



2024 Application For Emergency Solutions Grant (ESG)

Program Application Information

Issue Date: Monday, May 21, 2024
Closing Date: Noon on Friday, June 21, 2024

Contact

Economic Development & Housing Division
730 Washington Ave.
City Hall, Room 304
Racine, WI 53403
Phone: (262) 636-9197

Please read Program Guidelines at website: [ESG: Emergency Solutions Grants Program - HUD Exchange](#)

Applicant Information

Organization Name:	Click here to enter text.	
Contact Name:	Click here to enter text.	
Address:	Click here to enter text.	
City: Click here to enter text.	State: Click here to enter text.	Zip: Click here to enter text.
Phone: Click here to enter text.	Fax: Click here to enter text.	
E-Mail: Click here to enter text.		

Return Applications and Required Attachments by noon on June 21, 2024

ATTN: ESG APPLICATIONS
Economic Development & Housing Division
730 Washington Ave.
City Hall, Room 304
Racine, WI 53403

EMAIL: NSDAPPLICATIONS@CITYOFRACINE.ORG

COPIES MAY BE PLACED IN THE RED MAILBOX OUTSIDE THE WEST DOORS OF CITY HALL

ELIGIBLE AND INELIGIBLE PROJECT ACTIVITIES

Eligible Project Activities

ESG regulations allow the use of grant funds for a wide range of public service activities including:

- Street Outreach
- Emergency Shelter
- Homelessness Prevention
- Homeless Management Information System (HMIS)
- Administrative Activities

Note: ESG funds must only be used to serve eligible program participants. ESG program participant eligibility is assessed based on homelessness or at-risk of homelessness status, and in some cases, income eligibility. ESG recipients may have additional eligibility criteria as well.

Activity categories are considered under the City of Racine 2020-2024 Consolidated Action Plan: homeownership services and economic mobility.

Ineligible Project Activities

Ineligible ESG funded activities include:

- Acquisition of property
- New construction of buildings
- Planning and community building
- Staff training
- Fund raising
- Demolition
- Legal services
- Substance abuse treatment services

CITY OF RACINE 2024 EMERGENCY SOLUTIONS GRANT APPLICATION

Important Note: Elaborate answers for the purposes of this application are not required. **Concise responses for most narrative questions will suffice if they convey the appropriate information.** Be sure to complete the entire application, including the required budget forms, and the signed Acknowledgement of Required Assurances form with this application.

Entities submitting applications to the City of Racine, WI with altered or deleted questions presented in this application or with deliberately deceptive responses will be considered to be fraudulent and denied ESG funding and may face civil and/or criminal penalties.

To ensure an equitable allocation process the following criteria must be met for all applications to be considered for funding. Applications will be screened for the following:

- Application is submitted by deadline.
- Application is complete, all questions have been answered.
- No questions have been deleted or changed.
- All documents requested have been provided.
- One (1) original properly marked and provided.
- Application packet and information is not bound in a folder or binder.

The following list of documents must include one (1) complete original:

- Acknowledgement of Required Assurances - Signed
- Section A Organizational Information
- Section B Summary of Services
- Section C Clients Served
- Section D Outcomes (Only required of Lead Applicants)
- Section E Fiscal Management
- Sections F Personnel
- Section G Budget Forms
- Section H Staff/Board Demographics

Applicants applying for ESG Service funds must answer the following questions and/or provide the requested information. Please be sure to complete the entire application, including the required budget forms.

A. Organizational Information

1. Organization Legal Name:					
2. Physical Street Address (include City and Zip Code): If the organization also has a separate office location within the City of Racine, please provide information for both the primary and City of Racine office locations					
3. Mailing Address (include City and Zip Code):					
4. Main Business Phone Number:					
5. Business Office Hours:					
6. Executive Officer Name:		Phone Number:			
		Email Address:			
7. Primary Contact Person:		Title:			
		Phone Number:			
		Email Address:			
8. Fiscal Contact Person:		Title:			
		Phone Number:			
		Email Address:			
9. Type of Organization:					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership			
<input type="checkbox"/> Private/Non-Profit		<input type="checkbox"/> Corporation			
<input type="checkbox"/> Other (specify)					
10. Federal Tax ID No.:			Expiration Date:		
11. UEI Number(s):					
12. Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under Section 13 (a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m (a), 780 (d)) or Section 6104 of the Internal Revenue Code of 1986?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No			
13. Required only if your response to Question 12 is YES. Provide Name(s) and Compensations of all highly compensated officers in your organization (including parent organization, all branches, and all affiliates worldwide).					
Last Name	Middle Initial	Last Name	Title	2024 Salary/Compensation	
				\$	

