

CERTIFICATIONS

State of Alabama

FIVE YEAR CONSOLIDATED PLAN

Program Years 2010-2014

OFFICE OF THE GOVERNOR

BOB RILEY
GOVERNOR



State of Alabama

ALABAMA DEPARTMENT OF ECONOMIC
AND COMMUNITY AFFAIRS

DONI M. INGRAM
DIRECTOR

February 12, 2010

Mr. Charles Franklin, Director
Community Planning & Development
U. S. Department of Housing and Urban Development
950 22nd Street, North, Suite 900
Birmingham, Alabama 35203-5301

Dear Mr. Franklin:

RE: State of Alabama Five Year Plan – 2010-2014

We are pleased to submit the State of Alabama's Five Year Plan for Program Years 2010-2014. We believe the Plan fulfills HUD's regulatory requirements for submission, and highlights a number of activities that serve some of Alabama's neediest communities and households. We are proud of this effort and believe it is indicative of Governor Riley's philosophy to provide progressive and compassionate leadership.

We appreciate the substantial assistance you and your staff have provided during the past year and look forward to working with you during the coming year to deliver the kind of assistance the people of Alabama deserve. Please let me know when you have questions or concerns about any of the programs administered by this Department. You can be assured we will do our best to address them.

Sincerely,

A handwritten signature in cursive script, appearing to read "Doni M. Ingram".

Doni M. Ingram
Director

DMI:GA:sp
Enclosure

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: State of Alabama		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 63-6000619		*c. Organizational DUNS: 06-262-0604
d. Address:		
*Street 1:	401 Adams Avenue _____	
Street 2:	PO Box 5690 _____	
*City:	Montgomery _____	
County:	Montgomery _____	
*State:	AL _____	
Province:	_____	
*Country:	USA _____	
*Zip / Postal Code	36103-5690 _____	
e. Organizational Unit:		
Department Name: Alabama Department of Economic and Community Affairs		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix:	Mrs. _____	*First Name: Doni _____
Middle Name:	M. _____	
*Last Name:	Ingram _____	
Suffix:	_____	
Title:	Director	
Organizational Affiliation:		
*Telephone Number: 334-242-5090		Fax Number: 334-242-5099
*Email: Doni.Ingram@adeca.alabama.gov		

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.241 _____

CFDA Title:

Housing Opportunities for Persons with AIDS _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

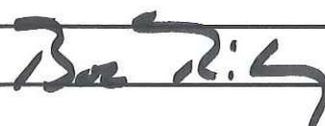
Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of Alabama

***15. Descriptive Title of Applicant's Project:**

Housing Opportunities for Persons with AIDS

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: AL-All		*b. Program/Project: AL-All
17. Proposed Project:		
*a. Start Date: 4-1-10		*b. End Date: N/A
18. Estimated Funding (\$):		
*a. Federal	_____	1,299,792
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	1,299,792
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
Authorized Representative:		
Prefix: <u>The Honorable</u>	*First Name: <u>Bob</u>	
Middle Name: _____		
*Last Name: <u>Riley</u>		
Suffix: _____		
*Title: Governor		
*Telephone Number: 334-242-7100		Fax Number: 334-353-0004
* Email:		
*Signature of Authorized Representative: 		*Date Signed: <u>2/12/10</u>

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
---------------------------------------	---------------------------------------

State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

***a. Legal Name:** State of Alabama

*b. Employer/Taxpayer Identification Number (EIN/TIN): 63-6000619	*c. Organizational DUNS: 06-262-0604
---	--

d. Address:

***Street 1:** 401 Adams Avenue
Street 2: PO Box 5690
***City:** Montgomery
County: Montgomery
***State:** AL
Province:
***Country:** USA
***Zip / Postal Code** 36103-5690

e. Organizational Unit:

Department Name: Alabama Department of Economic and Community Affairs	Division Name:
---	-----------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs. ***First Name:** Doni
Middle Name: M.
***Last Name:** Ingram
Suffix:

Title: Director

Organizational Affiliation:

***Telephone Number:** 334-242-5090 **Fax Number:** 334-242-5099

***Email:** Doni.Ingram@adeca.alabama.gov

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.231 _____

CFDA Title:

Emergency Shelter Grants (ESG) Program _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of Alabama

***15. Descriptive Title of Applicant's Project:**

Assistance for the Homeless (Emergency Shelter Grants)

