

# LOCAL RECOVERY HOUSING **COMPETITION PROGRAM**



**Project  
Application**

## Table of Contents

<b>Instructions .....</b>	<b>3</b>
<b>1. Applicant Information.....</b>	<b>3</b>
<b>2. Project Aspects.....</b>	<b>4</b>
<b>3. National Objective.....</b>	<b>11</b>
<b>4. Project Location.....</b>	<b>12</b>
<b>5. Project Beneficiaries.....</b>	<b>13</b>
<b>6. Project Schedule.....</b>	<b>13</b>
<b>7. Financial Aspects.....</b>	<b>14</b>
<b>8. Applicant Capacity.....</b>	<b>17</b>
<b>9. Certifications and Assurances .....</b>	<b>18</b>
<b>10. Application Acknowledgement and Signature .....</b>	<b>24</b>
<b>APPENDICES: Supplemental Instructions and Clarifications .....</b>	<b>25</b>
<b>DUPLICATION OF BENEFITS ADDENDUM.....</b>	<b>28</b>
<b>PROJECT BENEFICIARY TABLE .....</b>	<b>33</b>

## Instructions

Please complete all applicable fields below. Each field will include the necessary instructions to adequately complete the field. If a question requires supplemental instructions or clarifications, those will be found in the Appendices. Once submitted, this application (and applicable attachments) will be reviewed for completeness and eligibility. Only applications that pass those levels of review will be evaluated, ranked, and considered for an LRHCP award.

Applicants are encouraged to contact Tammy Perdew ([tammy.perdew@adeca.alabama.gov](mailto:tammy.perdew@adeca.alabama.gov)) for technical assistance if any clarifications are needed to complete this application.

<b>Proposed Project Name:</b>	
<b>LRHCP Grant Amount Applying For:</b>	\$

## 1. Applicant Information

<b>1a. Primary Applicant Information</b>					
Applicant Entity Name:					
Applicant Address:					
City/Zip:				County:	
Phone:		E-Mail:			
Applicant EIN #		SAM ID#:		STAARS VSS Acct#	
Chief Elected Officer:					
Alternate Contact (if different than above):					
Phone:		E-Mail:			
<b>1b. Co-Applicant Information (if applicable)</b>					
Is the applicant collaborating with another entity (i.e., county or municipality) to implement the proposed project?				<input type="checkbox"/> <b>Yes-</b> Complete the section below <input type="checkbox"/> <b>No-</b> Proceed to section 1c	
Co-Applicant Entity Name:					
Co-Applicant Address:					
City/Zip:				County:	
Phone:		E-Mail:			
Co-App EIN #:		SAM ID#:		STAARS VSS Acct#	
Chief Elected Officer:					
Alternate Contact (if different than above):					
Phone:		E-Mail:			
<input type="checkbox"/> Applications involving multiple jurisdictions <b>must</b> include a draft of an Interlocal Agreement, Memorandum of Understanding, or similar agreement that defines each entity's roles and responsibilities regarding the project, including for such items as ongoing maintenance, transfer of property that needs to be acquired, etc.					

### 1c. Supplemental Information

Identify the name, telephone, and district # of the State Senator(s) representing your jurisdiction.

Identify the name, telephone, and district # of the State Representative(s) representing your jurisdiction.

Identify the U.S. Congressman representing your jurisdiction and congressional district number.

## 2. Project Aspects

This section will be used by ADECA to determine the basic eligibility of the proposed project and how well it aligns with program and grant requirements, goals, and objectives. Applicants should provide adequate detail to allow ADECA to properly evaluate the responses.

### 2a. Project Summary

Provide an overview of the proposed housing project for which funding is being requested. Provide a narrative that describes the following about your project:

- A detailed project scope
- The project's goals
- How it aligns with LRHCP requirements
- A description of the existing conditions that are to be addressed/alleviated
- The proposed solutions to address/alleviate those conditions
- And any other information that is needed to clearly present the project to ADECA.

***Prior to completing this section, applicants are advised to review the remaining questions in this section of the application to avoid redundancy when answering the different fields.***

**Select the project's housing type:**

- ☐ Single-Family (property containing fewer than 5 units)
- ☐ Multi-Family (property containing 5 or more units)

**Select the tenure of the beneficiaries:**

- ☐ Owner
- ☐ Renter

[Enter text]

## 2b. For New Affordable Rental Housing Projects

The Unmet Needs Assessment demonstrated a higher need for affordable rental housing, so the LRHCP will award additional points to the projects that propose new affordable rental housing units.

### ***Does this project propose new affordable rental housing?***

- ☐ **Yes**, the project is a new affordable rental housing project.
- ☐ **No**, the project is not a new rental affordable housing project (*Enter N/A below and skip to question 3*)

Creating affordable housing opportunities is the key goal of CDBG-DR funded housing project due to the identified need in the disaster affected areas, according to the Unmet Needs Assessment (which can be found in the Public Action Plan on ADECA's website). If your project is a new rental affordable housing project, **provide a projection of how many rental affordable housing units your project will create and how many beneficiaries the proposed project is intended to benefit.**

*[Enter text]*

## 2c. Recovery or Mitigation Project (or Both?)

Your project must either be a disaster recovery project, a mitigation project, or meet the definition of both recovery and mitigation:

- 1) A **recovery** activity is one that demonstrates a clear, justifiable direct or indirect tie back to the disaster, and addresses a disaster recovery need described in the impact and unmet needs assessment in the ADECA Public Action Plan.
- 2) Unlike disaster recovery activities, **mitigation** activities do not require a direct tie back to the disaster. Rather, a mitigation project will be required to demonstrate how it will increase resilience to disasters and reduce or eliminate the long-term risk of loss of life, injury, damage to and loss of property, and suffering and hardship, by lessening the impact of future disasters. Mitigation projects must also demonstrate how they will address current and future risks as identified in ADECA's mitigation needs assessment.

