

**OWNER/DEVELOPER NEW CONSTRUCTION/REHAB
PROPOSAL for VASH PROGRAM ASSISTANCE for the
PROJECT BASED VOUCHER PROGRAM**

INSTRUCTIONS:

Please fill out the attached form completely. If you fail to give complete information or documentation in the format as required, this application will be returned to you and you will have to resubmit it at a later date. Since we will reject incomplete applications, it is very important that you submit your proposal fully completed.

All information on each proposal will be kept confidential. Please submit one application for each project you wish to construct or rehabilitate. Each application should be submitted in a 3-ring binder with dividers for each required component. **Please submit 3 copies of each application.**

If you have any questions, or need assistance in completing the application, please call the undersigned at (925) 957-8055.

Please submit the fully completed proposal by **2:00 P.M. February 22, 2024** to the following address:

Housing Authority of the County of Contra Costa
3133 Estudillo Street
Martinez, CA 94553
Attention: Tony Ucciferri

Feel free to use additional sheets of paper as needed.

A. IDENTITY OF APPLICANT

1. Name and Address of Applicant:

Name: _____

Address: _____

Telephone: _____

2. Name and Address of owner of property, if different from above:

Name

Address

Utility Type	Gas	Electric	Estimate Monthly Cost				
			Studio	1 BR	2BR	3BR	4BR
Cooking							
Heating							
Lights							
Other Electric							
Air Conditioning							
Water							
Heating of Hot Water							
Sewer							
Other							

8. Approximately how old is the building you plan to rehabilitate or attach assistance to?

9. What units, if any, are currently receiving Section 8 assistance in the building you plan to rehabilitate or attach assistance to? (Please show the address of each Section 8 unit.)

a. _____ e. _____

b. _____ f. _____

c. _____ g. _____

d. _____ h. _____

10. List the distance (in blocks or miles) from this property to the nearest:

- ___ Supermarket _____
- ___ Shopping District _____
- ___ Public Transportation _____
- ___ Hospital _____
- ___ Public Park _____
- ___ Public Library _____
- ___ Public Schools _____
- ___ Employment Centers _____

11. Is the property currently handicapped accessible?

_____ Yes _____ Units
 _____ Partly, _____ Units

_____ No

Are any modifications for handicapped accessibility planned as part of the improvements? _____ Yes _____ No

If so, describe: _____.

REHABILITATION/NEW CONSTRUCTION EXPERIENCE

1. Has the applicant developed 100 or more low-income housing units as primary or co-sponsor in the past five years? _____ Yes _____ No
2. If not, has the applicant developed between 50 to 99 low-income housing units as primary or co-sponsor in the past five years? _____ Yes _____ No
3. List all residential rehabilitation or new construction projects completed by you within the past five years (use additional sheets as necessary):

Project Address:	_____	# of Units:	_____
Total Project cost:	_____		_____
Financing:			
Source 1	_____		_____
Amount 1	_____		_____
Source 2	_____		_____
Amount 2	_____		_____

Date Financing Closed: _____

Contractor's Name: _____

Date Construction Completed: _____

Were there assisted units attached to this project? Yes _____ No _____

4. How many years of experience does the Owner have in affordable rental housing?

5. How many years of experience does the Owner have in other types of rental housing?

D. FINANCIAL INFORMATION

1. Type of ownership of property or site control (Check one):

_____ Mortgage	_____ Own free and clear
_____ Option	_____ Other (please explain):
_____ Lease	_____

2. Site Control.

Please attach evidence of ownership or site control (e.g., grant deed, option, deposit receipt, lease).

3. Indicate the monthly contract rent expected under the Project-Based Voucher Program.

<u>Size of Units</u>	<u>Number of Units</u>	<u>Unit Rent Expected</u>
Studio	_____	_____
1 Bedroom	_____	_____
2 Bedroom	_____	_____
3 Bedroom	_____	_____
4 Bedroom	_____	_____
5 Bedroom	_____	_____

NOTE: Proposed contract rents must not exceed 110% of the established Fair Market Rents as published by HUD, including any area wide exception Payment Standard if applicable.