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: AL-All *b. Program/Project: AL-All

17. Proposed Project:
*a. Start Date: 4-1-10 *b. End Date: N/A

18. Estimated Funding (\$):

*a. Federal	1,548,581
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	_____
*g. TOTAL	1,548,581

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on _____

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: The Honorable *First Name: Bob

Middle Name: _____

*Last Name: Riley

Suffix: _____

*Title: Governor

*Telephone Number: 334-242-7100 Fax Number: 334-353-0004

* Email: _____

*Signature of Authorized Representative:  *Date Signed: 2/12/10

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name: State of Alabama		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 52-1294171		*c. Organizational DUNS: 83-672-3106
d. Address:		
*Street 1: 7460 Halcyon Pointe Drive _____ Street 2: Suite 200 _____ *City: Montgomery _____ County: Montgomery _____ *State: AL _____ Province: _____ *Country: USA _____ *Zip / Postal Code 36117 _____		
e. Organizational Unit:		
Department Name: Alabama Housing Finance Authority		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mr. _____ *First Name: Robert _____ Middle Name: _____ *Last Name: Strickland _____ Suffix: _____ Title: Executive Director Organizational Affiliation: *Telephone Number: 334-244-9200 Fax Number: 334-244-9214 *Email: rstrickland@ahfa.com		

Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

A. State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.239 _____

CFDA Title:

HOME Investment Partnerships Program _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

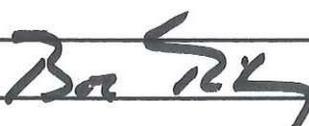
Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of Alabama

***15. Descriptive Title of Applicant's Project:**

The HOME Investment Partnerships Program

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
*a. Applicant: AL-All	*b. Program/Project: AL-All	
17. Proposed Project:		
*a. Start Date: 4-1-10	*b. End Date: N/A	
18. Estimated Funding (\$):		
*a. Federal	17,134,713	
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	17,134,713	
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
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Authorized Representative:		
Prefix: <u>The Honorable</u>	*First Name: <u>Bob</u>	
Middle Name: _____		
*Last Name: <u>Riley</u>		
Suffix: _____		
*Title: Governor		
*Telephone Number: 334-242-7100	Fax Number: 334-353-0004	
* Email:		
*Signature of Authorized Representative: 	*Date Signed: <u>2/12/10</u>	

Application for Federal Assistance SF-424

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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

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*b. Employer/Taxpayer Identification Number (EIN/TIN): 63-6000619	*c. Organizational DUNS: 06-262-0604

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*Street 1:	<u>401 Adams Avenue</u>
Street 2:	<u>PO Box 5690</u>
*City:	<u>Montgomery</u>
County:	<u>Montgomery</u>
*State:	<u>AL</u>
Province:	_____
*Country:	<u>USA</u>
*Zip / Postal Code	<u>36103-5690</u>

e. Organizational Unit:

Department Name: Alabama Department of Economic and Community Affairs	Division Name:
--	----------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: <u>Mrs.</u>	*First Name: <u>Doni</u>
Middle Name: <u>M.</u>	
*Last Name: <u>Ingram</u>	
Suffix: _____	

Title: <u>Director</u>

Organizational Affiliation:

*Telephone Number: 334-242-5090	Fax Number: 334-242-5099
---------------------------------	--------------------------

*Email: <u>Doni.Ingram@adeca.alabama.gov</u>
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Application for Federal Assistance SF-424

Version 02

***9. Type of Applicant 1: Select Applicant Type:**

A.State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.228 _____

CFDA Title:

Community Development Block Grants/State's Program _____

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of Alabama

***15. Descriptive Title of Applicant's Project:**

PY2010 Action Plan for CDBG Program

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
*a. Applicant: AL-All *b. Program/Project: AL-All

17. Proposed Project:
*a. Start Date: 4-1-10 *b. End Date: N/A

18. Estimated Funding (\$):

*a. Federal	26,411,515
*b. Applicant	_____
*c. State	_____
*d. Local	_____
*e. Other	_____
*f. Program Income	150,000
*g. TOTAL	26,561,515

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**
 a. This application was made available to the State under the Executive Order 12372 Process for review on _____
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**
 Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)
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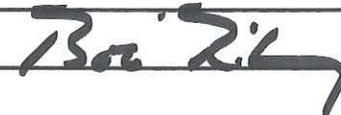
Authorized Representative:

Prefix: The Honorable *First Name: Bob
Middle Name: _____
*Last Name: Riley
Suffix: _____

*Title: Governor

*Telephone Number: 334-242-7100 Fax Number: 334-353-0004

* Email: _____

*Signature of Authorized Representative:  *Date Signed: 2/12/10

State of Alabama Consolidated Plan Program Year 2010

STATE CERTIFICATIONS

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

Affirmatively Further Fair Housing -- The State will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the state, 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.