Depending on the type of project it is, provide a narrative below that addresses the applicable criteria above. In the event that your project exhibits properties of both recovery and mitigation projects, provide an explanation that satisfies both.

For mitigation activities specifically, also indicate which of the top six hazards (identified on pages 50-51 in the ADECA Public Action Plan) that pose the greatest threat to lives and property in the disaster-impacted counties will be addressed through the proposed activity, as well as a description of how the project will increase resilience to this type of hazard(s).

***Please see Appendix A for instructions on where to find information from the Unmet Needs Assessment and Mitigation Needs Assessment to help inform this response.***

This project:

☐ Is a Recovery Project

☐ Is a Mitigation Project

☐ Meets definition of both Recovery and Mitigation

[Enter text]

In addition to the narrative above, applicants **must attach the following** to the application:

**For Projects that Meet the Recovery Definition:**

- ☐ Documentation of loss from the hurricane(s), including damage or rebuilding estimates, insurance loss reports, images, or similar information that documents damage caused by the disaster. Sufficient documentation for non-physical disaster-related impacts must clearly show how the activity addresses the disaster impact.
- ☐ N/A- The project meets the definition of a mitigation project and is explained above.

## 2d. Alignment with the Local Recovery Plan and other Plans and Efforts

A prerequisite of the LRHCP is the completion of a local recovery plan via ADECA's Local Recovery Planning Program, which will detail recovery and mitigation strategies and priorities of each eligible county.

Describe how your project aligns with a recovery or mitigation strategy(ies) identified in your county's ADECA-approved **Local Recovery Plan**. In your narrative below, refer to the specific page(s) in that Plan that describes the strategy this project will address in addition to explaining what priority level the proposed project is (i.e., the project addresses the highest stated priority or need from the Plan, a secondary priority or need, and so on).

*[Enter text]*

Other than the Local Recovery Plan, does this project align with other planned federal, state, local or tribal development efforts or mitigation plans? If yes, please identify the specific plan(s) or effort this project aligns with and provide a summary of how the project addresses it.

*[Enter text]*

- ☐ If your project aligns with other development efforts and plans as identified above, you **must attach** the pertinent document (or excerpt from the document if it is too large) or other evidence that supports your claim.
- ☐ N/A- The proposed project does not align with any known development efforts or plans outside of the Local Recovery Plan.

## 2e. Economically Distressed Areas

To the extent possible, describe how this project prioritizes those communities that have been impacted by the disaster and that were economically distressed before the disaster (i.e., a Promise Zone, Opportunity Zone, a Neighborhood Revitalization Strategy, a tribal area, or those areas that meet at least one distress criteria established for the designation of an investment area of Community Development Financial Institution at 12 CFR 1805.201(b)(3)(ii)(D)).

Refer to the applicant's ADECA-approved Local Recovery Plan for details related to the impact of the proposed project on HUD-identified economically distressed areas.

*[Enter text]*

## 2f. Acquisition and Relocation Considerations

How many parcels or pieces of property will be needed for the implementation of this project, if any?		#
What is the site control status of the proposed project site(s)?	<input type="checkbox"/> Site(s) are already owned/controlled by the applicant <input type="checkbox"/> Site(s) are not owned/controlled by the applicant, but are currently under contract <input type="checkbox"/> Site(s) will need to complete an acquisition process as part of the project scope	
Will this project require, or result in, the displacement and/or relocation of residential or commercial occupants?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If you indicated that you already have site control or have the project site under contract, you <b>must attach</b> the pertinent document (or excerpt from the document if it is too large) or other evidence that supports your claim.		

## 2g. Studies or Analyses to Support the Project

Is the project supported by a feasibility study, market analysis, relevant technical or economic study, or similar third-party analysis/study/document?

☐ Yes

☐ No

If so, please provide a summary of each below and explain how the proposed project is supported.

*[Enter text]*

☐ **Attach** the feasibility study, market study, or other relevant technical or economic study referenced above that provides support for the viability of the project.

## 2h. Status of Existing Project Development

How would you categorize the current stage of project development for this proposed project?

Provide an explanation below.

☐ Projects that are ready, or nearly ready to implement. For construction-type projects, this means that the project is “Shovel Ready” and that A&E and project design, environmental review, and all other work needed to begin the project is substantially completed. For projects servicing the public, this can mean that the necessary partnerships are in place to provide said service.

☐ Applicable planning, A&E, plans, designs, and needed reviews have already commenced but have yet to be completed.

☐ Project is in early planning stages and still needs substantial A&E, design work, and other applicable planning work.

