

The State of Idaho

**Homelessness Prevention and
Rapid Re-Housing Program**

Substantial Amendment

Jurisdiction(s): State of Idaho Idaho Housing and Finance Association	HPRP Contact Person: Julie Williams
Jurisdiction Web Address: www.ihfa.org	Address: P. O. Box 7899 Boise, ID 83707
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Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

Grantees eligible to receive funds under the Homelessness Prevention and Rapid Re-Housing Program (HPRP) are required to complete a substantial amendment to their Consolidated Plan 2008 Action Plan. This form sets forth the required format for this substantial amendment. A completed form is due to HUD within 60 days of the publication of the HUD HPRP notice.

To aid grantees in meeting this submission deadline, the HPRP Notice reduces the requirement for a 30-day public comment period to no less than 12 calendar days for this substantial amendment. With this exception, HPRP grantees are required to follow their Consolidated Plan's citizen participation process, including consultation with the Continuum of Care (CoC) in the appropriate jurisdiction(s). Grantees are also required to coordinate HPRP activities with the CoC's strategies for homeless prevention and ending homelessness. To maximize transparency, HUD strongly recommends that each grantee post its substantial amendment materials on the grantee's official website as the materials are developed.

A complete submission contains the following three documents:

- 1) A signed and dated SF-424,
- 2) A completed form HUD-40119 (this form), and
- 3) Signed and dated General Consolidated Plan and HPRP certifications.

For additional information regarding the HPRP program, visit the HUD Homelessness Resource Exchange (www.hudhre.inafo). This site will be regularly updated to include HPRP resources developed by HUD and its technical assistance providers.

The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.

Public reporting burden for this collection of information is estimated to be 16 hours, 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 required to obtain benefits. To the extent that any information collected is of a confidential nature, there will be compliance with Privacy Act requirements. However, the substantial amendment to the Consolidated Plan 2008 Action Plan does not request the submission of such information.

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)

Substantial Amendment to the Consolidated Plan 2008 Action Plan for the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

A. General Information

Grantee Name	Idaho Housing and Finance Association
Name of Entity or Department Administering Funds	Grants Department
HPRP Contact Person (person to answer questions about this amendment and HPRP)	Mary Ellen Gallagher
Title	Grant Writer
Address Line 1	P. O. Box 7899
Address Line 2	565 W. Myrtle St.
City, State, Zip Code	Boise, ID 83707-1899
Telephone	208-331-4724
Fax	208-331-4808
Email Address	maryg@ihfa.org
Authorized Official (if different from Contact Person)	Julie H. Williams
Title	Senior Vice President
Address Line 1	P. O. Box 7899
Address Line 2	565 W. Myrtle St.
City, State, Zip Code	Boise, ID 83707-1899
Telephone	208-331-4889
Fax	208-331-4808
Email Address	juliew@ihfa.org
Web Address where this Form is Posted	www.ihfa.org

Amount Grantee is Eligible to Receive*	\$4,438,807
Amount Grantee is Requesting	\$4,438,807

*Amounts are available at <http://www.hud.gov/recovery/homelesspreventrecov.xls>

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B. Citizen Participation and Public Comment

1. Briefly describe how the grantee followed its citizen participation plan regarding this proposed substantial amendment (limit 250 words).

Response: The draft HPRP plan for the Balance of State of Idaho was made available for public comment on May 1, 2009 on IHFA's website. Legal notices were placed in all major newspapers across Idaho by May 1, 2009 requesting comments. A legal notice was also placed in Idaho's Spanish newspaper, Idaho Unido, in both Spanish and English to be run on the next available edition. Additionally, the Plan was e-mailed to stakeholders across the State for public comment and made available for review in local libraries and IHFA's branch offices located in Coeur d'Alene, Lewiston, Twin Falls, and Idaho Falls. The comment period ran from May 1st through May 15th, 2009.

Prior to drafting the plan, IHFA attended stakeholder meetings in the seven regions of the state to discuss how to best utilize the plan in each region. The regions then wrote their own plan for their region with the input from the stakeholders. IHFA combined these regional plans into the one statewide plan.

2. Provide the appropriate response regarding this substantial amendment by checking one of the following options:

- Grantee did not receive public comments.
- Grantee received and accepted all public comments.
- Grantee received public comments and did not accept one or more of the comments.

3. Provide a summary of the public comments regarding this substantial amendment. Include a summary of any comments or views not accepted and the reasons for non-acceptance.

