CITY OF
KISSIMMEE
1883

PY26 FEDERAL FUNDING CYCLE APPLICATION
Community Development Block Grant Program

General Application Instructions

APPLICATION SUBMISSION

1. Please respond to all sections. There are two categories of application types within this application. One category is for Public Services and Housing Programs. The other category is for Public Facilities and Improvements. Some questions will have separate sections depending upon the category that your project fits into. Fill out only the sections that apply to your project.

2. Submit one original application.

3. Deadline for submission of applications is 5:00 P.M., June 12, 2026.

APPLICATION ELIGIBILITY AND EVALUATION CRITERIA

All applications must be complete and satisfy HUD national objectives and eligibility requirements as well as comply with the City of Kissimmee corresponding Consolidated Plans (2025-2029).

APPLICATION EVALUATION CRITERIA (100 point cumulative)

Critical Need	**15 points**	• How critical is the need for these services or projects? • Does the proposed activity fill an identified gap? • Does the benefit in terms of numbers of clients served or type of services provided rise to a priority in terms of funding, considering the many requests received for CDBG? • Does the project fulfill a goal and/or objective contained within the City's current 5-year CDBG Consolidated Plan?
Service Duplication	**10 points**	• Does the program or project provide an unduplicated service in the City or defined service area? • Are the service recipients Kissimmee residents? • How has the applicant ensured that duplication of services with other agencies is not occurring? • Is the applicant making efforts to collaborate with other providers of similar services?
Service/Activity Quality	**15 points**	• If the service/activity/project is a renewal, has it performed well and met community needs in the past? • Does the service have a successful track record? • Has it met its set goals in the past (performance outcome measurement statements)? • If the service/activity is a new proposal, is it well thought out, with identified and scheduled goals? • Has the applicant clearly identified all tasks and objectives and set a schedule of goals to be completed? • Is the applicant able to demonstrate how it meets its program outputs/outcomes in a measurable manner? • Will the program/project be ready to operate at the beginning of the program year and be completed within the program year? • Does the organization have a system for monitoring and evaluating the quality and outcomes of the services provided?
Budget	**10 points**	• Has an estimate of necessary resources been compiled into a realistic budget? • Have the proposed expenses been justified as they relate to the purpose of the funding? • Are the expenses itemized in the overall budget essential to the proposed project? • If the service or activity is a renewal, is the budget in line with the prior year's final actual expenses? • Are CDBG funds essential, or could this program be run without CDBG funds?
Financial Soundness	**15 points**	• Does the financial documentation provided demonstrate that the applicant is financially sound at the time of the application? • If the applicant has encountered financial difficulty in the past, has the organization taken adequate steps to provide for its future operation needs and expenses?

		• What financial practices are in place to ensure that the organization will be able to deliver the services for which it is applying?
Organizational Capacity	**10 points**	• Does the agency have the organizational capacity to deliver the proposed program? • Are staffing levels sufficient on both the paid and volunteer levels? • Are staff properly trained and qualified to deliver the programs and services? • Does the agency have the capacity to handle financial resources with adequate internal control and acceptable accounting procedures?
Past History	**Negative 0-10 points**	• If the agency received funding in the past, were all reporting and contractual requirements met in a timely manner? • If not, was the agency interested in improving its performance and show diligence in improving its record keeping and reporting by requesting technical assistance? • Were invoices submitted correctly and in a timely fashion? • What was the quality of the reporting?
Leveraging	**15 points**	• Has the organization demonstrated the ability to use other city, federal or private funds or hold fundraisers/seek donations to leverage the CDBG funding? • What percentage of the budget does CDBG comprise? • If the applicant is receiving other funds, have commitment letters been attached? • If the applicant has applied to seek other funds, have copies of application cover letters to other funding sources been attached? • Organizations that seek additional funds to leverage CDBG will be given priority
Program/Project Readiness	**10 points**	• Is the program or project ready to move forward? • If a building project, have site selection, acquisition, specifications, and feasibility studies been prepared? • If a program or activity, has it been well thought out, program staff designated and program materials drafted? • Does the design of the program/project seem feasible?

CITY OF KISSIMMEE GENERAL CDBG APPLICATION

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
APPLICATION FOR FUNDING ASSISTANCE

DUE DATE: FRIDAY, JUNE 12, 2026 AT 5:00 P.M.

