME Investment Partnerships<br>14-239                                                                                                                                                                                                       |                   | <b>9. NAME OF FEDERAL AGENCY:</b><br>U.S. Department of Housing and Urban Development                                                                                                                                                                                                      |                                             |                                    |
| <b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b><br>City of Portland, City of Gresham, Multnomah County                                                                                                                                                                                                         |                   | <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b><br>2011-2016 Consolidated Plan, FY2011-2012 Action Plan for the Consortium.                                                                                                                                                           |                                             |                                    |
| <b>13. PROPOSED PROJECT</b><br>Start Date:<br>July 1, 2011<br>Ending Date:<br>June 30, 2012                                                                                                                                                                                                                                           |                   | <b>14. CONGRESSIONAL DISTRICTS OF:</b><br>a. Applicant<br>First, Third, and Fifth in Oregon<br>b. Project<br>First, Third, and Fifth in Oregon                                                                                                                                             |                                             |                                    |
| <b>15. ESTIMATED FUNDING:</b>                                                                                                                                                                                                                                                                                                         |                   | <b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>                                                                                                                                                                                                        |                                             |                                    |
| a. Federal                                                                                                                                                                                                                                                                                                                            | \$ 4,039,704.00   | a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE.                                                                                                                                         |                                             |                                    |
| b. Applicant                                                                                                                                                                                                                                                                                                                          | \$ .00            | b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372                                                                                                                                                                                                           |                                             |                                    |
| c. State                                                                                                                                                                                                                                                                                                                              | \$ .00            | <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW                                                                                                                                                                                                              |                                             |                                    |
| d. Local                                                                                                                                                                                                                                                                                                                              | \$ .00            | <b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>                                                                                                                                                                                                                                |                                             |                                    |
| e. Other                                                                                                                                                                                                                                                                                                                              | \$ .00            | <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No                                                                                                                                                                                        |                                             |                                    |
| f. Program Income                                                                                                                                                                                                                                                                                                                     | \$ .00            | <b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> |                                             |                                    |
| g. TOTAL                                                                                                                                                                                                                                                                                                                              | \$ .00            | a. Authorized Representative                                                                                                                                                                                                                                                               |                                             |                                    |
| Prefix<br>Honorable                                                                                                                                                                                                                                                                                                                   |                   | First Name<br>Sam                                                                                                                                                                                                                                                                          | Middle Name                                 |                                    |
| Last Name<br>Adams                                                                                                                                                                                                                                                                                                                    |                   | Suffix                                                                                                                                                                                                                                                                                     |                                             |                                    |
| b. Title<br>Mayor, City of Portland                                                                                                                                                                                                                                                                                                   |                   | c. Telephone Number (give area code)<br>803.823.4120                                                                                                                                                                                                                                       |                                             |                                    |
| d. Signature of Authorized Representative                                                                                                                                                                                                          |                   | e. Date Signed<br>7/5/11                                                                                                                                                                                                                                                                   |                                             |                                    |

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form used by applicants as a required face sheet for pre-applications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

| Item.                          | Entry.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Item.             | Entry.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------|---------------|------------------------|-------------------|--------------------|---------------------|--|--------------------------------|--|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.                             | Select Type of Submission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 11.               | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.                                                                                                                                                                                                 |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| 2.                             | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12.               | List only the largest political entities affected (e.g., State, counties, cities).                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| 3.                             | State use only (if applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13.               | Enter the proposed start date and end date of the project                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| 4.                             | Enter Date Received by Federal Agency<br>Federal Identifier number: If this application is a continuation or revision to an existing award, enter the present Federal Identifier number. If for a new project, leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                | 14.               | List the applicant's Congressional District and any District(s) affected by the program or project                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| 5.                             | Enter legal name of applicant, name of primary organizational unit (including division, if applicable), which will undertake the assistance activity, enter the organization's DUNS number (received from Dun and Bradstreet), enter the complete address of the applicant (including country), and name, telephone number, e-mail and fax of the person to contact on matters related to this application.                                                                                                                                                                                                                                                                | 15.               | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
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| A. State                       | J. State Controlled Institution of Higher Learning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
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| D. Township                    | M. Individual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| E. Interstate                  | N. Profit Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
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| G. Special District            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| H. Independent School District |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| 8.                             | Select the type from the following list:<br><ul style="list-style-type: none"> <li>• "New" means a new assistance award.</li> <li>• "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.</li> <li>• "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision enter the appropriate letter:<br/> <table border="0" style="margin-left: 20px;"> <tr> <td>A. Increase Award</td> <td>B. Decrease Award</td> </tr> <tr> <td>C. Increase Duration</td> <td>D. Decrease Duration</td> </tr> </table> </li> </ul>     | A. Increase Award | B. Decrease Award                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C. Increase Duration | D. Decrease Duration  | 18.          | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| A. Increase Award              | B. Decrease Award                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| C. Increase Duration           | D. Decrease Duration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| 9.                             | Name of Federal agency from which assistance is being requested with this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |
| 10.                            | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                       |              |                                                                                                                                                                                                                                                                                                                             |             |               |               |                        |                   |                    |                     |  |                                |  |     |                                                                                                                                                                                            |