*[Enter text]*

## 2i. Actions Already Performed

Have any of the following actions occurred prior to, or are still occurring on, the date of this application submission?

- Acquisition of the land/properties needed for the project;
- Execution of a contract with a contractor;
- Performed any demolition, land breaking, or moving on the project site;
- Performed rehabilitation, conversion, repair, or construction work at the project site;
- Transfer, removal, or lease of any property necessary for the project, or;
- Entering a contract that obligates the applicant to any of the above activities.
- Making announcements or commitments that give the impression that the project will definitely go forward in a certain way before the environmental review is completed can influence the outcome of that review

☐ Yes

☐ No

If so, please describe those actions in detail below, including the date(s) which they occurred, the extent of work performed, current status, etc.

[Enter text]

## 2j. Ongoing Operations and Maintenance

Describe how the ongoing operations and maintenance of this project will be managed. Who will be responsible, and how will the ongoing O&M be funded? Will the O&M for this project be funded by existing funding streams, or is O&M funding dependent on budgetary adjustments, special approvals, program income, etc.? Provide an explanation below.

☐ O&M to be funded by existing funding streams.

☐ O&M funding not yet identified, requires budget adjustments, special approvals, relies on program income, etc.

[Enter text]

### 3. National Objective

This section will be used by ADECA to determine whether the proposed activity will meet a national objective of the CDBG-DR program. The LRHCP allows for use of each of the three national objectives – benefit low- to moderate-income persons (LMI), aid in the prevention or elimination of slums or blight (Slum and Blight) and address an Urgent Need (Urgent Need).

Indicate which HUD National Objective you are proposing to satisfy with this project and provide a narrative to explain how the project will do so. Please refer to the LRHCP Program Guidelines, the ADECA Subrecipient Manual, and 24 CFR 570.208 for information about the national objectives.

**\*\*\*Please Note: The final determination of which national objective will be applied to a project is solely the discretion of ADECA.\*\*\***

Select only ONE option below:

**The project will benefit Low to Moderate Income (LMI) Persons:**

☐ **LMI Housing:**  
An activity that will provide or improve permanent residential structures which, upon completion, will be occupied by LMI households.

**The project will aid in prevention or elimination of Slums or Blight (SB):**

☐ **SB Spot Basis:**  
The project will address slums or blight on a **spot basis** to eliminate specific conditions of blight, physical decay, or environmental contamination that are not located in a slum or blighted area

**The project will address an Urgent Need (UN):**

☐ **Urgent Need:**  
Projects that achieve the UN national objective must be able to link to a stated urgent need in the impact and unmet needs assessment in ADECA's Public Action Plan (see pages 47-50 of the HUD-approved action plan on the ADECA public website for details related to the state's unmet housing need).

Provide a narrative to expand on how the project will achieve the selected national objective.

For projects proposing the use of Urgent Need, include details on how the activity responds to the urgency, type, scale, and location of the disaster-related impact as described in ADECA's impact and unmet needs assessment.

*[Enter text]*

## 4. Project Location

This section will be used to identify the address of the project the number of persons that will benefit from the project.

4a. Project Location	
Provide street address(es) and zip code(s) for your project. For projects that cover a large, or multiple, areas, provide as many streets, intersections, addresses, zip codes, boundaries, GPS coordinates, etc., as needed to define your project's footprint.	
[Enter text]	
Latitude and Longitude coordinates at or near geographical center:	[Enter text]
<p>Is the project located in, or will it impact the state-recognized tribal reservation areas of either the MOWA Choctaw or Poarch Creek tribes?</p> <p>Resources:</p> <ul style="list-style-type: none"> <li>Alabama Indian Affairs Commission (<a href="https://aiac.alabama.gov/">https://aiac.alabama.gov/</a>)</li> <li>MOWA Choctaw (<a href="https://mowachoctawindians.com/">https://mowachoctawindians.com/</a>)</li> <li>Poarch Creek (<a href="https://pci-nsn.gov/">https://pci-nsn.gov/</a>)</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Provide any additional comments to clearly describe the project's location and footprint:	
[Enter text]	
<p><b>Attach the following documents:</b></p> <p><input type="checkbox"/> A map printout of your project location (using Google Maps or comparable tool) with markings to delineate the project's physical location and footprint.</p> <p><input type="checkbox"/> Pictures of the project site(s), existing conditions, and proposed work</p>	

4b. Project Property Address
<p><b>Property Address:</b> If your project is located in a specific location, use the space below to explain whether the project's property address is located in one of the HUD-identified underserved communities.</p> <p><b>Please refer to the published Application Evaluation Guide for a list of the underserved communities.</b></p>

[Enter text]

## 5. Project Beneficiaries

This section will be used to inform ADECA the extent to which the project will help achieve the overall CDBG program goal of benefitting low- and moderate-income persons, while also confirming the activity will provide a direct benefit to the beneficiaries. The Project Beneficiary Table included on page 33 must be completed as part of this section.

