

U.S. Department of Housing  
and Urban Development  
Office of Public Housing Investments  
Public and Indian Housing

OMB Approval No. 2577-0208  
exp. 12/31/2004

## HOPE VI DEMOLITION GRANT APPLICATION

**HOPE VI WEBSITE: [www.hud.gov/hopevi](http://www.hud.gov/hopevi)**

The public reporting burden for this collection of information for the HOPE VI Demolition Program is estimated to average 40 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information, and preparing the application package for submission to HUD.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, to the Office of Information Technology, US Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. (insert program number (s) and name(s) of programs in the Application, placing each one after the other). HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the HOPE VI Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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**APPLICATION SUBMISSION INSTRUCTIONS**

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**A. Application Preparation**

1. Section 18 Demolition Application. HUD must approve your Section 18 demolition application by the HOPE VI Demolition grant application deadline date in order to be eligible for funding under Priority Group 3. If your Section 18 demolition application does not meet the statutory requirements of Section 18, including the requirement for HUD Field Office approval of the Interim or PHA Plan as required by 24 CFR part 903, HUD will not approve the HOPE VI Demolition Grant Application.
2. HUD Review. If HUD determines that a Demolition Grant Application is eligible but incomplete, HUD will contact you in writing by fax (followed up with a hard copy by mail) to request the missing information. If HUD finds your application and other applications received on the same day to be incomplete, HUD will notify all such applicants of their missing items on the same day. Since HOPE VI Demolition Grant Applications are not rated, you may submit information to complete your application at any time before the HOPE VI Demolition Grant Application deadline date. However, if your application is received on the deadline date and it is missing a required submission, you will have no opportunity to submit any missing item after the deadline date and your HOPE VI Demolition Grant Application will be ineligible for funding.

**B. Application Content and Organization.**

1. The first page of your application is the **HOPE VI Demolition Application Checklist**. This page serves three purposes:
  - a. Use the left side of the Checklist to make sure that all pieces of the application are included.
  - b. HUD will use the right side of the Checklist to screen the application for completeness.
  - c. If any deficiencies are found, HUD will fax you the Checklist with a letter, if necessary, to identify any missing items.

**Please make sure that the HOPE VI Demolition Application Checklist is on the very top of your application.** No transmittal letter is requested.

2. The next page is the **HOPE VI Demolition Application Receipt** (HUD-2993-A). This form serves both as an acknowledgement that HUD received your application, but also as a fax transmittal for the checklist above if HUD has found deficiencies in your application.
  - a. Print or type the name and address of the person that should receive the receipt in the box provided and provide all of the information requested above the line.

- b. HUD will record the date received, ordinal assigned, and application number.
- c. After HUD has screened the application for completeness, it will either:
  - i. Fax the receipt to the fax number listed on the Receipt indicating that no deficiencies have been found, or
  - ii. Fax the receipt to you with the HOPE VI Demolition Checklist and a letter, if necessary, indicating the missing documentation. HUD will **not** notify you of deficiencies by telephone. **It is very important that the fax number listed on the Application Receipt is correct so that it gets to the right person on your staff.**
- d. Applicants with deficient applications that share the same Ordinal will be notified by fax of deficiencies on the same day. To account for differences in the time of day of the fax notification and differences in time zones, any response that HUD receives on the same day as the fax notification was sent out will be counted as having been received on the day after the fax notification.

**Place the HOPE VI Demolition Application Receipt directly behind the HOPE VI Demolition Application Checklist in the application.**

3. The third page of your application is the **Application for Federal Assistance (HUD-424)**. This form provides HUD with essential information about your PHA and the funds you are requesting. Do not fill in box 15, as you will report your funding elsewhere in the application. The CFDA number for HOPE VI is 14.866. You will find a copy of HUD-424 in this HOPE VI Application and on the HOPE VI Website.
4. Attach **Exhibits A through I** next. Provide the narrative and attachments in the order presented. Please **DO NOT** provide any information that is not requested in this Application. Extraneous material hinders application review, does not improve an application, and may obscure important information. The HOPE VI Budget form needed for Exhibit H and the Section 8 application for Exhibit E can be found in this HOPE VI Application, and can be downloaded from the HOPE VI Website. Information on TDC needed for Exhibit D can also be found on the HOPE VI Website.
5. **Standard Certifications.** All statutorily required certifications are included in the HUD-424 and HUD-424B form.

