

EXHIBIT 2
APPLICANT CERTIFICATION FORM FOR NON-PROFITS AND HOUSING AUTHORITIES ONLY

(FOR- PROFIT DEVELOPERS DO NOT COMPLETE THIS EXHIBIT)

(Required Format)

WHEREAS, (Name of Applicant) (the "Applicant") is applying to the State of Nebraska for assistance from HOME/CDBG-DR/HTF/HOME-ARP Programs; and

WHEREAS, APPLICANT understands it is necessary that certain conditions be met as part of the application requirements;

THEREFORE, APPLICANT certifies as follows:

1. APPLICANT is eligible for award under state statutes and program guidelines and agrees to comply with all applicable federal, state and local regulations in the event that this application is selected for funding.
2. APPLICANT will minimize displacement as a result of activities assisted with HOME/CDBG-DR/HTF resources and assist persons displaced as a result of such activities as specified by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 49 CFR part 24. The more limited requirements of Section 104(d) of Housing and Community Development Act of 1974 are more detailed as to policy, definitions and requirements listed in 24 CFR 570.606.
3. APPLICANT has previously adopted, on _____, _____ Procurement Procedures that remain in effect. The procurement procedures were submitted to NDED on _____, _____.
4. APPLICANT will actively market in an on-going manner all housing units and services funded through HOME/CDBG-DR/HTF/HOME-ARP Programs.
5. APPLICANT is prepared and has the authority within its charter or by-laws or through statutory regulations to enter into a contractual agreement with the Nebraska Department of Economic Development for acceptance and use of HOME/CDBG-DR/HTF/HOME-ARP Program funds and makes this application and these certifications with the full cognizance (and approval) of its governing body.
6. There are no significant unresolved audit findings relating to any prior grant award from the federal and/or state government, which would adversely affect the administration of this grant.
7. No legal actions are underway or being contemplated that would significantly impact the Applicant's capacity to effectively administer the program, and to fulfill the HOME/CDBG-DR/HTF/HOME-ARP programs; and
8. No project costs have been incurred which the Department has not approved in writing.

Signed _____
(Authorized Signer)

Printed Name _____

Title _____

Date _____

Subscribed in my presence and sworn to before me:

Notary Public (Not required if on letterhead)