Response:

C. Distribution and Administration of Funds

Reminder: The HPRP grant will be made by means of a grant agreement executed by HUD and the grantee. The three-year deadline to expend funds begins when HUD signs the grant agreement. Grantees should ensure that sufficient planning is in place to begin to expend funds shortly after grant agreement.

1. Check the process(es) that the grantee plans to use to select subgrantees. Note that a subgrantee is defined as the organization to which the grantee provides HPRP funds.

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- Competitive Process
- Formula Allocation
- Other (Specify): Chosen by stakeholders in each region of the state

2. Briefly describe the process(es) indicated in question 1 above (limit 250 words).

Response: Prior to submission of the amendment, each of the seven regions of the state held region-wide meetings of stakeholders to decide how Homeless Prevention and Rapid Re-Housing funding would be most effective in their region, who would be the project sponsors, what population(s) would be targeted, outreach plans, how the contracts will be administered and the budgets for the project sponsors. These region-wide projects were submitted to IHFA who ranked them according to need, based on the overall region-wide population, shelter bed and transitional housing utilization rates, Point-in-Time counts from January 2009, and the % of people in the region who have incomes at less than 50% of the median income. Each region was then given its allotment of funding and finalized their plans which were due to IHFA on April 15, 2009.

Some of the stakeholders were agencies receiving Supportive Housing Program funds and were familiar with HMIS and some were new agencies that pledged to use the HMIS system for the HPRP program.

3. Briefly describe the process the grantee plans to use, once HUD signs the grant agreement, to allocate funds available to subgrantees by September 30, 2009, as required by the HPRP Notice (limit 250 words).

Response: IHFA has a history of issuing grant agreements to subgrantees in a timely fashion for its Supportive Housing Program, Emergency Shelter Grant program, Shelter Plus Care program and Housing Opportunities for Persons with AIDS program. For the HPRP program, IHFA has compiled its list of subgrantees and pre-qualified them. Once IHFA receives its signed grant agreement from HUD, IHFA will issue grant agreements to the subgrantees in each region within a week. The grant agreements will be modeled after the Supportive Housing Program contracts modified to meet the specifications of the HPRP program.

4. Describe the grantee's plan for ensuring the effective and timely use of HPRP grant funds on eligible activities, as outlined in the HPRP Notice. Include a description of how the grantee plans to oversee and monitor the administration and use of its own HPRP funds, as well as those used by its subgrantees (limit 500 words).

Response: For grant administration purposes, IHFA has divided the state into three areas. There is a Grants Coordinator at IHFA for each area who maintains responsibility for all program contracts in their region of the state. The Grant

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Coordinator is responsible for maintaining project budgets, approving draws for eligible activities, and ensuring the timely execution of programs. Each subgrantee's budget will have spending targets built into the budget so that Grant Coordinators can monitor spending and ensure that targets are met. Agencies that have not met their targets will be contacted immediately and spending problems resolved so that no funding will have to be reallocated. Each subgrantee's budget will be reviewed quarterly with each report to HUD and annually as well. A Grants Administrator oversees the entire process for all regions of the state.

IHFA will charge fees of 2.5% of the funding for the HPRP program for Administration and 2% of the HPRP funding for HMIS. These funds will be billed through IHFA's accounting department on a timely basis as the eligible activities are performed. Again, there will be spending targets to ensure that the funding is spent and does not have to be reallocated.

Subgrantees have allocated funding not by dividing the funding up by three, but by allocating additional funds the first year when the demand is assumed to be the greatest. This will also ensure that funds are spent in a timely fashion.

D. Collaboration

1. Briefly describe how the grantee plans to collaborate with the local agencies that can serve similar target populations, which received funds under the American Recovery and Reinvestment Act of 2009 from other Federal agencies, including the U.S. Departments of Education, Health and Human Services, Homeland Security, and Labor (limit 250 words).

Response: The seven areas of the state have included collaboration plans in all of their proposals to collaborate with agencies receiving Recovery Act funds. Each region includes plans to educate case managers regarding the additional funding available through ARRA. It is expected that the most utilized programs will be the additional funding in the Workforce Investment Act to help those in the HPRP program receive additional job training and help seeking employment and the Department of Health and Welfare for additional TANF funding for qualified families in the HPRP funding. There is at least one city in each state area that is a Metropolitan Statistical Area that will be receiving additional CDBG and/or CSBG funding. Subgrantees have contacted these cities about how they can collaborate to use this funding as an additional resource for the HPRP clients.