**C. Application Format**

To speed the processing of your application, please follow these instructions when assembling your package:

1. Use 8-1/2 by 11" paper, one side only.
2. Mark each Exhibit with an appropriately labeled tab.
3. Package the application as securely and simply as possible; do not use a three ring binder.
4. Two-hole punch the pages at the top with a 2-3/4" center.

**D. Application Submission**

Follow the directions in Section IV of the NOFA for procedures for submitting your application (e.g., mailed applications, express mail, or overnight delivery). It is recommended that applications be placed with an overnight delivery carrier at least two days before the due date to ensure timely delivery. Experience has shown that attempts to place them in regular mail often result in late deliveries and disqualified applications. Due to new security measures, HUD will no longer accept hand carried applications.

**HOPE VI DEMOLITION  
APPLICATION CHECKLIST**

PHA Name: \_\_\_\_\_

Development Name: \_\_\_\_\_

**PHA CHECKOFF**

**HUD VERIFICATION**

\_\_\_\_\_ HOPE VI Demolition Application Checklist \_\_\_\_\_

\_\_\_\_\_ HOPE VI Demolition Application Receipt (HUD-2993-A) \_\_\_\_\_

\_\_\_\_\_ Application for Federal Assistance (HUD-424) \_\_\_\_\_

\_\_\_\_\_ Applicant Assurances and Certifications (HUD-424B) \_\_\_\_\_

\_\_\_\_\_ **Exhibit A: Application Information** \_\_\_\_\_

**Exhibit B: Priority Group and Documentation of Eligibility:**

\_\_\_\_\_ Priority 1: HUD's letter to PHA approving Section 202 Conversion Plan \_\_\_\_\_

\_\_\_\_\_ Priority 2A: PHA's letter transmitting Section 202 Conversion Plan to HUD \_\_\_\_\_

\_\_\_\_\_ Priority 2B: Documentation of HUD's Determination of Section 202 Status \_\_\_\_\_

\_\_\_\_\_ Priority 3: HUD's letter to PHA approving Section 18 demolition application \_\_\_\_\_

\_\_\_\_\_ Priority 4: HUD's letter awarding Revitalization Grant \_\_\_\_\_

\_\_\_\_\_ **Exhibit C: Narrative of Proposed Activities** \_\_\_\_\_

\_\_\_\_\_ **Exhibit D: Priority Group 4 Applications** \_\_\_\_\_

\_\_\_\_\_ **Exhibit E: Relocation Plan Certification** \_\_\_\_\_

\_\_\_\_\_ **Exhibit F: Program Schedule** \_\_\_\_\_

\_\_\_\_\_ **Exhibit G: Grant Limitations Worksheet** \_\_\_\_\_

\_\_\_\_\_ **Exhibit H: HOPE VI Budget** \_\_\_\_\_

\_\_\_\_\_ **Exhibit I: Nondwelling Structures Certification** \_\_\_\_\_

**EXHIBIT A: APPLICATION INFORMATION**

PHA Name: \_\_\_\_\_

Development Name: \_\_\_\_\_

Development Number(s): \_\_\_\_\_

DOFA: \_\_\_\_\_ Grant Amount Requested: \$ \_\_\_\_\_

Number of total units in development: \_\_\_\_\_

Number proposed for demolition: \_\_\_\_\_

Demolition Approval Status: (Complete grid below)

|   | Date | Number of Units |          | Number of Buildings |          |
|---|------|-----------------|----------|---------------------|----------|
|   |      | Requested       | Approved | Requested           | Approved |
| HUD-Approved Conversion Plan (24 CFR part 971)              |      |                 |          |                     |          |
| Submitted Conversion Plan (24 CFR part 971)                 |      |                 |          |                     |          |
| HUD-Approved Section 18 Demolition Application              |      |                 |          |                     |          |
| Previously-awarded HOPE VI Revitalization Grant RP Approval |      |                 |          |                     |          |

Street Addresses of units to be demolished (including ZIP code):

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**EXHIBIT B: PRIORITY GROUP AND DOCUMENTATION OF ELIGIBILITY**

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Indicate the Priority Group in which your application qualifies and submit the corresponding documentation of eligibility.