Program Year
October 1, 2026 – September 30, 2027

Agency/City Department or Division Name
_____

Project/Program Title:
_____

Agency/City Department Mailing Address:
Street:_____ City:_____ ST_____ Zip_____
Tel: (____)_____ Ext._____

Project/Program Site Address (if applicable):
Street:_____ City:_____ ST_____ Zip_____
Tel: (____)_____ Ext._____

Agency/City Department Representative Authorized to Sign Contact:
Name:_____
Title:_____
Tel: (____)_____ Fax(_____)_____
Email:_____

Agency/City Department Staff Responsible for Project/Program:
Name:_____
Title:_____
Tel: (____)_____ Fax(_____)_____
Email:_____

Public Facilities and Improvement Projects
☐ Public Facility (School, Park, Firehouse, etc.) ☐ Infrastructure: Streets, Sidewalks, etc.
☐ Acquisition, Demolition or Emergency Relocation
☐ Remediation ☐ Other

Public Services and Housing
☐ Public or Social Service Program ☐ Economic Development
☐ Other

CDBG Funding Request: $_____
Total Project Cost: $_____
If the amount of the CDBG grant is less than the amount requested, will the program still be implemented? ☐ Yes ☐ No
Is the funding request ☐ New or ☐ Continued?

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM APPLICATION

Complete this application by typing into the appropriate areas. Check all boxes as you complete each section.

Submit the original application by hand to: Frances De Jesus, Housing and Community Development Manager, 101 Church Street, Kissimmee, FL 34741, by **Friday, June 12, 2026, 5:00 p.m**. No late applications will be accepted!

Each application will be scored based upon a 100-point criteria.

Prior to consideration and scoring:

- Each application must be complete
- Each application must meet a HUD national objective
- Each application must be a HUD-eligible activity
- Each application must accomplish a priority goal/objective named in the City of Kissimmee 2025-2029 Consolidated Plan
- Each application must provide a specific performance measurement statement

Section I. ORGANIZATIONAL SUMMARY:

Please provide an overview of the Agency/Department/Division that is requesting CDBG funds.

A. Agency/Department/Division Overview

Section II. A. PROGRAM DESCRIPTION

Describe your public service program. Include:

A. Description of the program.

B. Length of time the Agency/Department/Division has provided these programs or services.

C. Names and job titles of staff members who will administer the program.

D. Frequency and duration of the program services (e.g. Each participant attends class twice a week for a total of 24 weeks; each class is two hours in duration).

E. Start and end date of the program (it must occur between October 1, 2026 and September 30, 2027).

F. How will you monitor and evaluate the quality and outcomes of the services or project? (e.g. staff management and training, quality assurance programs, client feedback, evaluation plans, etc.)

Section II. B. PUBLIC FACILITIES/IMPROVEMENT PROJECTS DESCRIPTION AND WORKPLAN: Describe the proposed project or activity. Include:

A. Description of the project or activity, location, etc.

B. If the project is the rehabilitation of a public facility, describe the condition of the present building, square footage, rehabilitation challenges, scope of the project, etc. Why does the facility need improvement? Is the facility an historic building? Has this facility utilized

CDBG funding in the past? Will additional funding for this project be requested in the future?

C. If the facility is a City park, please discuss the condition of the park in general. Why does the park need improvement? How does the proposed project fit into the City's Master Park Plan? Have CDBG funds been used on this park in the past? Will additional funding for this park be requested in the future?

D. If funds are being requested for infrastructure improvements, please address the linear feet of roads, sidewalks that will be constructed and where they will be located. Why were these particular areas chosen?

E. If acquisition or demolition, please discuss the reasons for acquisition or demolition. What is the nature of the property (e.g. occupied, vacant building, vacant lot). What is the current access to the site? If properties have been chosen, are there any liens on the property? What is the planned use for the site? What is the timeline for acquisition or demolition? Will the proposed activity involve relocation of tenants and residents?

Section III. A. <u>PUBLIC SERVICES, ECONOMIC DEVELOPMENT AND HOUSING COMMUNITY BENEFIT:</u> *(Public Facilities/Improvement Project – proceed to Section III B).*
Describe the public benefit that your program/project will provide. ***If you provide services to low- and moderate-income clients (applies to most public services and housing programs) your clients must be 51% low- and moderate-income.***

A. Describe your intended client demographics using as much hard census data as possible. Will they be 51% low- and moderate-income? How will you track this?