CCR Number (cage code)
14. How long has the organization been in operation in the City of Racine?
15. Has the organization operated under another name? <input type="checkbox"/> No/Not Applicable <input type="checkbox"/> Yes If "Yes", please provide the previous organization's name(s):
16. Provide one (1) complete original of the following REQUIRED documents: a. <input type="checkbox"/> List of the Board of Directors including name, occupation, or affiliation, principal officers of the governing board. Applicants may also voluntarily provide information related to diversity. Failure to provide diversity information will not adversely impact the scoring of the response. b. <input type="checkbox"/> Internal Revenue Service (IRS) tax-exempt determination letter c. <input type="checkbox"/> A copy of the organization's most recent financial audit or if an audit has not been completed, reviewed financial statements by an outside third party d. <input type="checkbox"/> A copy of the organization's most recent monthly balance sheet and income statement <input type="checkbox"/> Provide any recent (within the last twenty-four (24) months) site visit or program review reports received from monitoring entities (i.e. United Way, local or state government)

B. Program Information Note: If you are applying for funding for more than one (1) distinct program component you MUST complete a separate application (Sections B- M below) for each distinct program except where specifically noted.

1. Name of Program to be funded:		NEW OR	EXISTING:
PROGRAM COMPONENT (CHOOSE ONE):		ACTIVITY (CHOOSE ONE OR MORE):	
<input type="checkbox"/> STREET OUTREACH		<input type="checkbox"/> ESSENTIAL SERVICES	
<input type="checkbox"/> EMERGENCY SHELTER		<input type="checkbox"/> SHELTER OPERATIONS <input type="checkbox"/> ESSENTIAL SERVICES <input type="checkbox"/> RENOVATIONS <input type="checkbox"/> URA	
<input type="checkbox"/> RAPID RE-HOUSING		<input type="checkbox"/> HOUSING RELOCATION AND STABILIZATION SERVICE <input type="checkbox"/> SHORT- AND/OR MEDIUM- TERM RENTAL ASSISTANCE	
<input type="checkbox"/> PREVENTION/DIVERSION		<input type="checkbox"/> HOUSING RELOCATION AND STABILIZATION SERVICE <input type="checkbox"/> SHORT- AND/OR MEDIUM- TERM RENTAL ASSISTANCE	
<input type="checkbox"/> HMIS		<input type="checkbox"/> HMIS	
2. Program Funding Amount Requested: \$			
3. Program Funding Amount Received Last Cycle (indicate period of funding): \$			
4. Site Address from which services will be delivered (provide separate sheet if multiple addresses):			
5. City/State/Zip for above Site Address:			

C. Summary of Services (see above)

1) Provide a concise description of this program. (E.g., A program to provide basic needs such as food, clothing, motel vouchers, etc., to low-income and/or homeless families.)

[Click here to enter text.](#)

2) Identify how the program addresses the funding priorities identified in this Program.

- Reducing the time spent homeless on streets, in shelters, and in transitional housing.
- Rapidly moving households to permanent housing.
- Diversion from emergency shelter.
- Diversion from the Centralized Intake Placement Roster (after assessment).
- Preventing homelessness among all populations.
- Reducing homelessness among all populations.

- Reducing returns to homelessness among all populations.

[Click here to enter text.](#)

3) Provide a detailed description of your proposed services.

- a. What types of services are provided?

[Click here to enter text.](#)

- b. Who will be providing the services and where will they be located (on-site or off-site)? If services are provided off-site, provide information on how participants will access the services.

[Click here to enter text.](#)

- c. How will services increase stability for participants?

[Click here to enter text.](#)

- d. How will proposed services fit into a strengths-based/tailored services framework?

[Click here to enter text.](#)

- e. If the applicant is sub-contracting with another organization(s) to provide housing and/or services to project participants, list the name(s) of the partner(s) and provide information on the specific roles and responsibilities of each.

[Click here to enter text.](#)

- f. How will the program rapidly link clients to units of non-time limited housing, assure housing stability, and prevent people from returning to homelessness?