\_\_\_\_\_ Priority 1: Approved Section 202 Mandatory Conversion Plan

Submit your letter from HUD approving your Section 202 Mandatory Conversion Plan. See **Section XI(A)(2)(a)** of the NOFA regarding Priority Group 1.

Priority 2: See **Section XI(A)(2)(b)** of the NOFA regarding Priority Group 2.

\_\_\_\_\_ Priority 2(A): Submitted Section 202 Mandatory Conversion Plan.

Submit your letter to HUD transmitting your Section 202 Plan to HUD.

\_\_\_\_\_ Priority 2(B): HUD-Designated Section 202 Units

Submit evidence that the targeted units, in HUD's sole determination under section 537(c) of the Public Housing Reform Act of 1998, are subject to the removal requirements of 24 CFR part 971 and can be expected to be demolished in accordance with the time schedule required by Section XIII(A) of the NOFA.

\_\_\_\_\_ Priority 3: Approved Section 18 Demolition Application

Submit your letter from HUD approving your Section 18 Demolition Application. If HUD approves your demolition application on the **day before** or **on the application deadline date**, the requirement to provide evidence of approval will be considered to be met and you will not have to submit HUD's approval letter back to HUD. See **Section XI(A)(2)(c)** of the NOFA regarding Priority Group 3.

\_\_\_\_\_ Priority 4: Previously-Awarded HOPE VI Revitalization Grant

Submit a copy of HUD's letter awarding the HOPE VI Revitalization Grant that is associated with this request for demolition funding. If demolition of the units targeted in this HOPE VI Demolition Grant application was approved via a Section 18 Demolition Application, provide the demolition approval letter as described in Priority 3 above. If demolition of the targeted units was approved in a letter approving the Revitalization Plan for the previously-awarded Revitalization Grant, submit the RP approval letter. *The units targeted in a Priority Group 4 HOPE VI Demolition Application are not required to be approved for demolition before the application is awarded.* See **Section XI(A)(2)(d)** of the NOFA regarding Priority Group 4.

**EXHIBIT C: NARRATIVE OF PROPOSED ACTIVITIES**

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Provide a one- to two-page narrative that briefly summarizes the proposed demolition and related activities. Although this is a required exhibit, this overview is for informational purposes only and will not be used in the evaluation of the application.

1. Describe the scope of the proposed demolition. Provide the number of original dwelling units and buildings in the project, the number of any units previously demolished or disposed of, and the number of units proposed for demolition with funds from this HOPE VI Demolition Grant Application.
2. Describe any non-dwelling facilities to be demolished. Explain the relationship between the non-dwelling facilities and the dwelling units to be demolished, both in terms of proximity and use.
3. In the case of partial demolition of a site, describe any minimal site restoration that will take place after demolition and subsequent site improvements needed to benefit the remaining portion of the project in order to provide project accessibility or to make the site more marketable.
4. Demonstrate the appropriateness of your proposal in the context of the local housing market relative to other alternatives. This is a statutory threshold criterion. See **Section VII(C)** of the NOFA.
5. Describe the proposed plan for the use of the site after demolition, and the resources that will be used to carry out that plan.
6. If applicable, list all prior HUD public housing grant assistance you have used for the physical revitalization of the proposed development. This includes any public housing funds received for Capital Improvements as far back in time as possible. If only a portion of the targeted development has previously received such funds, provide the street addresses of the units assisted.