## 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.

**Drug Free Workplace** -- It will or will continue to provide a drug-free workplace by

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about –
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1,
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted:
  - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

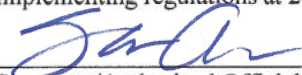
**Anti-Lobbying --** To the best of the jurisdiction's knowledge and belief:

- 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 --** 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

5.19.11  
Date

Mayor  
Title

## RESIDENTIAL ANTIDISPLACEMENT AND RELOCATION ASSISTANCE PLAN (City of Portland Supplement)

This Residential Anti-displacement and Relocation Assistance Plan (RARAP) is prepared by The City of Portland in accordance with the Housing and Community Development Act of 1974, as amended; and HUD regulations at 24 CFR 42.325 and is applicable to our CDBG\*, HOPWA UDAG and/or HOME-assisted projects.

**Minimize Displacement** - Consistent with the goals and objectives of activities assisted under the Act, The City of Portland will take the following steps to minimize the direct and indirect displacement of persons from their homes:

- Collect as part of every application for federal funds, a Relocation and Acquisition Questionnaire to assess potential temporary or permanent relocation to use as a determining factor for loan/grant approval.
- Stage rehabilitation of apartment units if possible to allow tenants to remain in the building/complex during and after the rehabilitation, working with empty units first.
- Arrange and/or offer replacement units, both temporary and permanent when possible within the borrower's affordable housing portfolio.
- Work closely with borrowers and their relocation contractors to ensure compliance with URA
- Use tax assessment policies and programs to encourage creation of affordable and low income housing in not only Urban Renewal Areas, but in other areas in the jurisdiction as well.
- Offer information and services to provide homeowners and tenants with materials on assistance available to help them through City of Portland housing programs.
- When reasonable, give priority to rehabilitation of housing, as opposed to demolition, to avoid displacement.

If feasible, demolish or convert only dwelling units that are not occupied or vacant occupiable dwelling units (especially those units which are "lower-income dwelling units" (as defined in 24 CFR 42.305).

Target for rehabilitation only those units deemed essential to the need or success of the project  
1 CDBG programs include: Entitlement Community Development Block Grant (CDBG) Program, State CDBG Program, CDBG Small Cities Program, Section 108 Loan Guarantee Program, CDBG Special Purpose Grants Program, and the Neighborhood Stabilization Program (NSP).

## **Relocation Assistance Payments for Residential Tenants Displaced – Uniform Relocation Act and Section 104(d)**

The City of Portland shall make installments, except that lump sum payments may be made to cover (1) moving expenses, (2) a down-payment on the purchase of replacement housing, or incidental expenses related to (1) or (2). Whenever the payment is made in installments, the full amount of the approved payment shall be disbursed in regular installments, whether or not there is any later change in the person's income or rent, or in the condition or location of the person's housing. These payments will be disbursed in three (3) payments unless it has been determined by the City of Portland that there is a reasonable request to reduce the installments to no less than (2).