In North Idaho, the City of Coeur d'Alene will be providing space for a One Stop Shop for low income individuals to come to contact agencies regarding mainstream resources, employment development, low cost or no cost health care, housing and other programs that will be using ARRA funding.

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For veterans, an increase in VASH rental assistance will also leverage HPRP funds if there is a need to provide deposit assistance (currently ineligible in the BASH Program). Additionally, ARRA funding for Section 8 will expand housing options and will be leveraged with HPRP funds when appropriate.

Community Action Partnerships/Agencies in each area of the state will also be receiving additional weatherization funding through ARRA. These CAP agencies has collaborated with subgrantees, or in some cases are subgrantees, to provide weatherization for properties that are being utilized by HPRP participants. This weatherization will ensure that utility bills are lowered and remain affordable.

2. Briefly describe how the grantee plans to collaborate with appropriate Continuum(s) of Care and mainstream resources regarding HPRP activities (limit 250 words).

Response: IHFA convenes the Continuum of Care for the Idaho Balance of State and will be collaborating with some of its' SHP partner agencies to carry out the grant. In addition, IHFA will be awarding HPRP funding to the Boise Continuum of Care, so it will be collaborating closely with the agencies involved in it.

All subgrantees for HPRP funding have been SHP agencies with the exception of WICAP and SICHA. SHP agencies have plans in place for helping clients access mainstream resources. WICAP and SICHA will develop plans as part of their grant agreement requirements for HPRP funding.

3. Briefly describe how HPRP grant funds for financial assistance and housing relocation/stabilization services will be used in a manner that is consistent with the grantee's Consolidated Plan (limit 250 words).

Response: The Consolidated Plan calls for increased access to decent affordable housing. HPRP funding will be consistent with this goal because six of the seven regions will be using the funding for Rapid Re-Housing programs. The seventh area is researching the feasibility of a Rapid Re-Housing program in its area, but could not meet the target date for this proposal. These programs will ensure that individuals and families who have been experiencing homelessness have housing that is affordable even after the subsidy ends. All units will pass a HQS inspection to ensure that they are decent housing fit for human habitation.

The Consolidated Plan also calls for expanded economic opportunities. The HPRP funding is consistent with this in that persons in the program will have enhanced economic opportunities through the Department of Commerce and Labor WIA program that is also funded through ARRA funding. Also, it is expected that there will be some jobs created by this funding that pay a living wage and fringe benefits.

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Another area of the Consolidated Plan addressed is increased community investment and involvement. The regional planning efforts for the HPRP funding have enhanced partnerships and collaborations on a region-wide basis. Although these groups have worked informally through Regional Housing Task Force meetings, a new Housing Task Force has been created in Moscow, Idaho as a result of the HPRP funding. The HPRP funding has strengthened these collaborations. It has also brought in additional community investment from local funding providers such as the United Way in Idaho Falls and the Cities of Pocatello, Idaho Falls, Coeur d'Alene and Lewiston who have pledged funding for these programs.

E. Estimated Budget Summary

HUD requires the grantee to complete the following table so that participants in the citizen participation process may see the grantee's preliminary estimated amounts for various HPRP activities. Enter the estimated budget amounts for each activity in the appropriate column and row. The grantee will be required to report actual amounts in subsequent reporting.

HPRP Estimated Budget Summary			
	Homelessness Prevention	Rapid Re-housing	Total Amount Budgeted
Financial Assistance ¹	\$1,610,792	\$1,784,610	\$3,395,402
Housing Relocation and Stabilization Services ²	\$ 282,381	\$ 422,408	\$ 704,789
Subtotal (add previous two rows)	\$	\$	\$4,100,191

Data Collection and Evaluation ³	\$ 88,176
Administration (up to 5% of allocation)	\$ 220,440
Total HPRP Amount Budgeted⁴	\$4,408,807

¹Financial assistance includes the following activities as detailed in the HPRP Notice: short-term rental assistance, medium-term rental assistance, security deposits, utility deposits, utility payments, moving cost assistance, and motel or hotel vouchers.

²Housing relocation and stabilization services include the following activities as detailed in the HPRP Notice: case management, outreach, housing search and placement, legal services, mediation, and credit repair.

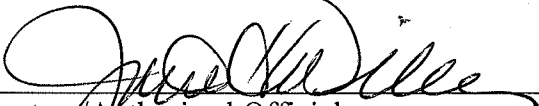
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³Data collection and evaluation includes costs associated with operating HUD-approved homeless management information systems for purposes of collecting unduplicated counts of homeless persons and analyzing patterns of use of HPRP funds.