[Click here to enter text.](#)

- g. How will the project help create linkages for participants to other mainstream resources in the community, particularly employment and education related services for work-able participants, and disability resources for non-work-able participants. In the following chart, identify the agency or agencies that provide each service and note whether active referrals are made by homeless service providers. If a given service is not available to participants in your organization, write N/A.

SERVICE TYPE		DESCRIPTION
A.	Case Management	
B.	Emergency Financial Assistance	
C.	Domestic Violence Shelters	
D.	Homeless Outreach Services	
E.	Legal Services and Mediation	
F.	Local Housing Authorities, Public Housing, Subsidies and Subsidized Housing	
G.	Private Market Landlords and Management Companies	
H.	Specialized Supportive Housing Programs	
I.	Job Training and Employment Services, Temporary Labor Agencies	
J.	Childcare Resources and Public Programs that Subsidize Childcare	
K.	Consumer Credit Counseling Service Agencies	
L.	Mental Health and Substance Abuse Assessment and Treatment	
M.	Youth Development and Child Welfare	
N.	Women, Infants and Children (WIC) (7 CFR part 246)	
O.	Supplemental Nutrition Assistance Program (7 CFR parts 271–283);	
P.	Federal-State Unemployment Insurance Program (20 CFR parts 601– 603, 606, 609, 614–617, 625, 640, 650)	
Q.	Social Security Disability Insurance (SSDI) (20 CFR part 404)	
R.	Supplemental Security Income (SSI) (20 CFR part 416)	
S.	Child and Adult Care Food Program (42 U.S.C. 1766(t) (7 CFR part 226))	
T.	Shelter Plus Care Program (24 CFR part 582)	
U.	Section 8 Moderate Rehabilitation Program for Single Room Occupancy Program for Homeless Individuals (24 CFR part 882)	
V.	HUD—Veterans Affairs Supportive Housing (HUD–VASH) (division K, title II, Consolidated Appropriations Act, 2008, Pub. L. 110–161 (2007), 73 FR 25026 (May 6, 2008))	
W.	Programs funded by Education for Homeless Children and Youth grants for State and Local Activities (title VII–B of the McKinney- Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.))	
X.	Programs funded by grants for the Benefit of Homeless Individuals (section 506 of the Public Health Services Act (42 U.S.C. 290aa– 5))	
Y.	Healthcare for the Homeless (42 CFR part 51c)	
Z.	Programs for Runaway and Homeless Youth (Runaway and Homeless Youth Act (42 U.S.C. 5701 et seq.))	
AA.	Projects for Assistance in Transition from Homelessness programs (PATH) (part C of title V of the Public Health Service Act (42 U.S.C. 290cc–21 et seq.))	
AB.	Emergency Food and Shelter Program (title III of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11331 et seq.))	

AC.	Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program (section 40299 of the Violent Crime Control and Law Enforcement Act (42 U.S.C. 13975));	
AD.	Homeless Veterans Reintegration Program (section 5(a)(1)) of the Homeless Veterans Comprehensive Assistance Act (38 U.S.C. 2021)	
AE.	Programs funded with VA Homeless Providers grant and Per Diem Program (38 CFR part 61)	
AF.	Health Care for Homeless Veterans Program (38 U.S.C. 2031)	
AG.	Domiciliary Care for Homeless Veterans Program (38 U.S.C. 2043)	
AH.	Homeless Veterans Dental Program (38 U.S.C. 2062);	
AI.	Supportive Services for Veteran Families Program (38 CFR part 62)	
AJ.	Veteran Justice Outreach Initiative (38 U.S.C. 2031)	
AK.	Public housing programs assisted under section 9 of the U.S. Housing Act of 1937 (42 U.S.C. 1437g) (24 CFR parts 905, 968, and 990);	
AL.	Housing programs receiving tenant-based or project-based assistance under section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f) (respectively 24 CFR parts 982 and 983)	
AM.	Supportive Housing for Persons with Disabilities (Section 811) (24 CFR part 891)	
AN.	HOME Investment Partnerships Program (24 CFR part 92)	
AO.	Temporary Assistance for Needy Families (TANF) (45 CFR parts 260– 265)	
AP.	Health Center Program (42 CFR part 51c)	
AQ.	State Children’s Health Insurance Program (42 CFR part 457)	
AR.	Head Start (45 CFR chapter XIII, subchapter B)	
AS.	Mental Health and Substance Abuse Block Grants (45 CFR part 96)	
AT.	Services funded under the Workforce Investment Act (29 U.S.C. 2801 et seq.)	
AU.	SSI/SSDI Outreach, Access and Recovery(SOAR) (SAMHSA)	
AV.	Community Support Programs for Persons with Severe and Persistent Mental Illnesses in Wisconsin (CSP) (63 WI §51.421)	

4) Describe the experience your program has in serving your target population(s), and experience providing homeless housing and services, including the average length of time a household receives services and the numbers of households assisted.