## **Relocation Assistance to Displaced Persons – Section 104(d)**

The City of Portland will provide relocation assistance for lower-income tenants who, in connection with an activity assisted under the [CDBG, HOME and/or HOPWA] Program[s], move permanently or move personal property from real property as a direct result of the demolition of any dwelling unit or the conversion of a lower-income dwelling unit in accordance with the requirements of 24 CFR 42.350 (Section 104(d)). A displaced person who is not a lower-income tenant, will be provided relocation assistance in accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR Part 24.

## **One-for-One Replacement of Lower-Income Dwelling Units**

The City of Portland will replace all occupied and vacant occupiable lower-income dwelling units demolished or converted to a use other than lower-income housing in connection with a project assisted with funds provided under the [CDBG, HOME and/or HOPWA] Program[s] in accordance with 24 CFR 42.375.

Before entering into a contract committing the City of Portland to provide funds for a project that will directly result in demolition or conversion of lower-income dwelling units, the City of Portland will make these plans public by required methods and submit to HUD information in writing:

1. A description of the proposed assisted project;
2. The address, number of bedrooms, and location on a map of lower-income dwelling units that will be demolished or converted to a use other than as lower-income dwelling units as a result of an assisted project;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. To the extent known, the address, number of lower-income dwelling units by size (number of bedrooms) and location on a map of the replacement lower-income housing that has been or will be provided. *NOTE: See also 24 CFR 42.375(d).*



# City of Portland

5. The source of funding and a time schedule for the provision of the replacement dwelling units;
6. The basis for concluding that each replacement dwelling unit will remain a lower-income dwelling unit for at least 10 years from the date of initial occupancy; and
7. Information demonstrating that any proposed replacement of lower-income dwelling units with smaller dwelling units (e.g., a 2-bedroom unit with two 1-bedroom units), or any proposed replacement of efficiency or single-room occupancy (SRO) units with units of a different size, is appropriate and consistent with the housing needs and priorities identified in the HUD-approved Consolidated Plan and 24 CFR 42.375(b).

To the extent that the specific location of the replacement dwelling units and other data in items 4 through 7 are not available at the time of the general submission, The City of Portland will identify the general location of such dwelling units on a map and complete the disclosure and submission requirements as soon as the specific data is available.

### **Replacement not Required Based on Unit Availability**

Under 24 CFR 42.375(d), the City of Portland may submit a request to HUD for a determination that the one-for-one replacement requirement does not apply based on objective data that there is an adequate supply of vacant lower-income dwelling units in standard condition available on a non-discriminatory basis within the area.

### **Contacts**

The Portland Housing Bureau is responsible for tracking the replacement of lower income dwelling units and ensuring that they are provided within the required period.

The Portland Housing Bureau is responsible for monitoring the relocation payments and other relocation assistance to any permanently or temporarily displaced person for which federal dollars have been used to fund a project.

**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) , (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 if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

The City of Portland plans to use 100% of CDBG funds to benefit persons of low- and moderate-income. The City will meet its > 70% low/moderate overall benefit test in 2013-2014, 2014-2015, and 2015-2016.

# City of Portland

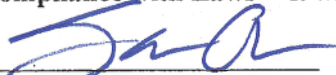
**Excessive Force** -- It has adopted and is enforcing:

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.

  
Signature/Authorized Official

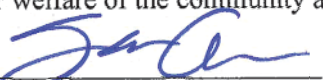
5.19.11  
Date

Mayor  
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

5.19.11  
Date

Mayor  
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.

  
\_\_\_\_\_  
Signature/Authorized Official

5.19.11  
Date

Mayor  
Title

## ESG Certifications

The Emergency Shelter Grantee certifies that:

**Major rehabilitation/conversion** -- It will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for at least 10 years. If the jurisdiction plans to use funds for rehabilitation (other than major rehabilitation or conversion), the applicant will maintain any building for which assistance is used under the ESG program as a shelter for homeless individuals and families for at least 3 years.

**Essential Services and Operating Costs** -- Where assistance involves essential services or maintenance, operation, insurance, utilities and furnishings, it 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 as long as the same general population is served.

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

**Supportive Services** -- It will assist homeless individuals in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living, and other Federal State, local, and private assistance.