5a. Benefit Type	
Confirm that this project is a <b>Direct Benefit</b> project and will provide assistance to disaster-impacted persons in the MID area(s).	
<input type="checkbox"/>	<b>Direct Benefit:</b> Direct benefit activities are distinguished by their benefit to individual households (e.g., a household who has access to new affordable housing). Examples of activities that provide <b>direct</b> benefits to disaster-impacted persons would be a new construction of multi-family affordable housing, rehabilitation of affordable housing, and relocation assistance.
Provide a projection of the total number of households the activity is expected to benefit:	#

## 6. Project Schedule

This section will be used to determine whether the proposed project can likely be completed by the end of the term of ADECA's agreement with HUD and to assist the applicant with keeping the project on a schedule that will allow for timely completion.

6a. Estimated Project Timeframe	
Indicate the estimated start and completion dates of this project (Month/Year):	Construction Start:
	Project Completed and Operational:

### 6b. Projected Milestone Schedule

Complete the table below with projected completion dates for various project milestones (as applicable). Enter an "X" in the applicable boxes to provide a projection of your project's implementation schedule by quarter, with Q1 representing when the project is approved by ADECA.

For projects that implement unique activities, please enter those activities in the "Other" rows below.

Activity/Milestone	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13+
Planning and Studies													
Environmental Review													
Acquisition/ Relocation													
Design, Arch, Eng													
Obtain Permits													
Construction Activities													
Project Closeout													
(Other, please enter)													
(Other, please enter)													

## 7. Financial Aspects

This section will be used to determine the extent to which the applicant has been able to leverage other funding sources to cover project costs, and whether the applicant has financially accounted for the entire scope of the project.

### 7a. Project Budget

Provide a breakdown of the proposed project budget, including the requested LRHCP grant amount and any other sources of funding that are needed to implement the project.

Funding Source	Amount	Funding Committed?
The requested LRHCP grant amount:	\$	n/a
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
<b>TOTAL PROJECT AMOUNT:</b>	<b>\$</b>	

☐ **Attach** proof of commitment of funds from each non-CDBG-DR funding source that has awarded funding for the project. Support may come in the form of an official letter from the awarding entity (e.g., for private, or other funds), an adopted resolution from a local governing body (e.g., for local funds), or another format acceptable to ADECA.

### 7b. Source and Uses, Cost Estimate

Indicate how the project funding is proposed to be divided by use and indicate the source(s) for each of those uses. Please note that program administration costs (PACs) are not eligible LRHCP costs; an estimate of PACs does not need to be added to the table below.

Funding Use	\$ Amount	Funding Source(s) (from 7a above)
Design, Architectural, and Engineering	\$	
Acquisition Costs	\$	
Construction Costs	\$	
Equipment Costs	\$	
Other Activity Delivery Costs (e.g., environmental review not performed by engineer, activity specific staff and contracted services, etc.)	\$	
(Other – Describe)	\$	
(Other – Describe)	\$	
<b>TOTAL PROJECT AMOUNT:</b>	<b>\$</b>	

☐ All proposed LRHCP project applications that involve construction-related work **must attach** a detailed cost estimate prepared by, or reviewed by, an architect, engineer, or another reputable source from the State of Alabama. The cost estimate shall contain the estimated cost of construction, architectural/engineering fees, and related costs, and break down the total project cost by activity—and funding source, if other funds will cover a portion of the project's costs.

☐ Projects that do not involve construction do not need an A/E-certified cost estimate but should still attach a proposed project budget that details all pertinent (estimated) costs to plan, design, implement, and close out the project.

**See Appendix B for further instructions and an example of a cost estimate document that must be attached to your application.**

### 7c. Ineligible Uses of Funds

Do you intend to use the LRHCP award to fund any of these purposes?

Rehabilitation and reconstruction of single-family dwellings.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assisting entities that failed to meet the conditions of obtaining and maintaining flood insurance on prior Federally assisted programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilization of a property that was purchased using eminent domain for purposes benefiting a private party.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Providing compensation to beneficiaries for losses stemming from disaster related impacts.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Forced mortgage payoff.	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 7d. Duplicative Funding

ADECA is required by HUD to conduct an individualized DOB review to ensure that any LRHCP award is not duplicative of other funding.

A duplication of benefits (DOB) occurs when a beneficiary receives or is awarded assistance from multiple sources for a cumulative amount that exceeds the total need for a particular recovery purpose, and the total assistance received for that purpose is more than the total need for the project in question.

☐ **Applicants must complete the Duplication of Benefits addendum** provided at the end of this document and submit it with their project application. Failure to do so will deem this application incomplete.

#### 7e. Income Generation

Do you anticipate that this project will generate **program income**? (See Section 8.6 of the LRHCP guidelines for the definition of and examples of program income.) If so, please provide details on those income generation aspects and any projections you may have at this time.

☐ Yes  
☐ No

*[Enter text]*

#### 7f. Ability to Pivot with Lesser Funding

In the event that there are programmatic budget limitations that would only allow for a lesser LRHCP award than requested, can this project be modified and still be able to be implemented in some fashion? If so, please explain how this project might be scaled down due to lesser funding, while still meeting programmatic requirements and goals.

☐ Yes  
☐ No

*[Enter text]*

## 8. Applicant Capacity

This section will be used by ADECA to determine the applicant's capacity to implement the proposed project in accordance with program and contractual requirements and to assess the compliance risk associated with the project.