[Click here to enter text.](#)

5) Thoroughly describe how the program would partner with other housing providers (such as street outreach, emergency shelters or transitional housing if you are proposing a rapid re-housing project) to rapidly re-house homeless households. Include prior experience, if applicable.

Click here to enter text.

- 6) Describe ways in which your program affirmatively furthers fair housing and note ways in which your program is addressing program rules or eligibility requirements that might create additional barriers to access for households with higher or more complex needs.

Click here to enter text.

- 7) Describe how your organization addresses transportation barriers for individuals that might wish to participate in your program.

Click here to enter text.

- 8) Please describe how funds will be used for a new service or an expansion of an existing service. (Answer this question only if you are a first-time applicant).

Not Applicable

NEW AGENCY FUNDING REQUESTED RESPONSE:

Click here to enter text.

- 10) How will this project advance racial justice and equity within homeless services?

Click here to enter text.

D. Clients Served

- 1) Describe the clientele whom you intend to serve. Explain how the target population is selected, qualified for services, and monitored.

Click here to enter text.

- 2) How many unduplicated clients will be served within each project category during the grant period (January 1, 2023 – June 30, 2024)? How many total unduplicated clients will be served? If funded, this is the number of clients that will be contracted for and will be adjusted based on the amount funded.

Category	Number Served
Emergency Shelter	
Homeless Prevention	
Rapid Re-Housing	
Street Outreach	
Total number served by 2023 ESG funds	

- 3) Describe how your organization reaches out to, and addresses, the needs of persons with disabilities; persons with limited English capabilities; persons of cultural/ethnic minority; and populations which are overrepresented in the homeless system, such as African Americans.**

[Click here to enter text.](#)

- 4) Describe ways in which your organization engages program participants in governance and decision-making regarding service design, delivery, and evaluation.**

[Click here to enter text.](#)

E. Performance Measures and Data Management

Your organization is responsible for following all HUDs required reporting outputs for your organization. This section is required and should only reflect your organization’s outputs as they pertain to ESG funding, note this list may not be all encompassing.

- Using the table below please identify the anticipated impact of your program. For each program for which you are seeking funding fill in the Program Name at the top of each column and identify the target outputs and outcomes for each; add additional columns if necessary.

Output Measures	INSERT PROGRAM NAME
Universe of Households with Children Served by Program	Click here to enter text.
Universe of Households without Children Served by Program	Click here to enter text.
Target Number of Households with Children to be Served <i>with the requested funding</i>	Click here to enter text.
Target Number of Households without Children to be Served <i>with the requested funding</i>	Click here to enter text.
Average Length of Stay in Program	Click here to enter text.
Cost Per Exit to Permanent and Non-Permanent Housing	Click here to enter text.
Exits to Permanent Housing	Click here to enter text.
Exits to Other Housing	Click here to enter text.
Vacancy Rate	Click here to enter text.
Outcome Measures	
Numbers Still Permanently Housed after three (3) Months	Click here to enter text.
Numbers Still Permanently Housed after six (6) Months	Click here to enter text.
Numbers Still Permanently Housed after twelve (12) Months	Click here to enter text.
Rate of Increase in Employment/Earned Income	Click here to enter text.
Rate of Increased Access to Mainstream Benefits	Click here to enter text.
Returns to Homelessness	Click here to enter text.

- Describe your organization process intended for meeting performance measures- including resources and activities. What indicators are used to determine that participants have achieved the desired performance measures?

Click here to enter text.

- Describe your organization’s experience with program evaluation, including how the program evaluates services and the impact on its participants.

Click here to enter text.

- Describe your organization experience using the Homeless Management Information System (HMIS).

Click here to enter text.