4. How do you plan to finance the new construction or rehabilitation work? (Check one or more. Attach Separate Sheet if Necessary)

	<u>Amount</u>
_____ Conventional Debt (Lending Institution)	_____
_____ Owner Equity	_____
_____ Low Income Housing Tax Credits	_____
_____ Local/State Govt. Soft Debt	_____
_____ Local/State Govt. Soft Debt	_____
_____ Local/State Govt. Soft Debt	_____
_____ Other(Explain):	_____
_____ Other(Explain):	_____
_____ Other(Explain):	_____
_____ Other(Explain):	_____

____ Other(Explain): _____
____ Other(Explain): _____

TOTAL: _____

5. Attach evidence of financing commitments, e.g., award or notification letters, published lists of allocation awards, etc.

6. Describe your experience, if any, with HUD/FHA housing programs.

HUD PROGRAM	Number of units owned/managed
_____	_____
_____	_____

7. Purchase price of your property or value of donated land or property:

8. Amount originally financed on property at time of purchase: _____

9. Date of Purchase: _____

10. Property Loan(s): Attach additional sheets if needed.

Amount of each loan on property: _____

Interest Rate of loan (%): _____

Term of Loan (Years): _____

Date Borrowed (Month/Year): _____

Current Outstanding Balance: _____

Current Monthly Principal & Interest Payment: _____

11. List any other liens on the property other than those above:

12. If you have made capital improvements on the property (as defined by the Internal Revenue Service), what was the nature, cost, and financing for these improvements?*

Kinds of improvements: _____

Cost of improvements: _____

Date improvements were made: _____

How were these improvements paid for? _____

* Generally, this includes anything which contributes to the value of the property, exclusive of routine maintenance.

13. Estimate your annual insurance, real estate taxes, and other operating costs on the property after the proposed new construction/rehabilitation has been completed.

Real Estate Taxes _____ (Attach copies of last two (2) receipts)

Insurance _____ (Attach proof of current annual premium)

Maintenance _____

Management _____

Utilities _____

Other:
Payroll Taxes _____

Total Operating Cost _____

E. NEW CONSTRUCTION OR REHABILITATION PROPOSED

1. Describe the work you propose to do in a short narrative. Show the total cost for all improvements you plan to make.

Description	Cost
a. Unit Construction _____	_____
b. Site Improvements/Landscape _____	_____
c. Offsite Improvements _____	_____
d. General Conditions _____	_____
e. Contractor Overhead & Profit _____	_____

f. Insurance/Bond/City Tax _____

g. Other _____ \$ _____

Total Cost of Improvements \$ _____

(If you have a contractor's bid or estimate, please attach it)

2. Estimate the length of time it will take to complete the proposed new construction/rehabilitation _____.
3. Please indicate the Requested Contract Term _____
Note: HAP Contracts must be for a minimum of 1 year and a maximum of 20 years
4. Please indicate if the owner is willing to accept an extension of the HAP Contract and the number of years they would be willing to extend the HAP (20 year maximum extension).

F. TENANTS (REHABILITATION ONLY)

1. Fill out the chart below, showing the number of units occupied by more than two persons per bedroom.

Unit Address	Number of Bedrooms	Number of Occupants Males-Females

2. Will any tenant, presently living in these units, be temporarily displaced, or relocated, because of the proposed rehabilitation?

Yes _____ No _____

If yes, how long? _____ How many tenants? _____

Please attach a Relocation Plan if available

3. To the best of your knowledge, ___ of the ___ tenants currently occupying the property have incomes at or below the following limits:

**Number of Persons
in household**

01

02

**Annual
Gross Income**

\$51,800

59,200

03	66,600
04	73,950
05	79,900
06	85,800
07	91,700
08	97,650

G. MANAGEMENT EXPERIENCE

Please indicate the number of years of experience you have managing affordable rental housing. _____

Please indicate the number of years of experience you have managing all rental housing types.

H. SUPPORT SERVICES

1. Describe the population to be served:

	Single Person	Elderly (62 Yrs. Or Older) ONLY	Families Receiving Support Services
	Families	Disabled	

2. Describe the Support Services to be Provided

Type of Service	Service Provider	Term of Service Commitment	Financial Commitment For Services

I. PROPOSED SITE AMENITIES

Please indicate what amenities the owner plans to provide for the units and property and briefly describe how these amenities are appropriate to the tenant population:

Unit Amenities:

Property Amenities:

CERTIFICATIONS

The Owner/Applicant Certifies that:

- a. The owner has not required any tenant to move without cause during the 12 months prior to the date of application.
- b. The owner is willing to comply with all the temporary relocation requirements of the Agency and will compensate, as required, a temporarily relocated tenant for the costs of such relocation.
- c. The data and exhibits contained in this application and proposal are true, correct, and complete; and
- d. The owner will not require any tenant to move without cause during the period of time following submittal of this application until the date on which he/she signs an agreement to enter into a Housing Assistance Payments Contract whenever that may occur.