**\*\*\*IF THIS APPLICATION INCLUDES A CO-APPLICANT(S), THE RESPONSES BELOW SHOULD ADDRESS BOTH APPLICANTS\*\*\***

8a. Prior Experience	
Does your entity possess experience implementing similar types of projects as the one proposed? If so, please list all similar projects the applicant has implemented within the last 10 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
[Enter text]	
Does your entity possess experience implementing CDBG or other federally funded projects? If yes, please list all federally funded projects the applicant has implemented within the last 10 years, as well as the funding source.	<input type="checkbox"/> Yes <input type="checkbox"/> No
[Enter text]	

8b. Outstanding Monitoring or Audit Results	
Does your entity have any open concerns or findings related to program or project administration, fiscal administration, or grant administration, as a result of a HUD (or federal agency) monitoring review? If yes, please identify the substance of the concern(s) or finding(s) issued, the status, and the entity's efforts to resolve.	<input type="checkbox"/> Yes <input type="checkbox"/> No
[Enter text]	

(END OF RESPONSE FIELDS)

## 9. Certifications and Assurances

Please review the following certifications and assurances in support of this application for the LRHCP grant. By signing and submitting this application, the primary applicant certifies that all of the following are true and correct.

### Certifications

1. A resolution passed by the City Council/County Commission on \_\_\_\_ (date) has authorized the filing of this application by the Chief Local Elected Officer.
2. The public was informed about the local community development program including the proposed filing of this application in a public hearing held on \_\_\_\_ (date) at \_\_\_\_ (location).
3. The information presented in this application is true and correct to the best of my knowledge.
4. I certify that:
  - a. The City/County will minimize displacement of persons as a result of activities with CDBG funds and will assist persons actually displaced as a result of such activities.
  - b. The City's/County's program will be conducted and administered in conformance with Public Law 88-352 and Public Law 90-284, and the City/County will affirmatively further fair housing.
  - c. The City/County has conducted all required analyses and, if required, is conducting all citizen participation activities in compliance with the accessibility requirements stated in ADECA's 2020 Action Plan for Disaster Recovery.
  - d. The City/County has held a public participation hearing to obtain the views of citizens on community development and housing needs.
  - e. The City/County has furnished citizens information concerning the amount of funds available for proposed community development and housing activities that may be undertaken including the estimated amount of funds proposed to be used for activities benefiting low- and moderate-income persons.
  - f. The City/County has made available to the public a summary of the proposed project to afford affected citizens an opportunity to comment.
  - g. The City/County is providing citizens with reasonable access to records on past use of CDBG funds.
  - h. The City/County will provide citizens with reasonable notice of, and opportunity to comment on, any substantial change proposed to be made in the use of CDBG funds.
  - i. The City/County will not attempt to recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing any amount against properties owned and occupied by persons of very low, low- and moderate-income. If a fee or assessment is required, the City/County will use CDBG funds to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than CDBG funds. The City/County through proper certification to the State may assess any amounts against properties owned and occupied by persons of moderate income who are not persons of very low or low income if the City/County lacks sufficient funds received under the CDBG program to pay those costs.
  - j. The City/County is ☐ is not ☐ (please check one) delinquent on any State/Federal debt (If answered "is", attach explanation).
5. I further certify that the City/County is following a detailed Citizen Participation Plan which:

- a. Provides for and encourages citizen participation, with particular emphasis on participation by persons of low- and moderate-income who are residents of slum and blight areas and of areas in which Section 106 funds are proposed to be used, and in the case of a grantee described in Section 106(a), provides for participation of residents in low- and moderate-income neighborhoods as defined by the local jurisdiction;
- b. Provides citizens with reasonable and timely access to local meetings, information, and records relating to the grantee's proposed use of funds, as required by regulations of the Secretary, and relating to the actual use of funds under this title;
- c. Provides for technical assistance to groups representative of persons of low- and moderate-income that request such assistance in developing proposals with the level and type of assistance to be determined by the grantee;
- d. Provides for public hearings to obtain citizen views and to respond to proposals and questions at all stages of the community development program, including at least the development of needs, the review of proposed activities and review of program performance, which hearings shall be held after adequate notice, at times and locations convenient to potential or actual beneficiaries, and with accommodation for the handicapped;
- e. Provides for a timely written answer to written complaints and grievances, within 15 working days where practicable;
- f. Provides citizens with reasonable advance notice of, and opportunity to comment on, proposed activities not previously described in the community development application, and for activities which are proposed to be deleted or substantially changed in terms of purpose, scope, location, or beneficiaries.

## Assurances

As the duly authorized representative of the applicant entity, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title, or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal interest in the title of real property in accordance with awarding agency directives and will include a covenant in the title of real property in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review, and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and

will furnish progress reports and such other information as may be required by the assistance awarding agency or State.