- a. If your organization does not currently participate in HMIS, please provide an explanation for this status, and include your Organization’s plan (including staffing) and timeline for participating in HMIS. We ask that you provide a plan with at least four (4) quantifiable measures (e.g., will begin process for HMIS set up by DATE, will have five (5) staff trained by DATE, or will meet data collection requirements by DATE). To demonstrate your capacity to meet ESG requirements, please also describe the types of data tracking and reporting you currently do for other funders or partners.

Click here to enter text.

- How does your organization plan to ensure compliance with applicable policy and procedural requirements, both within the parameters of HUD’s rules and regulations as well as City policies?

Click here to enter text.

- Each organization is required to have staff who have received New User Training for Clarity HMIS. Indicate the number of staff and status of staff training:

Agency	# of Staff Trained	Date(s) of Training(s)	Training Type(s)	# of Staff Needing Training and Type of Training Needed.

F. Fiscal Management

- 1) It is possible that the city may not be able to fund your program application fully. Recognizing that, please list the various aspects of your program in the priority order you want them funded and the amount required for each aspect.

	Describe Priority	\$ Amount
Priority #1	Click here to enter text.	Click here to enter text.
Priority #2	Click here to enter text.	Click here to enter text.
Priority #3	Click here to enter text.	Click here to enter text.
Priority #4	Click here to enter text.	Click here to enter text.

- 2) If the ***program components’ budgets*** were increased or decreased by ten percent (10%), what specific program services would be correspondingly increased or reduced and what would the impact be on the services in the community?

Click here to enter text.

- 3) Please describe how the organization will ensure the proper use and safeguarding of public funds. Does your organization have policy and procedures regarding the financial operations of the organization? Have recent reviews or audits of the organization by a certified public accountant or other financial professional identified any weaknesses in the organization's financial internal controls? If so, please provide the written report identifying the weaknesses and describe how the organization has responded to the report.**

[Click here to enter text.](#)

- 4) Please describe your organization's current financial condition and outlook for sustainability. If the organization is facing financial challenges, describe what steps are being taken to strengthen the organization's financial condition.**

[Click here to enter text.](#)

- 5) Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. Is the agency fiscally able to use the grant on a reimbursable basis, with payments made no more frequent than every other month?).**

[Click here to enter text.](#)

- 6) How does your organization plan to segregate ESG funds from other organization funds for purposes of identification, tracking, and reporting?**

[Click here to enter text.](#)

- 7) If applicable, has your organization (either under this name or other names this organization has done business as) been in any form of bankruptcy at any time during the last seven years? If "yes," please attach a copy of the bankruptcy petition, showing the case name, number, court, initial filing date, applicable Bankruptcy Code (chapters), and a copy of the Bankruptcy Court's discharge order, or of any other document that ended the case if no discharge order was issued. If your organization has operated under other names, please list those with the years of operation.**

[Click here to enter text.](#)

- 8) In the past seven (7) years, have any bankruptcy proceedings been initiated by or against the organization (whether or not closed) or is any bankruptcy proceeding pending by or against the organization regardless of the date of filing?**

[Click here to enter text.](#)

G. Personnel

- 1) **Identify all positions involved in the operation of the program and whether they are full or part-time. If less than forty (40) hours per week indicate estimated total weekly hours to be spent on this program.**

[Click here to enter text.](#)

- 2) **Who will be responsible for the overall operation of the program and what are their qualifications? Please include the name and position titles.**

[Click here to enter text.](#)

- 3) **Describe your process for ensuring your staff has the necessary background checks and certification/license required to provide services.**

[Click here to enter text.](#)

H. BUDGET:

Upload the organization's approved annual budget (all revenues and expenses for your organization's budget period). This budget should include all line items that support the entire organization, its mission, and its program(s). Ensure that the organization has separate line items for federal, state, local and match funding.

To meet HUD's regulatory requirements, each sub-recipient organization's accounting system should include at least the following elements:

- **Chart of accounts:** A list of account names and the numbers assigned to them
- **Cash receipts journal:** A chronological listing of when funds were received, in what amounts, and from what sources
- **Cash disbursements journal:** A chronological listing of how much was paid, when, and to whom payment was made
- **Payroll journal:** A chronological listing of payroll amounts, benefits and payroll taxes
- **General journal:** A record of all non-cash transactions
- **General ledger:** A comprehensive depiction, with details by account, of the activities recorded in each account of an organization. Entries transferred to the general ledger are cross-referenced to the applicable subsidiary journal or supporting documentation to permit the tracing of any financial transaction, thereby creating what is called an 'audit trail.'