Acquisition and Relocation -- The State 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 49CFR Part 24.

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 State'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 paragraphs 1 and 2 of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of State -- The submission of the consolidated plan is authorized under State law and the State possesses the legal authority to carry out the programs under the consolidated plan 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.



Bob Riley, Governor

2/12/10

Date

APPENDIX TO STATE CERTIFICATIONS

Instructions Concerning Lobbying and Drug-Free Workplace Requirements

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.

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 on the next page the site(s) for the performance of work done in connection with the specific grant:

Place of Performance:
Alabama Department of Economic and Community Affairs
401 Adams Avenue
Montgomery (Montgomery County), Alabama 36103-5690

7. 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.
8. 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).

Note that by signing these certifications, certain documents must be completed, in use, and on file for verification. These documents include:

1. Analysis of Impediments to Fair Housing
2. Citizen Participation Plan

3. Anti-displacement and Relocation Plan



Bob Riley, Governor



Date

Specific CDBG Certifications

The State certifies that:

Citizen Participation -- It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR §91.115 and each unit of general local government that receives assistance from the State is or will be following a detailed citizen participation plan that satisfies the requirements of 24 CFR §570.486.

Consultation with Local Governments -- It has or will comply with the following:

1. It has consulted with affected units of local government in the nonentitlement area of the State in determining the method of distribution of funding;
2. It engages in or will engage in planning for community development activities;
3. It provides or will provide technical assistance to units of local government in connection with community development programs; and
4. It will not refuse to distribute funds to any unit of general local government on the basis of the particular eligible activity selected by the unit of general local government to meet its community development needs, except that a State is not prevented from establishing priorities in distributing funding on the basis of the activities selected.

Local Needs Identification -- It will require each unit of general local government to be funded to identify its community development and housing needs, including the needs of low-income and moderate-income families, and the activities to be undertaken to meet these needs.

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 have been developed in accordance with the primary objectives of Title I of the Housing and Community Development Act of 1974, as amended. (See 24 CFR 570.2 and 24 CFR part 570)

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 2009, 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 - The State will require units of general local government that receive CDBG funds to certify to the following:

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.

It 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.

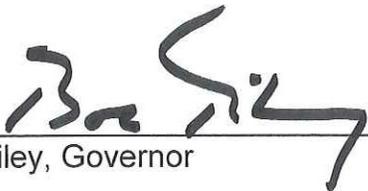
Excessive Force -- It will require units of general local government that receive CDBG funds to certify that they have adopted and are enforcing:

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 Lead-Based Paint Procedures – The State’s notification, inspection, testing, and abatement procedures concerning lead-based paint will comply with the requirements of 24 CFR Part 35, subparts A, B, J, K and R.

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.

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



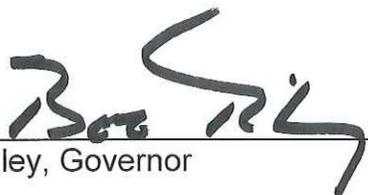
Bob Riley, Governor

2/12/10

Date

OPTIONAL CDBG CERTIFICATIONS

The State 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.



Bob Riley, Governor



Date

Specific HOME Certifications

The State certifies that:

Tenant Based Rental Assistance -- If it intends to provide tenant-based rental assistance:

The use of HOME funds for tenant-based rental assistance is an essential element of the State's consolidated plan.

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

Appropriate Financial Assistance -- Before committing any funds to a project, the State or its recipients 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;



Bob Riley, Governor

2/12/10

Date

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.



Bob Riley, Governor



Date

HOPWA Certifications

The State 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 the program shall be operated for the purpose specified in the plan:

1. For at least 10 years in the case of any building or structure purchased, leased, rehabilitated, renovated, or converted with HOPWA assistance,
2. For at least 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.



Bob Riley, Governor



Date