Owner Signature

Date

Phone No.

Owner email address

Owner Address

Name of Contact

Email address of Contact

Phone

All applications must include the following attachments:

- A. The owner's plan for managing and maintaining the units;
- B. Completed Owner Proposal that includes a description of the proposed housing, including the number of units by size, bedroom count, bathroom count, sketches of the proposed building, unit plans, listing of amenities and services, and estimated date of completion; Existing Housing Projects are excepted from provisions requiring constructions plans and drawings.
- C. Identification and description of the proposed site, site plan and neighborhood, and evidence of site control;
- D. Evidence that the proposed New Construction is permitted by current zoning ordinances or regulations or evidence to indicate that the needed re-zoning is likely and will not delay the project; Existing Housing Projects are not subject to this provision.
- E. A signed certification of the owner's intention to comply with Title VI of the Civil Rights Act of 1966, Title VIII of the Civil Rights Act of 1968, E.O. 11063, E.O. 11246, Section 3 of the Housing and Urban Development Act of 1968 and all applicable Federal requirements listed in 24 CFR 983.11 including, but not limited to, the payment of not less than the prevailing wages in the locality pursuant to the Davis-Bacon Act to all laborers and mechanics employed in the construction or rehabilitation of the project; Existing Housing Projects are not subject to Federal Labor Standards.
- F. A statement from the owner certifying the number of persons, businesses, non-profit corporations occupying the property on the date of submission of the application; the number of persons displaced, temporarily relocated or moved permanently within the building complex; estimated cost of relocation payments and services; the funding source of relocation activities; and the name of the organization that will carry out the relocation activities. Existing Housing Projects are not subject to the provisions of Relocation.
- G. Financial Statement (Income and Expense Statement) for property's most recent operating year and evidence of financing/lender interest and the proposed terms of financing;
- H. Narrative: The proposed term of the Contract;
- I. If applicable, copies of Code Enforcement Inspection Reports, and correspondence.

- J. Disclosure of Lobbying Activities.
- K. Certification of Participation in the Low Income Housing Tax Credit Program
- L. Letter of consistency of project with local government Consolidated Plan
- M. Design Architect's Certification (New Construction Only).
- N. Preliminary Construction Drawings
- O. Eligible Census Tract Certification
- P. Certification of Payments to Influence Federal Transactions
- Q. Certification Regarding Debarment and Suspension - Form 2992
- R. Additional Government Funding - Form 2880
- S. Disclosure of Lead-Based Paint/Hazards

ATTACHMENT A

PLANS FOR MANAGING AND MAINTAINING UNITS AFTER
NEW CONSTRUCTION/REHABILITATION

OWNER OR MANAGEMENT AGENT

NAME _____

ADDRESS _____

HOW LONG HAVE YOU MANAGED ASSISTED PROPERTIES? _____

PROPERTY MANAGEMENT STAFFING:

	No. of Staff	Working Hours
OFFICE STAFF:	_____	_____
MAINTENANCE:	_____	_____

MANAGEMENT PLAN

Do you have a written plan for management of the units?

Yes _____ No _____

If Yes, please include the management plan with this application. If No, please identify what personnel will manage the units, their location, hours of operation and any other duties and responsibilities.

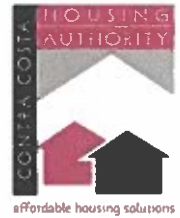
MAINTENANCE AND REPAIR PLAN

Do you have a written plan for maintenance of the units?

Yes _____ No _____

If Yes, please include the maintenance plan with this application. If No, please prepare a description of how units will be maintained, both on an on-going and long-term basis, focusing on preventive and routine maintenance, emergency repairs, security, health and safety areas. Please identify what personnel will perform the maintenance of units and common areas, their location and hours of operation.

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



CERTIFICATION OF PERMISSIVE ZONING

I certify that the proposed New Construction project is permitted by current zoning ordinances and/or regulations. I further certify that should re-zoning be necessary for this proposed New Construction project, it is highly likely to occur and will not result in any material delay of the project.