I. STAFF AND /BOARD DEMOGRAPHICS

- 1) Please fill out the table below describing the composition of your agency’s governing **board membership**. Enter the number of board members that best fit each demographic category in the column on the right.

Total Board Members:	
Racial/Ethnic Identity	
White	
Black or African-American	
Asian	
American Indian/Alaska Native	
Native Hawaiian or Pacific Islander	
Multiracial	
Other Race	
Hispanic/Latino of Any Race	
Gender Identity	
Female	
Male	
Nonbinary	
Transgender	
City Residency	
Living in the City of Racine	

2). Please fill out the table below describing the composition of your agency's staff who would be implementing the proposed activity. Enter the number of staff that best fit each demographic category in the column on the right.

Total Staff Members:	
Racial/Ethnic Identity	
White	
Black or African-American	
Asian	
American Indian/Alaska Native	
Native Hawaiian or Pacific Islander	
Multiracial	
Other Race	
Hispanic/Latino of Any Race	
Gender Identity	
Female	
Male	
Nonbinary	
Transgender	
City Residency	
Living in the City of Racine	

ACKNOWLEDGEMENT OF REQUIRED ASSURANCES

This page must be signed and submitted with the application. Applications which do not contain a signed Acknowledgement of Required Assurances are ineligible for consideration.

By submitting the accompanying application and by my signature on this document, I understand and agree that any funding award resulting from this solicitation will require compliance with the signed agreement and with the regulations, requirements, and policies identified below, including but not limited to:

- Compliance with the requirements of the [Americans with Disabilities Act Accessibility Guidelines](#);
- City of Racine, Section 3 Implementation Plan
- Completion of an environmental review, subject to the requirements of the [National Environmental Policy Act \(NEPA\)](#);
- [Contract Work Hours and Safety Standards Act \(CWHSSA\)](#);
- [Equal Employment Opportunity Act](#);
- [Minority and Women's Business Enterprise \(MBE/WBE\)](#);
- [Lead Based Paint](#);
- [Title VI of the Civil Rights Act of 1964](#), as amended;
- [The Fair Housing Act](#);
- [Equal Opportunity in Housing Act](#);
- [Age Discrimination Act](#);
- [Americans with Disabilities Act](#);
- [Section 504 of the Rehabilitation Act](#);
- [Federal Funding Accountability and Transparency Act \(FFATA\)](#);
- [Compliance with Office of Management and Budget \(OMB\) 2 CFR 200](#) (as appropriate);
- Compliance with policies of the City of Racine;
- Compliance with federal and state laws requiring the safeguarding and disclosure of confidential information.
- Purchase of comprehensive liability insurance and bonding, as required by the City;
- Completion of an annual financial audit, and/or as applicable, providing the City with a copy of the organization's audited financial statement;
- Completion and subsequent renewal of background checks for all employees, volunteers, or interns who will or may have unsupervised contact with children or vulnerable adults;
- Maintaining program and financial records for audit review, and providing access to documentation upon request by the City;
- Submission of program and financial reports, as required by the City;
- Certification that the firm, association, corporation, or any person in a controlling capacity or any position involving the administration of federal, state, or local funds is not currently under suspension, debarment, voluntary exclusion, or a determination of ineligibility by any agency; has not been suspended, debarred, voluntarily excluded, or determined ineligible by any agency within the past three (3) years; does not have a proposed debarment pending; has not been indicted, convicted, or has not had a civil judgment rendered against said person, firm, association, or corporation by a court of competent jurisdiction in any matter involving fraud or misconduct with the past three (3) years.
- Certification that the firm is not bankrupt or under an administration appointed by the Court, or under proceedings leading to a declaration of bankruptcy; and provide any pending or known legal actions against the company.

- Certification that, in the past seven (7) years, the organization has not had any bankruptcy proceedings initiated against the Contractor (whether or not closed) and that there are no bankruptcy proceedings pending by or against the Contractor regardless of the date of filing;
- All pending or known litigation/court action(s) have been disclosed in the application.
- All pending or known potential HUD findings or corrective action plans have been disclosed in the application
- Certification that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of its services hereunder. The Applicant further covenants that in the performance of this project/application, no person having any conflicting interest will be employed.

Application Approval and Signature: The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein.

Click here to enter text.

Printed Name and Title

Signature

Click here to enter text.

Agency

Click here to enter text.

Date