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**EXHIBIT D: PRIORITY GROUP 4 APPLICATIONS ONLY**

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In accordance with **Section XI(A)(2)(d)(ii)** of the NOFA:

1. Provide an analysis of TDC/HCC of the current Revitalization Grant. Use FY 2001 TDC Limits, as provided in Notice PIH 01-22. This Notice is available on the HOPE VI website.
2. Provide an analysis to TDC/HCC of the current Revitalization Grant plus the requested Demolition Grant. Use TDC figures as described above.
3. If this HOPE VI Demolition Grant Application targets units that were targeted for demolition in the original HOPE VI Revitalization application (regardless of any subsequent budget changes), provide a description of the use that will be made of Revitalization Grant funds that would be freed up if this Demolition Grant were awarded.
  - a. If the analysis in (1) above indicates that the Revitalization grant is below TDC/HCC, any dollars freed up as a result of the proposed additional demolition grant funds may be used for any construction costs, up to the project's TDC/HCC limit.
  - b. If the analysis in (1) above indicates that the Revitalization grant is below or at TDC/HCC, the dollars freed up from the proposed additional demolition grant funds may be used for the demolition of additional units or for Community Renewal costs such as Extraordinary Site Costs that fall outside of HCC.

**EXHIBIT E: RELOCATION PLAN CERTIFICATION**

This Exhibit is required for all applications that request HOPE VI Demolition Grant funding for relocation. In accordance with **Section IX** of the NOFA, you must provide a certification that you have completed a HOPE VI Relocation Plan and that it conforms to the URA requirements. This certification may be in the form of a letter. The HOPE VI Relocation Plan Guide is posted on the HOPE VI web site as a tool to assist you in preparing your Relocation Plan. Do not submit the HOPE VI Relocation Plan Guide; only the certification should be in the application. If applicable, attach a copy of your Section 8 application in accordance with **Section II(E)** of the NOFA. This attachment is not applicable if the targeted project is vacant as of the application due date.

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**EXHIBIT F: PROGRAM SCHEDULE**

Provide a Program Schedule that clearly indicates that you will start demolition activity within six months from the date of Grant Agreement execution and complete the demolition within two years from the date of Grant Agreement execution. Assume a Grant Agreement execution date of September 1, 2003.

**EXHIBIT G: GRANT LIMITATIONS WORKSHEET**

1. Demolition. Number of dwelling units approved for demolition:  
  
\_\_\_\_\_ x \$6,000 \$ \_\_\_\_\_
  
2. Relocation/Self-Sufficiency. Number of dwelling units approved for demolition that are **occupied** as of the date of the HOPE VI Demolition Application submission:  
  
\_\_\_\_\_ x \$3,000 \$ \_\_\_\_\_
  
3. Nondwelling Structures \$ \_\_\_\_\_
  
4. Total allowable cost (1 + 2 + 3) \$ \_\_\_\_\_
  
5. Total funds requested \$ \_\_\_\_\_

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**EXHIBIT H: HOPE VI BUDGET**

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1. Provide your proposed budget on Part I of the HOPE VI Budget Form (HUD-52825-A). A copy of the Budget form can be found in this HOPE VI Application and can be downloaded from the HOPE VI Website.
  
2. On Part II of the Budget:
  - a. Provide a **detailed** itemization of the costs of all activities, including demolition, hazard abatement, site restoration, fees, and administrative costs. See **Section V** of the NOFA for eligible Demolition Grant activities.
  
  - b. Differentiate between costs for dwelling units and nondwelling facilities.
  
  - c. Itemize all costs budgeted for relocation activities.

Applicants that do not adequately describe their costs on Part II of the Budget will be asked to submit a clarification and their Ordinal will change accordingly.

**EXHIBIT I: NONDWELLING STRUCTURES CERTIFICATION**

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If you are requesting funds for the demolition of nondwelling structures in your budget, those costs must be justified and verified by an engineer or architect licensed by his or her state licensing board who is not an employee of the housing authority or the city. See **Section VI(A)(3)** of the NOFA for examples of nondwelling structures. You must include in your application a completed Nondwelling Structures Cost Certification and the required attachment.