Applicant Name: _____

Project Name: _____

Location of Project: _____

(Signature of Certifying Officer-Planning Dept)

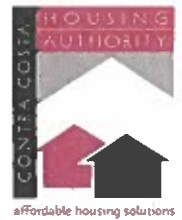
(Print Name)

(Title)

(Phone)

(Date)

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



Certification of Equal Opportunity

I certify that _____ as the authorized owner for the project located at _____, shall comply with Title VI of the Civil Rights Act of 1966, Title VIII of the Civil Rights Act of 1968, E.O. 11063, E.O. 11246, Section 3 of the Housing and Urban Development Act of 1968 (Equal Opportunity requirements) and all applicable Federal requirements listed in 24 CFR.11 including, but not limited to, the payment of not less than the prevailing wages in the locality pursuant to the Davis-Bacon Act to all laborers and mechanics employed in the construction/rehabilitation of the project.

(Owner)

(Date)

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



UNIFORM RELOCATION ACT CERTIFICATION

This is to certify that _____ in constructing
(Owner)
or rehabilitating the housing located at _____ will
(Project Name and/or Address)
comply with the requirements of the Uniform Relocation Assistance and Real Property
Acquisition Policies Act of 1979, as amended, and its implementing regulations at 49
CFR, Part 24.

Signature

Print Name

Title

Date

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

OMB Number: 4040-0013
Expiration Date: 02/28/2025

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name [Redacted] * Street 1 [Redacted] Street 2 [Redacted] * City [Redacted] State [Redacted] Zip [Redacted] Congressional District, if known: [Redacted]		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: [Redacted]	7. * Federal Program Name/Description: [Redacted] CFDA Number, if applicable: [Redacted]	
8. Federal Action Number, if known: [Redacted]	9. Award Amount, if known: \$ [Redacted]	
10. a. Name and Address of Lobbying Registrant: Prefix [Redacted] * First Name [Redacted] Middle Name [Redacted] * Last Name [Redacted] Suffix [Redacted] * Street 1 [Redacted] Street 2 [Redacted] * City [Redacted] State [Redacted] Zip [Redacted]		
b. Individual Performing Services (including address if different from No. 10a) Prefix [Redacted] * First Name [Redacted] Middle Name [Redacted] * Last Name [Redacted] Suffix [Redacted] * Street 1 [Redacted] Street 2 [Redacted] * City [Redacted] State [Redacted] Zip [Redacted]		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: Completed on submission to Grants.gov		
* Name: Prefix [Redacted] * First Name [Redacted] Middle Name [Redacted] * Last Name [Redacted] Suffix [Redacted]		
Title: [Redacted] Telephone No.: [Redacted] Date: Completed on submission to Grants.gov		
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL (Rev. 7-87)

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



OWNER'S CERTIFICATION OF PARTICIPATION
IN THE
LOW INCOME HOUSING TAX CREDIT PROGRAM

Project Name: _____

Project Address: _____

I certify that:

_____ Neither I nor any other representative of the project identified above currently intends to participate in the Low Income Housing Tax Credit Program (LIHTC).

_____ The project identified above intends to participate in the LIHTC Program and is subject to a Subsidy Layering Review by HUD prior to the execution of the Agreement.

If plans change and regarding this project's decision regarding the use of the LIHTC Program as indicated above, I will notify the SFHA in writing immediately so long as it is prior to the execution of the Agreement to enter into Housing Assistance Payments Contract (AHAP).

WARNING: It is a crime to knowingly make false statements to a Federal agency. Penalties upon conviction can include fine and imprisonment. For details, see Title 18 U.S. Code, Sections 1001 and 1010.

Signature

Date

Print Name

Title

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of the Federal
Program to which the
applicant is applying: _____

Name of
Certifying Jurisdiction: _____

Certifying Official
of the Jurisdiction
Name: _____

Title: _____

Signature: _____

Date: _____

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



DESIGN ARCHITECT'S CERTIFICATION

Owner: _____

HUD Project No: _____

Project Name: _____

Project Address: _____

I, _____, Registered Architect, do hereby certify that I have personally prepared, reviewed and/or supervised the preparation of the Working Drawings and Specifications for this project. I further certify that, to the best of my knowledge, the Working Drawings and Specification comply with the applicable building codes specified below and have been prepared in accordance with HUD regulations, Handbook requirements and guidelines as identified below.

A. The Attached Working Drawings and Specification are :

1. For the project identified above, which is described as follows: (Describe project by indicating number and types of units, etc.)

2. Identified as _____ (Identify Working Drawings and Specifications by inserting information normally found in the Title Block of drawings.)