B. If your program primarily serves a neighborhood, provide an overview of your neighborhood demographics.

C. Estimate the total number of clients you will serve.

D. Given your budget, what is the CDBG cost per client?

E. How will clients be recruited for the program?

F. How will you track client satisfaction and/or progress?

G. Discuss your system for monitoring and evaluating the quality and outcomes of services provided (e.g. staff management and training, quality assurance programs, client feedback, evaluation plans)

H. How are you collaborating with other service providers within the community?
I. Given the array of social service programs, describe what processes are used to avoid duplication of effort.

Section III. B. <u>PUBLIC FACILITIES/IMPROVEMENT COMMUNITY BENEFIT:</u> ***If your project will benefit an identified service area where 51% of the service area's users are low- and moderate-income (examples: a community park used primarily by residents who are 51% low- and moderate-income; neighborhood sidewalks used primarily by residents in a low- and moderate-income census tract neighborhood)*:**

A. Describe the nature of the activity and its exact service area. If this is a park or firehouse, which Census Tracts and Block Groups will it serve? **BE SPECIFIC!** Identify the neighborhood, street location, and Census Tract/Block Group of the project. Remember, the service area may not only be in the neighborhood, but may also be areas of additional neighborhoods. The service area is not just where this project is located…but the areas where the users or those who benefit from the project actually live. For example, a firehouse may be located in Town Plot, but those who benefit may live in other Census Tracts in other neighborhoods. All benefiting Census Tracts and Block Groups must be listed!

B. How does your service area meet the 51% low- and moderate-income requirement? (Remember, service areas are areas served by the project, not necessarily the immediate area surrounding the project)

C. If benefit of this project is removal of spot slum and blight, please identify.

D. How does the project improve the quality of life for low- and moderate-income residents?

If your project removes or prevents slum and blight in a particular spot or in a generally blighted area:

A. If removal of slum and blight by area, please define the area's boundaries and discuss the area's blighted nature and how your project will alleviate those conditions.

B. If removal of slum and blight on a spot basis, describe how this project will be a benefit to the community on a singular basis.

Section IV. <u>BUDGET NARRATIVE:</u>
Describe:

A. How your program/project will use CDBG funds

B. An explanation of each CDBG budget line item indicated on your itemized budget (Note: There are two different budget forms. Please use the budget form specific to your type of application. Justify the need for each item, the relevance and the cost effectiveness of the requested item for the successful implementation of the program/project.

Section V. <u>UNMET NEEDS:</u>
Please describe:

A. How does your program or project meet needs that would not be met by the City or outside providers if this project were not funded by CDBG?
B. How would you judge the priority of this program in terms of Kissimmee's needs as outlined in the corresponding Kissimmee CDBG Consolidated Plan?

C. If a public service or housing program, describe how your program collaborates with similar providers in Kissimmee in meeting these needs?

Section VI. <u>LEVERAGING OF OTHER FUNDS:</u>

A. Indicate what other federal, state, city or private funds will be used in this project.

B. Indicate sources to which you have committed, already applied to, or plan to apply to the project in addition to the CDBG funds.

C. If CDBG funds are the sole source of funds, explain why.

D. What will be the impact if your project/program is not awarded funds?

E. What percentage of your budget does CDBG funding comprise?

Section VII. NATIONAL CDBG OBJECTIVE: Check one of the following:

☐ Benefits low- and moderate-income persons (less than 80% of area median income) in terms of clients (public services programs), area benefit (most public facilities and improvement projects, low- and moderate-income housing or jobs)

☐ Aids in the prevention or elimination of slum and blight (demolition, acquisition)

☐ Meets an urgent need or imminent threat (only used for natural disasters)

Section VIII. ELIGIBLE CDBG ACTIVITY:
How does your program/project meet a common eligible activity? Identify and choose one from the list below.

☐ Acquisition, Disposition of property

☐ Public Facilities and Improvements: streets, curbs, sidewalks, parks, public facilities, etc.