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**NONDWELLING STRUCTURES COST CERTIFICATION**

I hereby certify that:

1. I am licensed as an engineer \_\_\_\_\_ or architect \_\_\_\_\_ (check one) by the licensing board for the state in which the public housing project identified below is located.
2. I am not an employee of the applicant public housing authority or unit of local government in which the public housing project identified below is located.
3. Costs to demolish significant nondwelling structures may be incurred in conjunction with the demolition of severely distressed public housing as part of a HOPE VI Demolition Grant Application. Examples of eligible demolition costs related to significant nondwelling structures include, but are not limited to, the demolition of heating plants, community buildings, or streets on the site of the severely distressed project.
4. I have reviewed the attached description and calculation of costs for the demolition of significant nondwelling structures related to the demolition of dwelling units at the site identified below, as requested by the applicant Housing Authority listed below, and affirm that those costs qualify as allowable nondwelling structures costs (as defined in Paragraph 3 above) and are justified and reasonable in light of my assessment of the site of the project and the proposed work to be completed.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date

License number: \_\_\_\_\_ State of Registration: \_\_\_\_\_

Applicant PHA: \_\_\_\_\_

Development Name: \_\_\_\_\_

Required Attachment: Description of proposed demolition of nondwelling structures and itemized listing of costs.

Warning: HUD will prosecute false claims and statements. Conviction may result in the imposition of criminal and civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)

# HOPE VI Demolition Grant Application Receipt

U.S. Department of Housing  
and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

(fold line)

HA Code       ----

PHA Fax Number     ----  ----

Development Name \_\_\_\_\_

Amount Requested    \$ , ,

### To Be Completed by HUD

- HUD received your application by the deadline.  
Date received (mm/dd/yyyy) \_\_\_\_\_  
Ordinal \_\_\_\_\_  
Application Number \_\_\_\_\_
- Your application has been screened and no deficiencies have been identified.
- Your application has been screened and a deficiency has been identified. Please see the attached letter and/or checklist.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration.



## Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

### Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
2. Enter the date you are submitting your application to HUD.
3. This box will be completed by HUD. When received by HUD, your application will be stamped:
  - (a) with a date; and
  - (b) with the time received.
4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.
6. Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.
7. Enter the legal name of your organization applying for HUD funding.
8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.
9. Enter the complete address of your organization.
10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.
11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number.

12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.

13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.

15. Enter the Catalog of Federal Domestic Assistance (CFDA) number and title and, if applicable, component title of the program.

16. Enter a brief description of your program and key activities.

17. Identify the location(s) where your activities will take place. If this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form. Enter the following information:

**Grant Program:** The HUD funding program under which you are applying.

**HUD Share:** Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

**Applicant Match:** Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Other Federal Share:** Enter the amount of other Federal funds for your program of activities.

## Instructions for the HUD-424 (Continued)

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is providing to your project or program of activities.

**Local/Tribal Share:** Enter the amount of funds or cash equivalent of in-kind services your local/tribal government is providing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being provided to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate over the life of your award.

**Total:** Please total all columns and fill in the amounts.

21. You should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 or check your application kit to determine whether the State Intergovernmental Review Process is required.

22. This question applies to your applicant organization, not the person signing as your organization's authorized representative. Categories of debt include disallowed costs that requires repayment to HUD.

23. To be signed by the authorized representative of your organization. A copy of your governing body's authorization for you to sign this application must be available in your organization's office.