6. Will initiate and complete the work within the applicable time frame after receipt of approval by the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating the prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead-based paint in the construction or rehabilitation of residential structures.
10. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Section 109 of the Housing and Community Development Act of 1974 (HCDA), as amended, 42 U.S.C. § 5309, which prohibits discrimination on the basis of race, color, national origin, sex, and religion in any program or activity funded in whole or in part under Title I of the Community Development Act of 1974, which includes Community Development Block Grants; (b) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin, religion, or sex; (c) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (d) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) which prohibits discrimination on the basis of disability; (e) the Americans with Disabilities Act of 1990 (ADA), as amended, 42 U.S.C. § 12101 et seq. Title II of the ADA, which prohibits discrimination based on disability in programs and activities provided or made available by public entities; (f) the Architectural Barriers Act of 1968, 42 U.S.C. § 4151 et seq., which requires that buildings and facilities designed, constructed, altered, or leased with certain federal funds after September 1969 to be accessible to and useable by persons with disabilities; (f) the Architectural Barriers Act of 1968, 42 U.S.C. § 4151 et seq., which requires that buildings and facilities designed, constructed, altered, or leased with certain federal funds after September 1969 to be accessible to and useable by persons with disabilities; (g) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107) which prohibits discrimination on the basis of age; (h) the Drug Abuse Office and Treatment Act of 1972 (P.L. 93-255), as amended, relating to nondiscrimination on the basis of drug abuse; (i) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (j) 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (k) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (l) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (m) the requirements of any other nondiscrimination Statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), as amended (P.L. 100-17) which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the potential activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. 276a to 276a-7), The Copeland Act (40 U.S.C. 276c and 18 U.S.C. 874), Section 3 provisions from the HUD Act of 1968 (12 U.S.C. 1701u), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333) regarding labor and employment standards for federally assisted construction contracts.
14. Will comply with the flood insurance purchase requirements of Section 102 (a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (c) notification of violating facilities pursuant to EO 11738; (d) protection of wetlands pursuant to EO 11990; (e) evaluation of flood hazards in flood plains in accordance with EO 11988; (f) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (g) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended, (42 U.S.C. 7401 et seq.); (h) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (i) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and preservation of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.)
18. Will cause to be performed the required financial and compliance audits in accordance with Single Audit Act of 1984, as amended, and OMB Circular A-128.
19. Will comply with all applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program.

### Special State Assurances

The applicant further assures and certifies that:

1. The proposed program benefits principally persons of low to moderate incomes, the latter being defined as persons in households having incomes at or below applicable income limits. Specifically, the following percentages of low- and moderate-income beneficiaries serve as a minimum threshold depending on the type of project: 51% for public facilities activities and 100% for housing activities. Programs should be designed so as to give maximum feasible priority to activities which will benefit low- and moderate-income families or aid in the prevention of slums and blight. However, a proposed program may include activities which the grantee certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious threat to the health or welfare of the community where other financial resources are not available to meet such needs.
2. If it has a previous Community Development Block Grant Program which has not been closed out, it will, if requested by the State, present the State with documentation to adequately demonstrate that it can expeditiously close out the previous program and manage a future program.
3. The local governing body accepts the responsibility for citizen comments and concerns related to the proposed program.

### Anti-Displacement Assurance

As the duly authorized representative of the applicant, I certify that the applicant will comply with:

1. Section 104(d) of Title I of the Housing and Community Development Act of 1974, as amended. This provision, authorized by Section 509(a) of the Housing and Community Development Act of 1987, contains requirements for a residential anti-displacement and relocation assistance plan. Each State recipient must adopt, make public, and certify to the State that it is following "a "residential anti-displacement and relocation assistance plan."
2. Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended through 1987, (Public Law 100-17, 101 Stat. 246-256). This provision extends Uniform Relocation Assistance coverage to any person (family individual, business, nonprofit organization, or farms) displaced as a direct result of rehabilitation, demolition, or privately undertaken acquisition carried out for a federally assisted project or program.

### Certification For Contracts, Grants, Loans, And Cooperative Agreements

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 any 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 any 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-LL", "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 subrecipients shall certify and disclose accordingly.

### Certification Regarding Survey

If a survey to determine project beneficiaries was undertaken for the proposed project, such survey was conducted with full regard to obtaining accurate information. The City/County agrees that any evidence to the contrary could result in adverse consequences, including the repayment of grant funds.

### Certification Regarding Excessive Force

In accordance with Section 519 of Public Law 101-140, (the 1990 HUD Appropriations Act), the applicant entity certifies that it has adopted and is enforcing a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations.

*(END OF CERTIFICATIONS AND ASSURANCES)*

## 10. Application Acknowledgement and Signature

Applications will be evaluated as received after the submission deadline, so the completeness of this package is paramount. Prior to the submission of this application, please take time to ensure the following are addressed:

- ☐ All applicable checkboxes and fields have a response, even if that response is N/A.
- ☐ All required attachments are submitted with this application document, such as:
  - Project footprint map
  - Photos
  - Project cost estimate
  - Duplication of Benefits Addendum and applicable support
  - Any additional pages needed to support a response
- ☐ Any other applicable attachments, such as:
  - Interlocal Agreement/ Memorandum of Understanding
  - Documentation of disaster impacts and losses
  - Feasibility, market, or other technical or economic study
  - Proof of commitment of non-CDBG funds

### Signature of Chief Elected Officer

I hereby certify that the information provided in this disclosure is true and correct and I am aware that making any materially false, fictitious, or fraudulent statement or representation may subject me to criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, I am aware that if I materially violate any required disclosure of information, including concealing a material fact, I am subject to being fined under this title or imprisoned not more than five years, or both.