☐ Demolition: Removal of structures for public safety and physical development

☐ Interim Assistance: Aid in situations determined by the City to be an emergency situation that threatens public safety

☐ Relocation: Use for relocation assistance to displaced persons, families or businesses

☐ Removal of Architectural Barriers: Installation of ramps, curb cuts, wider doorways or other modifications need to make a structure accessible

☐ Housing Rehabilitation: Financing the rehabilitation of any publicly or privately owned residential property, including conversion of non-residential property for housing

☐ New Construction: CDBG funds may be used for new construction when undertaken by a certified Community Based Development Organization (CBDO)

☐ Special Economic Development Activities: Commercial or industrial improvements or assistance to private for-profit entities in the form of loans

☐ Public Service Activities: Public service programs (including labor, supplies and materials) which is directed toward improving the community's public services including, but not limited to: job training, job-readiness placement, homeless and special needs programs, crime prevention, child care, health, substance abuse, education, transportation, fair-housing counseling, homeownership counseling, energy conservation, and recreational needs. Public Service funding must not exceed 15% of the total CDBG allocation.

☐ Planning/Program Administrative Costs (City Use Only): Limited to 20% of the total CDBG allocation

Section IX. CDBG OBJECTIVES, OUTCOMES AND INDICATORS:

HUD requires that each program/project funded meet one of the following objectives, outcomes and indicators:

Objective: *Check One*

☐ **Creates a Suitable Living Environment** (addresses issues in living environment or community)

☐ **Decent Housing**

☐ **Creates Economic Opportunities**

Outcome: *Check One*

☐ **Improve/Increase Availability or Accessibility** (This outcome category applies to projects and programs that make services, infrastructure, housing, or shelter available or accessible to low and moderate income people, including people with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low and moderate income people.)

☐ **Affordability** (This outcome category applies to projects or programs that provide affordability in a variety of ways in the lives of low and moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation, day care, etc.

☐ **Sustainability** (This outcome applies to projects and programs that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to low and moderate income people or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.)

Indicator (how project/program progress will be measured): *Check One*

You must select one or more of the following indicators that relates to your project or program and provide the information requested under the indicator.

☐ Infrastructure and public service activities.

Provide the number of persons or households to be assisted:

_____ with new access to service or benefit

_____ with improved access to service or benefit

_____ where activity was used to meet a quality standard or measurably improved quality, report number of persons or households that no longer have access to substandard service only

☐ Activities are part of a geographically targeted revitalization effort.

Check one:

_____ Comprehensive

_____ Commercial

_____ Housing

_____ Other

Choose all the indicators that apply, or at least 3 indicators if the effort is Comprehensive.

_____ Number of new businesses to be assisted

_____ Number of businesses to be retained

_____ Number of jobs created or retained in target area
_____ Amount of money to be leveraged (from other public or private sources)
_____ Number of low/moderate income persons to be served
_____ Number of Slum/blight demolitions
_____ Number of low/moderate income households to be assisted
_____ Number of acres of remediated Brownfield
_____ Number of households with new or improved access to public facilities/services
_____ Number of commercial facade treatment/business building rehab
_____ Other - can include: crime numbers, property value change, housing code violations, business occupancy rates, employment rates, homeownership rates.

☐ Activity addresses slum and blight spot basis.

☐. Number of commercial facade treatment/business building rehabilitations. _____

☐ Number acres of brownfields to be redeveloped. _____

☐ Number of new rental units to be constructed.
Total number of units:_____
Of total:
_____ Number affordable
_____ Number accessible to persons with disabilities
Of affordable:
_____ Number subsidized by program (federal, state or local program)
_____ Number of years of affordability guaranteed:
_____ Number of housing units (supported through development and operations or rental assistance) for persons with HIV/AIDS:
_____ Of those, number of units for the chronically homeless
_____ Of those, the number made accessible to persons with disabilities
_____ Number of units of permanent housing for homeless persons and families (supported through development and operations):
_____ Of those, number of units for the chronically homeless
_____ Of those, the number to be made accessible to persons with disabilities

☐ Rental units to be rehabilitated or improved.
Total number of units: _____
Of total:
_____ Number affordable
_____ Number accessible to persons with disabilities
_____ Number brought from substandard to housing code compliance
_____ Number to meet International Building Code Energy standards
_____ Of those, number meeting Energy Star standards
_____ Number brought into compliance with lead safe housing.
Of Affordable:
_____ Number subsidized by Federal, state or local program.
_____ Number of years of affordability guaranteed
_____ Number of housing units (supported through development and operations) for persons with HIV/AIDS
_____ Of those, number of units for the chronically homeless
_____ Of those, the number made accessible to persons with disabilities

_____ Number of units of permanent housing for homeless persons and families (that are supported through development and operations)
_____ Of those, number of units for the chronically homeless
_____ Of those, the number made accessible to persons with disabilities