**Application for  
Federal Assistance**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No.2501-0017 (exp. 03/31/2005)

|   |  |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
|---|--|---|---------------------------|----------|--------------------------|-----------|-----------------|--------------|--|-------------|---------------|---------------|------------------------|-------------------|---------------|---------------------|-----------------------------|--------------------------------|--------------------|
| 1. Type of Submission<br><input type="checkbox"/> Application <input type="checkbox"/> Preapplication   |  | 2. Date Submitted   | 4. HUD Application Number |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 3. Date and Time Received by HUD  |  | 5. Existing Grant Number  |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 7. Applicant's Legal Name   |  | 8. Organizational Unit  |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 9. Address (give city, county, State, and zip code)<br>A. Address:<br>B. City:<br>C. County:<br>D. State:<br>E. Zip Code:   |  | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)<br>A. Name:<br>B. Title:<br>C. Phone:<br>D. Fax:<br>E. E-mail:   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 11. Employer Identification Number (EIN) or SSN   |  | 12. Type of Applicant (enter appropriate letter in box) <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">A. State</td> <td style="width: 50%;">I. University or College</td> </tr> <tr> <td>B. County</td> <td>J. Indian Tribe</td> </tr> <tr> <td>C. Municipal</td> <td>K. Tribally Designated Housing Entity (TDHE)</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. Non-profit</td> </tr> <tr> <td>G. Special District</td> <td>O. Public Housing Authority</td> </tr> <tr> <td>H. Independent School District</td> <td>P. Other (Specify)</td> </tr> </table> |                           | A. State | I. University or College | B. County | J. Indian Tribe | C. Municipal | K. Tribally Designated Housing Entity (TDHE) | D. Township | L. Individual | E. Interstate | M. Profit Organization | F. Intermunicipal | N. Non-profit | G. Special District | O. Public Housing Authority | H. Independent School District | P. Other (Specify) |
| A. State  | I. University or College                     |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| B. County   | J. Indian Tribe                              |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| C. Municipal  | K. Tribally Designated Housing Entity (TDHE) |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| D. Township   | L. Individual                                |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| E. Interstate   | M. Profit Organization                       |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| F. Intermunicipal   | N. Non-profit                                |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| G. Special District   | O. Public Housing Authority                  |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| H. Independent School District  | P. Other (Specify)                           |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 13. Type of Application<br><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision<br><br>If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Amount B. Decrease Amount C. Increase Duration<br>D. Decrease Duration E. Other (Specify)          |  | 14. Name of Federal Agency<br><b>U.S. Department of Housing and Urban Development</b>   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number<br><br>Title:<br>Component Title:  |  | 16. Descriptive Title of Applicant's Program  |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)  |  | 18a. Proposed Program start date    18b. Proposed Program end date    19a. Congressional Districts of Applicant    19b. Congressional Districts of Program  |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 20. Estimated Funding: <b>Applicant must complete the Funding Matrix on Page 2.</b>   |  |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 21. Is Application subject to review by State Executive Order 12372 Process?<br>A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____<br>B. No <input type="checkbox"/> Program is not covered by E.O. 12372<br><input type="checkbox"/> Program has not been selected by State for review. |  |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |
| 22. Is the Applicant delinquent on any Federal debt? <input type="checkbox"/> No<br><input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.  |  |   |                           |          |                          |           |                 |              |  |             |               |               |                        |                   |               |                     |                             |                                |                    |

| <b>Funding Matrix</b>  |           |                 |                 |                     |                |                    |                   |                |       |
|--|-----------|-----------------|-----------------|---------------------|----------------|--------------------|-------------------|----------------|-------|
| The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.   |           |                 |                 |                     |                |                    |                   |                |       |
| Grant Program*   | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share    | Local/Tribal Share | Other             | Program Income | Total |
|  |           |                 |                 |                     |                |                    |                   |                |       |
|  |           |                 |                 |                     |                |                    |                   |                |       |
|  |           |                 |                 |                     |                |                    |                   |                |       |
|  |           |                 |                 |                     |                |                    |                   |                |       |
|  |           |                 |                 |                     |                |                    |                   |                |       |
|  |           |                 |                 |                     |                |                    |                   |                |       |
| <b>Grand Totals</b>  |           |                 |                 |                     |                |                    |                   |                |       |
| * For FHIPs, show both initiative and component  |           |                 |                 |                     |                |                    |                   |                |       |
| <b>Certifications</b>  |           |                 |                 |                     |                |                    |                   |                |       |
| <p>I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an 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 this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.</p> <p>Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.</p> <p>This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.</p> |           |                 |                 |                     |                |                    |                   |                |       |
| 23. Signature of Authorized Official   |           |                 |                 |                     | Name (printed) |                    |                   |                |       |
| Title  |           |                 |                 |                     |                |                    | Date (mm/dd/yyyy) |                |       |

