

## **Appendix 4: Certifications**

### **Neighborhood Stabilization Program 2**

#### **Background**

CDBG formula program certifications do not apply to NSP2. HUD is providing the following certifications that are tailored to NSP2 grants as an alternative requirement. Separate sets of certifications for states and local governments, non-profits, and tribes are provided and must be signed and submitted by the lead applicant with each application.

#### **State and Unit of Local Government Certifications**

Each NSP2 **state or unit of local government** applicant will submit the following certifications:

1. Affirmatively furthering fair housing. The applicant certifies that it will affirmatively further fair housing, which means that it will conduct an analysis to identify impediments to fair housing choice within the jurisdiction, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting the analysis and actions in this regard.
2. Anti-displacement and relocation plan. The applicant certifies that it has in effect and is following a residential anti-displacement and relocation assistance plan.
3. Anti-lobbying. The applicant must submit a certification with regard to compliance with restrictions on lobbying required by 24 CFR part 87, together with disclosure forms, if required by that part.
4. Authority of applicant. The applicant certifies that it possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations and other program requirements.
5. Acquisition and relocation. The applicant certifies that it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601), and implementing regulations at 49 CFR part 24, except as those provisions are modified by the notice for the NSP2 program published by HUD.
6. Section 3. The applicant certifies that it will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u), and implementing regulations at 24 CFR part 135.
7. Citizen participation. The applicant certifies that it is carrying out citizen participation in

accordance with NSP2 requirements.

8. Use of funds. The jurisdiction certifies that it will comply with Title III of Division B of the Housing and Economic Recovery Act of 2008, as modified by the American Reinvestment and Recovery Act by spending 50 percent of its grant funds within 2 years, and spending 100 percent within 3 years, of receipt of the grant.

9. The applicant certifies:

- a. that all of the NSP2 funds made available to it will be used with respect to individuals and families whose incomes do not exceed 120 percent of area median income; and
- b. The applicant will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108 loan guaranteed funds, by assessing any amount against properties owned and occupied by persons of low- and moderate-income, including any fee charged or assessment made as a condition of obtaining access to such public improvements. However, if NSP funds are used to pay the proportion of a fee or assessment attributable to the capital costs of public improvements (assisted in part with NSP funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. In addition, with respect to properties owned and occupied by moderate-income (but not low-income) families, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than NSP funds if the jurisdiction certifies that it lacks NSP or CDBG funds to cover the assessment.

10. Excessive force. The applicant, if an applicable governmental entity, certifies that it has adopted and is enforcing:

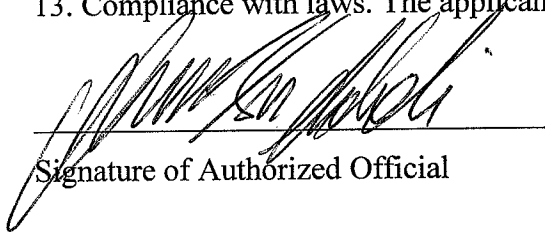
- a. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and
- b. A policy of enforcing applicable state and local laws against physically barring entrance to, or exit from, a facility or location that is the subject of such nonviolent civil rights demonstrations within its jurisdiction.

11. Compliance with anti-discrimination laws. The applicant certifies that the NSP grant will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations.

12. Compliance with lead-based paint procedures. The applicant certifies that its activities

concerning lead-based paint will comply with the requirements of 24 CFR part 35, subparts A, B, J, K, and R.

13. Compliance with laws. The applicant certifies that it will comply with applicable laws.

  
\_\_\_\_\_  
Signature of Authorized Official

7/13/09  
\_\_\_\_\_  
Date

Director, DSHA  
\_\_\_\_\_  
Title

**Application for Federal Assistance SF-424**

Version 02

**\*1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\*2. Type of Application**

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s)

\*Other (Specify) \_\_\_\_\_

3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

\*5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier: 2009-06-15-05

**8. APPLICANT INFORMATION:**

\*a. Legal Name: Delaware State Housing Authority

\*b. Employer/Taxpayer Identification Number (EIN/TIN):  
51-6000279

\*c. Organizational DUNS:  
61-118-6909

**d. Address:**

\*Street 1: 18 The Green  
Street 2: \_\_\_\_\_  
\*City: Dover  
County: Kent  
\*State: DE  
Province: \_\_\_\_\_  
\*Country: USA  
\*Zip / Postal Code: 19901