☐ Owner occupied units to be rehabilitated or improved.
Total Number of units: _____
_____ Number of units brought from substandard to local code compliance
_____ Number of units brought to International Building Code Energy standards
_____ Of those, number brought to Energy Star standards
_____ Number of units brought into compliance with lead safe housing rule
_____ Number of units subsidized by federal, state or local program

☐ Direct financial assistance to be provided to home buyers
_____ Number of first-time home buyers
_____ Number of subsidized tenants
_____ Number of minority households
Down-payment Assistance Yes No
Closing Costs Yes No
Mortgage buy-down/Reduction Yes No
Interest Reduction Yes No
Second Mortgage Yes No

☐ Number of jobs to be created: _____
Employer sponsored health care benefits: Yes No
Type of jobs created (use existing Economic Development Administration (EDA classification)
_____ _____ _____
_____ Number of unemployed before taking job.

☐ Number of jobs to be retained, saved, or maintained: _____
Employer sponsored health care benefits: Yes No
Type of jobs created (use existing Economic Development Administration (EDA classification): _____ _____ _____
_____ Number of unemployed before taking job.

☐ Number of businesses to be assisted: _____
_____ Number of New
_____ Number of Expansions
_____ Number of Relocations
DUNS number(s) of those businesses: _____ _____ _____
Two-digit NAIC industry classification (if needed w/DUNS): _____ _____

☐ Does assisted business provide a good or service to meet needs of service area/neighborhood/community? Yes No

☐ Number of homeownership units to be constructed, acquired, and/or acquired with rehabilitation.
Total Number of Units: _____
Of those:
_____ Number of affordable units

_____ Number of years affordability guaranteed
_____ Number meeting International Building Code Energy standards
_____ Of those, number using Energy Star standards
_____ Of those, the number made accessible to persons with disabilities
Of the affordable units:
_____ Number subsidized by state/local programs
_____ Number subsidized by federal programs
_____ Number specifically for persons with HIV/AIDS
_____ Number specifically for homeless
Of those, number specifically for chronically homeless: _____
Of those, the number made accessible to persons with disabilities: _____

☐ Number of renter units or tenants to be assisted with monthly subsidies (tenant-based rental assistance).
Total Number of units _____
Of those:
_____ Number subsidized by state/local programs
_____ Number subsidized by federal programs
_____ Number assisting persons with HIV/AIDS
_____ Number assisting homeless
Of those, number assisting chronically homeless _____
Of those, the number made accessible to persons with disabilities. _____

☐ Number of homeless persons stabilized due to access to overnight shelter or other emergency housing support. _____

Section X. <u>PERFORMANCE OUTCOME MEASUREMENT STATEMENT:</u>
HUD requires a Program Performance Outcome Measurement Statement. Using the above objectives, outcomes and indicators, create a statement that applies to your project or program following the models below:

Sample Outcome Measurement Statement: *With improved* ***access*** *to after-school recreation programs for the purpose of creating a* ***suitable living environment, fifty low- to moderate-income youth*** *will have improved physical health and social skills.*

Sample: *With improved* ***affordable*** *free roofing repair to their homes for the purpose of providing* ***decent housing, thirty households*** *will have retained their homes by the number of roofs completed.*

Sample: *With improved* ***access/availability*** *to pedestrian transportation for the purpose of creating a* ***suitable living environment,*** *in ABC neighborhood,* ***10,000 linear feet*** *of neighborhood sidewalks will be constructed.*

Section XI. <u>COMPLIANCE WITH KISSIMMEE CONSOLIDATED PLAN:</u>
How does your program meet one or more of the corresponding Consolidated Plan goals? Choose from the list of goals below:

Goals

- ☐ Economic Development- may include micro-loan programs, job placement/retention activities, and large-scale economic development activities involving Section 108 loans.

☐ Affordable Housing Development

☐ Housing Preservation- preservation of existing housing stock and elimination of spot areas of slum/blight

☐ Public Services

Section XII. <u>ENVIRONMENTAL REVIEW REQUIREMENTS:</u>

- If your project involves a building/facility rehabilitation, is the building or facility on the National Register of Historic Places? Is it part of a local historic district?

- What year was the building constructed? What was its prior use?

- Does your Agency/Department/Division have any information concerning previous or existing environmental conditions on the site? If so, provide a description. Identify any key environmental studies that have been initiated or completed to satisfy NEPA.

