

**CITY OF DECATUR, ILLINOIS**

***Substantial Amendment to the Consolidated Plan  
2008 Action Plan  
For the  
Homeless Prevention and Rapid Re-Housing Program  
(HPRP)***



**PREPARED BY:**

**THE CITY OF DECATUR  
ECONOMIC AND URBAN DEVELOPMENT DEPARTMENT  
NEIGHBORHOOD REDEVELOPMENT DIVISION**

May 14, 2009

Application for Federal Assistance SF-424		Version 02
<b>*1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>*2. Type of Application</b> * 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: B-08-MC-17-0008
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
<b>State Use Only:</b>		
6. Date Received by State:		7. State Application Identifier:
<b>8. APPLICANT INFORMATION:</b>		
*a. Legal Name: City of Decatur		
*b. Employer/Taxpayer Identification Number (EIN/TIN): 37-6001308		*c. Organizational DUNS: 075613000
<b>d. Address:</b>		
*Street 1: <u>#1 Gary K. Anderson Plaza</u>		
Street 2: _____		
*City: <u>Decatur</u>		
County: <u>Macon</u>		
*State: <u>Illinois</u>		
Province: _____		
*Country: <u>United States</u>		
*Zip / Postal Code <u>62523</u>		
<b>e. Organizational Unit:</b>		
Department Name: Economic and Urban Development		Division Name: Neighborhood Redevelopment Division (NRD)
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
Prefix: <u>Ms.</u>		*First Name: <u>Richelle</u>
Middle Name: <u>D.</u>		
*Last Name: <u>Irons</u>		
Suffix: _____		
Title: <u>Assistant Director/Neighborhood Outreach Manager</u>		
Organizational Affiliation: City of Decatur		
*Telephone Number: (217) 424-2864		Fax Number: (217) 424-2728
*Email: <u>rirons@decaturil.gov</u>		

**Application for Federal Assistance SF-424**

Version 02

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

C. City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:**

U. S. Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.257 \_\_\_\_\_

CFDA Title:

Homelessness Prevention and Rapid Re-Housing (HPRP) \_\_\_\_\_

**\*12 Funding Opportunity Number:**

\_\_\_\_\_

\*Title:

\_\_\_\_\_

**13. Competition Identification Number:**

\_\_\_\_\_


Title:

\_\_\_\_\_

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

City of Decatur, Illinois

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

<b>Application for Federal Assistance SF-424</b>		Version 02
<b>16. Congressional Districts Of:</b>		
*a. Applicant: IL-015; IL-017; IL-018		*b. Program/Project:
<b>17. Proposed Project:</b>		
*a. Start Date: 07/30/09		*b. End Date: 07/30/12
<b>18. Estimated Funding (\$):</b>		
*a. Federal	_____	623,309
*b. Applicant	_____	
*c. State	_____	
*d. Local	_____	
*e. Other	_____	
*f. Program Income	_____	
*g. TOTAL	_____	623,309
<b>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</b>		
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____		
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.		
<input checked="" type="checkbox"/> c. Program is not covered by E. O. 12372		
<b>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/> ** I AGREE		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions		
<b>Authorized Representative:</b>		
Prefix: _____	Mr. _____	*First Name: <u>Ryan</u> _____
Middle Name: _____	P. _____	
*Last Name: _____	McCrary _____	
Suffix: _____		
*Title: City Manager		
*Telephone Number: (217) 424-2801		Fax Number: (217) 424-2732
* Email: rmccrary@decaturil.gov		
*Signature of Authorized Representative: 		*Date Signed: May 14, 2009

## **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.info](http://www.hudhre.info)). This site will be regularly updated to include HPRP resources developed by HUD and its technical assistance providers.

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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**

<b>Grantee Name</b>	City of Decatur
<b>Name of Entity or Department Administering Funds</b>	City of Decatur
<b>HPRP Contact Person</b> (person to answer questions about this amendment and HPRP)	Richelle D. Irons
<b>Title</b>	Assistant Director of EUD/Neighborhood Outreach Manager
<b>Address Line 1</b>	One Gary K. Anderson Plaza
<b>Address Line 2</b>	
<b>City, State, Zip Code</b>	Decatur, IL 62523
<b>Telephone</b>	(217) 424-2864
<b>Fax</b>	(217) 424-2728
<b>Email Address</b>	<a href="mailto:riron@decaturil.gov">riron@decaturil.gov</a>
<b>Authorized Official</b> (if different from Contact Person)	Ryan P. McCrady
<b>Title</b>	City Manager
<b>Address Line 1</b>	One Gary K. Anderson Plaza
<b>Address Line 2</b>	
<b>City, State, Zip Code</b>	Decatur, Illinois 62523
<b>Telephone</b>	(217) 424-2801
<b>Fax</b>	(217) 424-2732
<b>Email Address</b>	
<b>Web Address where this Form is Posted</b>	<a href="http://www.ci.decatur.il.us/">www.ci.decatur.il.us/</a>

<b>Amount Grantee is Eligible to Receive*</b>	<b>\$623,309</b>
<b>Amount Grantee is Requesting</b>	<b>\$623,309</b>

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

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

**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: On April 27, 2009, the City of Decatur held a public hearing to receive comments/input for the Homelessness Prevention and Rapid Re-Housing Program and the Amendment to the 2008 Action Plan/Consolidated Plan. A notice regarding the public hearing and comment period was published in the Herald and Review Newspaper on Wednesday, April 8, 2009. Notices were sent through the United Way First Call For Help notification e-mail to organizations and residents.