<b>Signature:</b>			
<b>Printed:</b>		<b>Date:</b>	

## APPENDICES: Supplemental Instructions and Clarifications

The following subsections provide additional instructions and/or clarifications to specific questions identified in the main application form. The information in the following subsections should be used to properly complete the specific related fields in the application.

### APPENDIX A: Recovery or Mitigation Project- Unmet Needs and Mitigation Needs Assessments (2c)

To adequately respond to this field, the applicant must refer to ADECA's unmet needs assessment or mitigation needs assessment—depending on if the proposed project is recovery or mitigative in nature.

A summary of the Unmet Needs Assessment is contained on pages 47 - 50 of the ADECA Public Action Plan that is uploaded to the 2020 Hurricanes Sally and Zeta landing page on the ADECA public website. The Assessment describes the state's unmet housing, infrastructure, and economic revitalization need in detail.

A summary of the Mitigation Needs Assessment ADECA conducted is contained on pages 50 - 51 of the Public Action Plan and describes the six hazards that were found to pose the greatest threat to lives and property in the impacted areas. Applicants that would like to access the entire Mitigation Needs Assessment should contact Trent Williams at [trent.williams@adeca.alabama.gov](mailto:trent.williams@adeca.alabama.gov) to request a copy.

### APPENDIX B: Project Cost Estimate (7b)

All proposed LRHCP projects shall be accompanied by a detailed cost estimate prepared by, or reviewed by, an architect, engineer, or another reputable source from the State of Alabama. The cost estimate shall contain the cost of construction, architectural/engineering fees, and related costs. A construction estimate shall be a listing of construction items (as a bid proposal), estimated quantity, unit of measure, unit price, and amount.

Architectural/Engineering fees shall be identified by type in a line-item format. Typical items include basic services, resident project representative, topographic surveying, property surveying, geotechnical investigation, and testing. The justification shall contain an explanation for why the service is needed and how the proposed fee was derived.

If any other funds (federal, local, etc.) will be used to complete the project, then the cost estimate must identify the amount of those funds as well as the specific use of those funds. For example, if \$10,000,000 in local funds will be used to assist in the construction of a new affordable housing development, a specific identification of such must be shown on the cost estimate.

Provide an estimate of the number of parcels that will need to be acquired to construct the proposed improvements.

Provide a listing of anticipated permits and government approvals that may be necessary.

See the example cost estimate below:

**PROJECT COST ESTIMATE (EXAMPLE)**

**CONSTRUCTION:**

DESCRIPTION	QUANTITY	UNIT OF MEASURE	UNIT PRICE	AMOUNT
Mobilization	Lump	Lump Sum	\$ 25,000.00	\$ 25,000
Asphaltic Concrete Wearing Course	3,700	Ton	\$ 80.00	\$ 296,000
8-1/2" In-Place Cement Stab. Base Course	35,000	Sq. Yd.	\$ 6.00	\$ 210,000
Water Valve Adjustments	5	Each	\$ 200.00	\$ 1,000
Aggregate Surface Course	1,500	Cu. Yd.	\$ 45.00	\$ 67,500
18" Corrugated Metal Pipe	100	Lin. Ft.	\$ 30.00	\$ 3,000
24" Corrugated Metal Pipe	100	Lin. Ft.	\$ 38.00	\$ 3,800
30" Corrugated Metal Pipe	80	Lin. Ft.	\$ 45.00	\$ 3,600
Signs and Barricades	Lump	Lump Sum	\$ 8,500.00	\$ 8,500
Project Sign	1	Each	\$ 1,000.00	\$ 1,000

Subtotal: \$619,400

Contingencies: \$62,100

Total Estimated Construction Cost: \$681,500

**ENGINEERING:**

Basic Services: \$59,100

Resident Project Representative: \$25,500

Geotechnical Investigation: \$3,000

Testing: \$3,750

**TOTAL PROJECT COST:**

**\$772,850**

Estimated number of parcels to be acquired: XX

Anticipated approvals/permits to be acquired: XX

**JUSTIFICATION FOR ADDITIONAL ENGINEERING FEES**

**Geotechnical Investigation:**

To provide pre-design base testing for lime and cement determination. A geotechnical engineering firm will provide investigation, recommendations, and report. The cost is estimated at \$3,000.

**Testing:**

To provide soil proctor tests and in-place density tests for the completed base course and coring of completed asphaltic concrete pavement.

25 coring @ \$30 each                      = \$ 750

30 density tests @ \$100 each        = \$ 3,000

Total    = \$ 3,750

## DUPLICATION OF BENEFITS ADDENDUM

A duplication of benefits (DOB) occurs when a beneficiary receives or is awarded assistance from multiple sources for a cumulative amount that exceeds the total need for a particular recovery purpose, and the total assistance received for that purpose is more than the total need for the project in question. For this reason, ADECA is required by HUD to conduct an individualized DOB review to ensure that any LRHCP award is not duplicative of other funding.

The following worksheet identifies several of the most common sources of funds that may pose a DOB for LRHCP projects. Applicants **must** disclose information about the actual receipt and availability of financial assistance to allow ADECA to determine if there is a DOB that may impact the potential LRHCP award.