|  |  |   |
|--|--|---|
| <b>Applicant Assurances and Certifications</b>   | <b>U.S. Department of Housing and Urban Development</b>  | OMB Approval No. 2501-0017<br>(exp. 03/31/2005) |
| <b>Instructions for the HUD-424-B Assurances and Certifications</b>  |  |   |
| As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or an individual must provide the following assurances and certifications. By signing this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.   |  |   |
| As the duly authorized representative of the applicant, I certify that the applicant [Insert below the Name and title of the Authorized Representative, name of Organization and the date of signature]:<br>Name: _____, Title: _____<br>Organization: _____, Date: _____  |  |   |
| <p>1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the applicant to act in connection with the application and to provide any additional information as may be required.</p> <p>2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR Part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance <b>OR</b> if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).</p> <p>3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.</p> <p>4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.</p> | <p>5. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR Part 24 and 24 CFR 42, Subpart A.</p> <p>6. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 <i>et seq.</i>) and related Federal authorities prior to the commitment or expenditure of funds for property acquisition and physical development activities subject to implementing regulations at 24 CFR parts 50 or 58.</p> <p>7. Will or will continue to provide a drug-free workplace by:</p> <p>(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;</p> <p>(b) Establishing an on-going drug-free awareness program to inform employees about --</p> <p>(1) The dangers of drug abuse in the workplace;</p> <p>(2) The applicant's policy of maintaining a drug-free workplace;</p> <p>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</p> <p>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;</p> <p>(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required in Paragraph (a);</p> <p>(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --</p> <p>(1) Abide by the terms of the statement; and</p> <p>(2) 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;</p> |   |

| <b>Applicant Assurances and Certifications (Continued)</b>  | <b>U.S. Department of Housing and Urban Development</b>   | OMB Approval No. 2501-0017<br>(exp. 03/31/2005) |
|---|---|---|
| <p>(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) 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 has worked, 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;</p> <p>(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--</p> <p>(1) 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</p> <p>(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;</p> <p>(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).</p> <p>(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.</p> <p>(i). Place of Performance (street address, city, county, state, zip code)</p> <p>8. In accordance with 24 CFR Part 24, and its principals:</p> <p>(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;</p> <p>(b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;</p> <p>(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and</p> <p>(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached.</p> | <p>(e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.</p> <p>These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certifications or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.</p> |   |

**HOPE VI Budget  
Part I: Summary**

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577-0208 (exp. 12/31/2004)

Public Reporting Burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is necessary to provide details on the funds requested by Housing Authorities. The form displays the amount requested, broken down by budget line item, with each use explained on Part II. The requested information will be reviewed by HUD to determine if the amount requested is reasonable and whether the required percentages of capital and supportive services funds are met. Responses to the collection are required by the appropriation under which the HOPE VI grant was funded. The information collected does not lend itself to confidentiality. HUD may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number.

| PHA Name |  | HOPE VI Grant Number |                           |                    |
|----------|--|----------------------|---------------------------|--------------------|
| Line No. | Summary by Budget Line Item                        | Capital Costs        | Supportive Services Costs | HUD Approved Funds |
| 1        | Total Non-HOPE VI Funds                            |                      |                           |                    |
| 2        | 1408 Management Improvements                       |                      |                           |                    |
| 3        | 1410 Administration                                |                      |                           |                    |
| 4        | 1430 Fees and Costs                                |                      |                           |                    |
| 5        | 1440 Site Acquisition                              |                      |                           |                    |
| 6        | 1450 Site Improvement                              |                      |                           |                    |
| 7        | 1460 Dwelling Structures                           |                      |                           |                    |
| 8        | 1465 Dwelling Equipment—Nonexpendable              |                      |                           |                    |
| 9        | 1470 Nondwelling Structures                        |                      |                           |                    |
| 10       | 1475 Nondwelling Equipment                         |                      |                           |                    |
| 11       | 1485 Demolition                                    |                      |                           |                    |
| 12       | 1495 Relocation Cost                               |                      |                           |                    |
| 13       | <b>Amount of HOPE VI Grant (Sum of lines 2-12)</b> |                      |                           |                    |

