

NON-PROFIT OR PUBLIC HOUSING AUTHORITY APPLICANT
CERTIFICATION FORM

WHEREAS, _____ (the "Applicant") is applying to the State of Nebraska for assistance from the HOME Investment Partnerships Program (HOME); 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's 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 the HOME Program 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 5 70.606.
3. APPLICANT has previously adopted, on _____ Procurement Procedures that remain in effect. The procurement procedures were submitted to DED on _____.
4. APPLICANT will actively be marked in an on-going manner all housing units and services funded through the HOME Program.
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 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 program; and
8. No project costs have been incurred which the Department has not approved in writing.

Signed: (Officer) _____

Name: _____

Title: _____

Date: _____

Use the language in this sample form and provide an original signature of applicant recertification.