**e. Organizational Unit:**

Department Name: Planning and Community Development Division Name:

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

Prefix: \_\_\_\_\_ \*First Name: Kimberly  
Middle Name: \_\_\_\_\_  
\*Last Name: Brockenbrough  
Suffix: \_\_\_\_\_

Title: Director of Planning and Community Development

Organizational Affiliation:

\*Telephone Number: 302-739-4263

Fax Number: 302-739-2416

\*Email: kimb@destatehousing.com

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

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

A - State government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\*Other (Specify)

**\*10 Name of Federal Agency:** U.S. Department of Housing and Urban Development

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

14.256

CFDA Title:

Neighborhood Stabilization Program 2

**\*12 Funding Opportunity Number:**

FR-5321-C-01

\*Title:

Neighborhood Stabilization Program 2

**13. Competition Identification Number:**

\_\_\_\_\_  
Title:  
\_\_\_\_\_

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

New Castle County, Kent County, Sussex County, and City of Wilmington

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

To stabilize areas most affected by foreclosures and to provide housing for moderate income households up to 120% of AMI.

OMB Number: 4040-0004

Expiration Date: 01/31/2009

**Application for Federal Assistance SF-424**

Version 02

**16. Congressional Districts Of:**

\*a. Applicant: Delaware at large

\*b. Program/Project: Delaware at large

**17. Proposed Project:**

\*a. Start Date: 12/01/09

\*b. End Date: 11/30/12

**18. Estimated Funding (\$):**

*a. Federal	\$13,425,000
*b. Applicant	
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$13,425,000

**\*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 6/25/09
- ☐ 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)

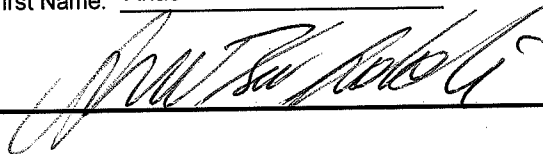
☒ \*\* I AGREE

\*\* 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: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
\*Last Name: Ben Addi

\*First Name: Anas



# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 8/31/2009)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

## Applicant/Recipient Information

Indicate whether this is an Initial Report ☐ or an Update Report ☐

1. Applicant/Recipient Name, Address, and Phone (include area code): Delaware State Housing Authority, 18 The Green, Dover, DE 19901	2. Social Security Number or Employer ID Number: 516-00-0279
3. HUD Program Name Neighborhood Stabilization Program 2	4. Amount of HUD Assistance Requested/Received \$13,425,000.00
5. State the name and location (street address, City and State) of the project or activity: Statewide	

## Part I Threshold Determinations

- |  |   |
|--|---|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. |
|--|---|

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.  
**However,** you must sign the certification at the end of the report.

## Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds
See Attached			

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)

(Note: Use Additional pages if necessary.)

## Certification

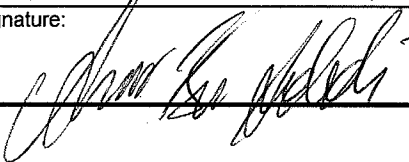
**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

Signature:

Date: (mm/dd/yyyy)

x



7/13/09

Applicant/Recipient  
Disclosure/Update Report

Part II B. – Non-Government Assistance

<b>Dept /Name/Address</b>	<b>Type of Assistance</b>	<b>Amount Requested/Provided</b>	<b>Expected Uses of Funds</b>
Morgan Stanley New Markets, Inc. Ricardo Rodriguez, Vice President Morgan Stanley   Global Capital Markets 1585 Broadway   Floor 04 New York, NY 10036 Phone: +1 212 761-2079	New Markets Tax Credit equity from New Markets Tax Credits awarded to Morgan Stanley New Markets, Inc. by U.S. Dept of Treasury	\$18,500,000	NSP financing mechanisms, rehabilitation and Administration