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: At the public hearing, city staff identified potential uses and restrictions on HPRP funds. Residents expressed an interest for the potential use of funds. One question was asked would funds be available to help with emergency issues. Staff responded the funds could be used for emergency housing needs. An agency representative questioned whether funds would be directed to the Salvation Army. Staff responded the funds would not be limited to any one organization. Agencies were encouraged to provide input in this process. Several agencies and a collaboration of agencies submitted input regarding the need for case management, emergency housing, and other services. This information has been placed on file.

The following MFI's are based on statistical calculations made by HUD for the City of Decatur. The income presented at 30% and 50% was published **March 10, 2009**.

	Family Size	1	2	3	4	5	6	7	8
Very Low	30%	12,450	14,250	16,000	17,800	19,200	20,650	22,050	23,500
Low	50%	20,750	23,700	26,700	29,650	32,000	34,400	36,750	39,150

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

**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.

Competitive Process

Formula Allocation

Other (Specify: \_\_\_\_\_)

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

Response: The City of Decatur has developed the application based on the sub-grantee applications and criteria used in previous Request For Proposals (RFP). Homeless agencies and service providers with capacity and systems/infrastructure for existing programs will be given priority. Those agencies, which demonstrate the capacity to begin the project upon notification of funds, will also be given priority. Funding will be available for eligible activities as identified in the Homelessness Prevention and Rapid Re-Housing Program. Partnership or collaboration will be necessary to address the challenges of those at risk of homelessness and the homeless. Partnerships and/or collaborations with a comprehensive approach to prevention and assistance to the homeless shall be given priority as well. All applicants will be required to provide benchmarks for the activities and expenditures.

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

Response: As stated in C.1, the City will notify the public of the Request for Proposal process in June 2009. Applications will be reviewed and scored based on the criteria presented in the RFP. Recommendations, based on the scoring criteria, will be presented to the Decatur City Council for funding approval by September 2009.

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 sub grantees (limit 500 words).

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

Response: As stated in C.1 and C.3, the criteria will rate organization's capacity and systems in place. The City of Decatur will begin the application process in June/July, 2009. Recommendations for funding will be presented to the City Council by September 2009, after notification of approved funding and a grant agreement with HUD.

Sub-grantees will supply monthly reports. HPRP requires a quarterly report. As required under our existing CDBG sub-grantee agreements, agencies will report on the number of clients served, provide client demographics, project progress/implementation, and funding expended. Sub-grantees will report data as required by HUD in a format provided by the City of Decatur. HMIS will be required. All requests for payments will require documentation for reimbursement and monthly reports.

The City of Decatur currently uses the IDIS system to track activities and funding. This system will be used for the tracking of the HPRP funds. Each sub-grantee's funds will be documented on an Excel Spreadsheet as well.

### **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 City of Decatur is a member of HSAC (Human Service Agency Consortium), a group of local providers who deliver social services to the City of Decatur residents. Members work closely to see all clients receive the assistance and resources needed. These agencies are linked to programs, such as TANF, Social Security, etc. Any agency, which has stated an interest in the funding, can participate in the RFP process. The City of Decatur is also working closely with the housing and service providers to develop a Ten Year Strategy to End Chronic Homelessness.

Notices for funding will be sent through the United Way e-mail system as well as a release of information to the media. Information will be posted on the City of Decatur's web.

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: The City of Decatur is a member the Continuum of Care (CoC) Executive Board. The CoC group consists of agencies that provide services and

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

housing for Decatur’s homeless or those at risk of homelessness. Any agency, which has stated an interest in the funding, can participate in the RFP process. The city will continue to participate and report to the Continuum of Care Executive Board. Notices for funding will be sent through the United Way e-mail system as well as a release of information to the media. Information will be posted on the City of Decatur’s web.

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 City of Decatur has partnered with local agencies that carry out these services. Rental and utility assistance are noted as being a high priority for City of Decatur residents. Tenant counseling and case management services are all needed to assist with the long-term success of persons at risk of homelessness. The FY2005-2009 Consolidated Plan identifies the need for shelter for families and emergency shelters. The economic downturn has caused more families/households to be at risk of homelessness or homeless. The loss of jobs or reduction in work hours has forced household income lower than in past years.

**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.

<b>HPRP Estimated Budget Summary</b>			
	<b>Homelessness Prevention</b>	<b>Rapid Re-housing</b>	<b>Total Amount Budgeted</b>
Financial Assistance <sup>1</sup>	\$ 300,000	\$ 150,000	\$ 450,00
Housing Relocation and Stabilization Services <sup>2</sup>	\$ 100,000	\$ 23,449	\$ 123,449
<b>Subtotal</b> (add previous two rows)	<b>\$ 400,000</b>	<b>\$ 173,449</b>	<b>\$ 573,449</b>

Data Collection and Evaluation <sup>3</sup>	\$ 18,695
Administration (up to 5% of allocation)	\$ 31,165
<b>Total HPRP Amount Budgeted<sup>4</sup></b>	<b>\$623,309</b>

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

<sup>1</sup>Financial 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.


<sup>2</sup>Housing 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.

<sup>3</sup>Data 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.

<sup>4</sup>This 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 28, Section 1001)

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

May 14, 2009  
Date

City Manager  
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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

*City Manager*

*5/14/69*

## APPENDIX TO CERTIFICATIONS

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

#### A. Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### B. Drug-Free Workplace Certification

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

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

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

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

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

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

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

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

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

## 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

*City Manager*