**Matching Funds** -- It will obtain matching amounts required under 24 CFR 576.51

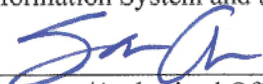
**Confidentiality** -- It will develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or 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, it will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, operating facilities, and providing services assisted through this program.

**Consolidated Plan** -- It is following a current HUD-approved Consolidated Plan or CHAS.

**Discharge Policy** --- It has established a policy for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.

**HMIS** -- It will comply with HUD's standards for participation in a local Homeless Management Information System and the collection and reporting of client-level information.

  
\_\_\_\_\_  
Signature/Authorized Official

5.19.11  
Date

Mayor  
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

5.19.11  
Date

Mayor  
Title

## APPENDIX TO CERTIFICATIONS

### INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS.

#### 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.

#### B. Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

City of Portland Housing Bureau

---

421 SW 6th Avenue, Suite 500

---

Portland, OR 97204

---

Check  if there are workplaces on file that are not identified here.

The certification with regard to the drug-free workplace is required by 24 CFR part 24, subpart F

- 7 Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).



# Appendix E

## HUD Certifications City of Gresham



## City of Gresham Community Revitalization Program

### 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.

**Drug Free Workplace** -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

**City of Gresham  
Community Revitalization Program**

**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.

**Drug Free Workplace** -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

# City of Gresham

6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
  - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.


**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.

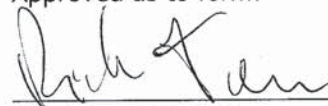
**Consistency with plan --** The housing activities to be undertaken with CDBG, HOME, ESG, and HOPWA funds are consistent with the strategic plan.

**Section 3 --** 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  
  
City Manager  
\_\_\_\_\_  
Title

4.13.11  
\_\_\_\_\_  
Date

Approved as to form:

  
\_\_\_\_\_  
City Attorney's Office

**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) 2007-2008, 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 if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

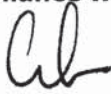

**Excessive Force** -- It has adopted and is enforcing:

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 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations.


**Lead-Based Paint** -- Its notification, inspection, testing and abatement procedures concerning lead-based paint will comply with the requirements of 24 CFR §570.608;

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

  
\_\_\_\_\_  
Signature/Authorized Official  
  
  
\_\_\_\_\_  
Title

4.13.11  
Date

Approved as to form:

  
\_\_\_\_\_  
City Attorney's Office

**APPENDIX TO CERTIFICATIONS**

**INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS:**

**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.

**B. Drug-Free Workplace Certification**

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:



Place of Performance (Street address, city, county, state, zip code)

**City of Gresham**  
**1333 NW Eastman Parkway**  
**Gresham, OR 97030**  
**Multnomah County**

Check  if there are workplaces on file that are not identified here.

The certification with regard to the drug-free workplace is required by 24 CFR part 24, subpart F.

7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).



# Appendix E

## HUD Certifications Multnomah County



## 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.

**Drug Free Workplace** -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about –
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

- 6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted:
  - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- 7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

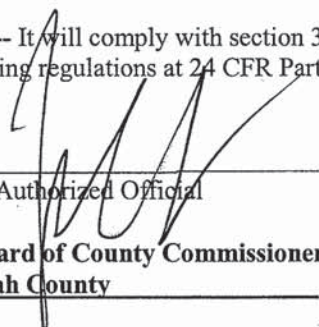
**Anti-Lobbying --** To the best of the jurisdiction's knowledge and belief:

- 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 --** 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  
  
**Chair, Board of County Commissioners**  
**Multnomah County**  
 \_\_\_\_\_  
 Title

April 28, 2011  
Date

## 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 FY2011-2012 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 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 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.

  
\_\_\_\_\_  
Signature/Authorized Official  
**Chair, Board of County Commissioners**  
**Multnomah County**  
\_\_\_\_\_  
Title

April 28, 2011  
\_\_\_\_\_  
Date



## APPENDIX TO CERTIFICATIONS

### INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS:

#### 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.

#### B. Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

**Multnomah County**

**Department of County Human Services, Community Services Division**

**421 SW Oak Street, Suite 200**

**Portland, OR 97204**

Check  if there are workplaces on file that are not identified here.

The certification with regard to the drug-free workplace is required by 24 CFR part 24, subpart F.

7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).