⁴This amount must match the amount entered in the cell on the table in Section A titled "Amount Grantee is Requesting."

F. Authorized Signature

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>4.30.09</i>
Signature/Authorized Official	Date
<i>Sr. Vice President</i>	
Title	

Homelessness Prevention and Rapid Re-Housing Program (HPRP) Certifications

The HPRP Grantee certifies that:

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

Consistency with Plan – The housing activities to be undertaken with HPRP funds are consistent with the strategic plan.

Confidentiality – It will develop and implement procedures to ensure:

- (1) The confidentiality of records pertaining to any individual provided with assistance; and
- (2) That the address or location of any assisted housing will not be made public, except to the extent that this prohibition contradicts a preexisting privacy policy of the grantee.

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

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



Signature/Authorized Official

4.30.09

Date

Sr. Vice President

Title

**GENERAL CERTIFICATIONS FOR STATE OR LOCAL GOVERNMENT FOR THE
HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)**

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the state, territory, or local government certifies that:

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

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, territory, or local government'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 Local Government, State, or Territory -- The submission of the consolidated plan is authorized under state law and local law (as applicable) and the jurisdiction or 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 HPRP funds are consistent with the strategic plan.


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



Signature/Authorized Official

4/30/09

Date



Title

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: ID-501		*5b. Federal Award Identifier: _____
State Use Only:		
6. Date Received by State: _____		7. State Application Identifier: _____
8. APPLICANT INFORMATION:		
*a. Legal Name: Idaho Housing and Finance Association		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 82-0302333		*c. Organizational DUNS: 070022439
d. Address:		
*Street 1: P. O. Box 7899 _____		
Street 2: 565 W. Myrtle St. _____		
*City: Boise _____		
County: Ada _____		
*State: ID _____		
Province: _____		
*Country: USA _____		
*Zip / Postal Code 83707-1899 _____		
e. Organizational Unit:		
Department Name: Community Housing Services		Division Name: Grant Programs
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Mrs. _____ *First Name: Julie _____		
Middle Name: H. _____		
*Last Name: Williams _____		
Suffix: _____		
Title: Senior Vice President		
Organizational Affiliation: Idaho Housing and Finance Association		
*Telephone Number: 208-331-4889		Fax Number: 208-331-4808
*Email: juliew@ihfa.org		

Application for Federal Assistance SF-424

Version 02

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

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

Public Body Corporate and Politic

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

14.257 _____

CFDA Title:

Homelessness Prevention and Rapid Re-Housing Program (HPRP) _____

***12 Funding Opportunity Number:**

FR-5307-N-011 _____

*Title:

Funding Availability for the Homelessness Prevention Fund created under Title XII of Division A of the American Recovery and Reinvestment Act of 2009 (Recovery Act). _____

13. Competition Identification Number:

Title:

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

Cities, Counties

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

Balance of State of Idaho Homelessness Prevention and Rapid Re-Housing Program

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant: ID-001

*b. Program/Project: ID-001, ID-002

17. Proposed Project:

*a. Start Date: 9/1/2009

*b. End Date: 8/31/2012

18. Estimated Funding (\$):

*a. Federal	_____	4,808,807
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	4,808,807

***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: Mrs. _____ *First Name: Julie _____
Middle Name: H. _____
*Last Name: Williams _____
Suffix: _____

*Title: Senior Vice President

*Telephone Number: 208-331-4889

Fax Number: 208-331-4808

* Email: juliew@ihfa.org

*Signature of Authorized Representative: 

*Date Signed: 4-30-09

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 80 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

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

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
		12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the 	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	assistance activity, if applicable.		State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State																								
	f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.	20.	<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p>																								
8.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0"> <tr> <td>A. State Government</td> <td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>B. County Government</td> <td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>C. City or Township Government</td> <td>O. Private Institution of Higher Education</td> </tr> <tr> <td>D. Special District Government</td> <td>P. Individual</td> </tr> <tr> <td>E. Regional Organization</td> <td>Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td>F. U.S. Territory or Possession</td> <td>R. Small Business</td> </tr> <tr> <td>G. Independent School District</td> <td>S. Hispanic-serving Institution</td> </tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td> <td>T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td> <td>U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td>V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td> <td>W. Non-domestic (non-US) Entity</td> </tr> <tr> <td>L. Public/Indian Housing Authority</td> <td>X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)	21.	<p>Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
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