3. In compliance with Local, State or Uniform Building Code: (specify name and year.)

4. In compliance with other Laws, Ordinances, Exceptions, Deletions, Waivers, Additions, etc., required or granted by the appropriate Local, State and/or Federal authority (attached herewith)
5. In compliance with the (1) Uniform Federal Accessibility Standards and HUD's implementing regulations at 24 CFR Part 40; (2) and HUD's implementing regulations at 24 CFR Part 8; (3) Fair Housing Act of 1988 (Title VIII of the Civil Rights Act of 1968 as amended by the Fair Housing Act of 1988 and HUD's implementing regulations at 24 CF Part 100 for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991; (4) Section 504 of the Rehabilitation Act of 1973; and (5) the Americans with Disabilities Act of 1990.

Signature: _____ Date: _____

(Print or Type Name)

Name of Firm: _____

Business Address: _____

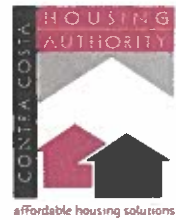
Telephone No: _____

License Number: _____

(SEAL)

WARNING: Title 18 U.S.C., Sections 1001 and 1010, provides in part that whoever knowingly and willfully makes or uses a document containing any false, fictitious, or fraudulent statement or entry, in any matter in the jurisdiction of any Department or Agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both. A false statement shall constitute a violation of Sections 1001 and 1010 of Title 18 U.S.C.

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



Certification of Census Tract

Please complete the items below. For information regarding your project's census tract, go to:

<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>

Project Address: _____

Census Tract: _____

Poverty Rate: _____

Minority Concentration Rate: _____

I certify that the information entered above is true, complete and accurate to the best of my knowledge.

Signature

Print name and title

Date

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Public reporting burden for this information collection is estimated to average 30 minutes. This includes the time for collecting, reviewing, and reporting data. The information requested is required to obtain a benefit. This form is used to ensure federal funds are not used to influence members of Congress. There are no assurances of confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Applicant Name

Program/Activity Receiving Federal Grant Funding

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an 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 an 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, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language 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 sub recipients shall certify and disclose accordingly.

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.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **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)

Name of Authorized Official

Title

Signature

Date (mm/dd/yyyy)

FEDERAL DEBARMENT CERTIFICATION FORM (CONTINUED)

Instructions for Certification

1. By signing and submitting this IFB Response, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this class is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this RFP Response is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "RFP Response," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this RFP Response is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this RFP Response that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this RFP Response that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

FEDERAL DEBARMENT CERTIFICATION FORM

DGS PD 2 (Rev. 12/19)

**Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ THE INSTRUCTIONS ON THE NEXT PAGE
WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)**

1. The prospective recipient of Federal assistance funds certifies, by submission of this IFB/RFP Response, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this IFB/RFP Response.

Name and Title of Authorized Representative	
Signature	Date

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2501-0112 (exp. 12/31/2024)

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):	2. Social Security Number or Employer ID Number:
3. HUD Program Name	4. Amount of HUD Assistance Requested/Received
5. State the name and location (street address, City and State) of the project or activity:	

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). <input 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 <input 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

(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: X	Date: (mm/dd/yyyy)
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Public reporting burden for this collection of information is estimated to average 2.0 hours per response, 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 agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is voluntary. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a). The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

Note: This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

Instructions

Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

General. All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

Line-by-Line Instructions.

Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. Recipients filing Update Reports should not complete this Part.

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
2. State the type of other government assistance (e.g., loan, grant, loan insurance).
3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.

B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. 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
2. 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).

Note: A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

Note that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.

HOUSING AUTHORITY
OF THE
COUNTY OF CONTRA COSTA



**Disclosure of Information on Lead-Based Paint
and/or Lead-Based Paint Hazards**

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before Rehabilitating pre-1978 housing, owners must disclose the presence of known lead-based paint and/or lead-based paint hazards at the property or site.

Owner's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) _____ Owner has no knowledge of lead-based paint and/or lead-based paint hazards in the housing

(b) Records and reports available to the Owner (check (i) or (ii) below):

(i) _____ Owner has provided the PHA with available records and reports pertaining to lead-based paint and/or lead-based hazards in the housing (list documents below).

(ii) _____ Owner has no reports or record pertaining to lead-based paint and/or lead-based paint hazard in the housing.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Owner (Print)

Signature

Date