Signature of PHA Executive Director

**HUD Certification:** In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24 CFR 12.50).

Signature of Authorized HUD Official

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Page \_\_\_\_ of \_\_\_\_

form HUD-52825-A (12/96)  
ref Handbook 7485.1

Previous editions are obsolete

| HOPE VI Budget<br>Part II: Supporting Pages |                       |                              |                        |   |                                |                            |                         |
|---|-----------------------|------------------------------|------------------------|---|--------------------------------|----------------------------|-------------------------|
| HA Name                                     | Work Item Number<br>1 | Budget Line Item Number<br>2 | Statement of Need<br>3 | Description of Proposed/Approved Action and Method of Accomplishment<br>4 | Individual Project Number<br>5 | Total Funds Requested<br>6 | HUD-Approved Funds<br>7 |
|   |                       |                              |                        |   |                                |                            |                         |

form HUD-52825-A (12/96)  
ref Handbook 7485.1

Page \_\_\_\_\_ of \_\_\_\_\_

Previous editions are obsolete



**Instructions for Preparation of Form HUD-52825-A,****HOPE VI Budget Submission:**

When requested by HUD, prepare a separate form HUD-52825-A (Parts I and II) for the HOPE VI program, describing the activities which are planned to be undertaken with the HOPE VI funds. Submit the original and two copies (or any lesser number of copies as specified by HUD) of this form to the HUD Field Office. On an as-needed basis, submit a revised form when the HUD-established threshold requires prior HUD approval to revise the HOPE VI Budget.

**Part I: Summary**

**HA Name** - Enter the name of the Housing Authority (HA).

**HOPE VI Grant Number** - Enter the unique HOPE VI Grant number assigned by HUD upon grant approval.

**FFY of Grant Approval** - Enter the Federal Fiscal Year (FFY) in which the HOPE VI grant is being approved/was approved. (last 2 digits of HOPE VI Grant Number).

**Type of Submission** - Check the appropriate box and indicate whether the submission is the Original HOPE VI Budget or a Revised HOPE VI Budget (and revision number).

**Total Funds Approved:**

**Line 1** - Enter the amount rounded to the nearest ten dollars, for all work that will be undertaken from non-HOPE VI funds. Enter zero if no work will be undertaken from non-HOPE VI funds.

**Lines 2 through 12** - For each line, enter the appropriate amount rounded to the nearest ten dollars, or zero if no work will be undertaken in a particular HOPE VI budget line item.

**Line 13** - Amount of HOPE VI Grant - Enter the sum of lines 2 through 12.

**Part II: Supporting Pages**

**1. Work Item Number** - Number each work item sequentially.

**2. Budget Line Item Number** - Enter the appropriated HOPE VI budget line item which corresponds to the work item described.

**3. Statement of Need**

**4. Description of Proposed/Approved Action and Method of Accomplishment**  
- For each HOPE VI budget line item listed, provide a statement of need and a description of all work items (physical or management, as applicable) that will be funded with HOPE VI funds, including management improvements, supportive services, administrative costs, equipment, etc. Enter the quantity of the work as a percentage or whole number. Describe administrative costs in sufficient detail to clearly identify items.

**5. Individual Project Number** - Enter the abbreviated (e.g., VA-36-1) of the development where the work items will be undertaken.

**6. Total Funds Requested** - For each work item and HA-wide activity described, enter the total funds requested. Where appropriate, add a reasonable contingency amount to each work item and indicate the percentage.

Previous editions are obsolete

form HUD-52825-A (12/96)  
ref Handbook 7485.1