- Has the Agency/Department/Division already completed any site remediation and/or abatement activities at this site? If yes, provide a description. If awarded CDBG funds, a copy of the final closure reports must be provided.

Section XIII.A. <u>ITEMIZED BUDGET FOR PUBLIC SERVICES, ECONOMIC DEVELOPMENT OR HOUSING PROPOSALS:</u> Prepare a line item budget that depicts total costs associated with the program/project. Include all sources of funding and indicate whether funds are committed or pending. The itemized budget must cover the funding period of October 1, 2026 through September 30, 2027.

INCOME (ALL SOURCES OF FUNDING)	**Total Income**
TOTAL PROGRAM/PROJECT INCOME	

EXPENSES (DETAIL LINE ITEM)	CDBG EXPENSES	OTHER EXPENSES	TOTAL EXPENSES
TOTAL PROGRAM/PROJECT EXPENSES			

Section XIII. B. <u>ITEMIZED BUDGET FOR PUBLIC FACILITIES AND IMPROVEMENT PROJECTS:</u>

ALL SOURCES OF FUNDING	AMOUNT	COMMITTED
TOTAL FUNDING		

LINE ITEMS	CDBG	OTHER	TOTAL
Hard Costs:			
General conditions			
Site work			
Concrete			
Masonry			
Metals			
Woods & Plastics			
Thermal & Moisture Protection			
Doors & Windows			
Finishes			
Specialties			
Equipment (Not CDBG eligible unless permanently affixed)			
Furnishings (Not CDBG eligible unless permanently affixed)			
Special Construction			
Conveying Systems			
Mechanical			
Electrical			
Contingency (5% above hard costs)			
Soft Costs:			
Architectural/Engineering/Environmental (15% of the project cost)			
Printing of Specifications & Drawings (Project Manual – Contract Bid Documents)			
Other Soft Costs (List specific items)			
TOTAL EXPENSES			

CDBG-assisted projects with a total cost of $2,000 or more are required to pay Davis-Bacon Wages (Federal Prevailing/Union Wage Rates). Davis-Bacon wages add 40% to the labor cost. Have you taken this into account in the budget?

☐ Yes ☐ No ☐ N/A

Required bonds add 15% to the cost of the project. Have you taken this into account in the budget?

☐ Yes ☐ No ☐ N/A

Section XIV. <u>CERTIFICATION:</u> The Applicant:

- Agrees to accept and follow management direction from the City's Community Development Coordinator

- Agrees to conform to all applicable laws and ordinances and statutes of the federal government, the State of Florida, and the City of Kissimmee, including but not limited to the following:
  - Americans with Disabilities Act of 1990; a clear and comprehensive prohibition of discrimination on the basis of disability;
  - Civil Rights Act of 1964 as amended.

- Agrees that throughout the period of an agreement with the City, all taxes, contractual obligations, audit responsibilities and any other obligations (e.g. sewer and water, parking tickets, etc.) owed to the City shall be and remain current.

- Agrees that if allocated to the Applicant, and if for any reason these federal funds become unavailable, the Applicant will only be allowed to draw funds for legitimate services and activities provided and all further obligations of the Applicant and the City under a resultant agreement will cease.

- Agrees to comply with all requirements of 24 CFR Part 570 and, the following:
  - Financial Management (2 CFR Part 200)
  - Federal Labor Standards (29 CFR Parts 3, 5, and 5a)
  - Davis Bacon Act, as amended (40 USC 327-330)
  - Copeland "Anti-Kickback" Act (18 USC 874), as supplemented in the Dept. of Labor regulations (20CFR Part 3)
  - Architectural Barriers Act of 1969 (42 USC)
  - Environmental Review (24 CFR Part 58)
  - Lead Based Paint Poisoning Prevention Act of 1971 (24 CFR Part 35)
  - Section 504 of the Rehabilitation Act of 1973
  - Build America, Buy America (2 CFR 184)
  - Section 3 (24 CFR Part 75)

The undersigned hereby certifies that he/she is duly authorized to negotiated, execute and deliver agreements, documents and other instruments in the name of and on behalf of the organization submitting this application for grant funds, and that the information contained in this application is, to the best of his/her knowledge, true, correct, complete, and represents the true intended usage of the funds for which the application is being submitted under penalty of law.

Authorized Signature	Print Name	Date