For additional clarifications on DOB, please view the following resources:

- Duplication of Benefits Notice, June 2019 (84 FR 28836)
- HUD Webinar: Duplication of Benefits- Understanding and Applying the Requirements

[illegible]

	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<p><b><u>Available Funding:</u></b></p> <p>Are there any other funds from the sources described above that are <b>available</b> to you that will be dedicated to, or intended to be used toward the <b>same purposes as the proposed LRHCP project?</b></p> <p>HUD defines available assistance as:</p> <ol style="list-style-type: none"> <li>1. Assistance that your entity(ies) would have received by acting in a reasonable manner (such as insurance or other assistance to which your entity(ies) is legally entitled).</li> <li>2. Reasonably anticipated assistance that has been awarded and accepted but has not yet been received.</li> <li>3. Assistance that is awarded to your entity(ies) but is administered by another party instead of being directly funded to the entity(ies).</li> <li>4. FEMA funding that is available for your type of project but has not yet been applied for.</li> </ol> <p><b>If so, please indicate those available sources below.</b></p>			<p><input type="checkbox"/> Yes- There are funds available for the same purpose.</p> <p><input type="checkbox"/> No- There are no other funds available for the same purpose.</p>
<b>Source of Available Funding</b>	<b>Amount Available</b>	<b>Anticipated Date to Receive (if known)</b>	
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

**If you answered YES to either of the two sections above, please provide the following information about your other funding sources in the sections below.** ADECA will use this information to verify the amount(s) with the indicated funding sources in order to accurately perform a DOB calculation. Please enter N/A if it is not applicable.

## 1. Insurance Policies

Please provide information regarding any such insurance policies and information regarding claims filed and paid to the applicant for the same purposes as the proposed project activities.

<b>Insurance Company Name</b>	
<b>Contact Information</b>	
<b>Type of Insurance</b>	
<b>Claim Number</b>	
<b>Settled Amount</b>	
<b>Purpose for the Funds</b>	

<b>Insurance Company Name</b>	
<b>Contact Information</b>	
<b>Type of Insurance</b>	
<b>Claim Number</b>	
<b>Settled Amount</b>	
<b>Purpose for the Funds</b>	

<b>Insurance Company Name</b>	
<b>Contact Information</b>	
<b>Type of Insurance</b>	
<b>Claim Number</b>	
<b>Settled Amount</b>	
<b>Purpose for the Funds</b>	

<b>Insurance Company Name</b>	
<b>Contact Information</b>	
<b>Type of Insurance</b>	
<b>Claim Number</b>	
<b>Settled Amount</b>	
<b>Purpose for the Funds</b>	

## 2. Non-Insurance Funding Sources

This section identifies any sources of funds that the applicant entity has received, or has available, for the project as a result of Hurricanes Sally and Zeta—other than insurance.

<b>Lender/Provider/Program</b>	
<b>Amount Received (and/or available)</b>	
<b>Purpose that Funds were Provided</b>	
<b>Applicant ID, Case #, or identifier</b>	
<b>Source:</b> <input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization <input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____	

<b>Lender/Provider/Program</b>	
<b>Amount Received (and/or available)</b>	
<b>Purpose that Funds were Provided</b>	
<b>Applicant ID, Case #, or identifier</b>	
<b>Source:</b> <input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization <input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____	

<b>Lender/Provider/Program</b>	
<b>Amount Received (and/or available)</b>	
<b>Purpose that Funds were Provided</b>	
<b>Applicant ID, Case #, or identifier</b>	
<b>Source:</b> <input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization <input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____	

<b>Lender/Provider/Program</b>	
<b>Amount Received (and/or available)</b>	
<b>Purpose that Funds were Provided</b>	
<b>Applicant ID, Case #, or identifier</b>	
<b>Source:</b> <input type="checkbox"/> FEMA <input type="checkbox"/> SBA <input type="checkbox"/> Private or nonprofit charity organization <input type="checkbox"/> NFIP <input type="checkbox"/> Other local, state, or federal programs or source: _____	

*\*Attach additional pages if needed.*

## Attachments

If other funding has been identified above, please attach copies of the following for each:

- ☐ Insurance claim documentation that shows, at a minimum, the amount provided and purpose of the funding.
- ☐ Applicable documentation for each of the non-insurance sources of funds acquired as a result of the disaster(s) including, but not limited to award letters, disbursement proof, statements, etc.

## On-Going Compliance

It is the policy of ADECA to recapture any funds that are determined to be a duplication of benefits with other forms of assistance.

During the life of the project, ADECA will require all subrecipients to report and certify whether additional funds were received for project-related expenses, the amount, and when funds were received. If additional funds were received that are determined to be duplicative, repayment shall be required in accordance with the subrecipient agreement.

## Certification

I certify that all of the above information is true and accurate to the best of my knowledge. Further, I understand that this information may be verified by ADECA and provide permission for ADECA to contact other Federal or other governmental agencies, insurance companies, or another applicable entity for the purposes of ensuring that the applicant entity has not received money that is duplicative for the purposes of the LRHCP.

By executing this Certification, Applicant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

<b>Signature of Chief Officer:</b>			
<b>Printed:</b>		<b>Date:</b>	

## PROJECT BENEFICIARY TABLE

For each proposed activity listed below, quantify the direct beneficiaries and indicate (by number of people, number of households, and percentage) their respective income level, race, ethnicity, etc., in the appropriate classifications. Use additional pages if more than three activities.

			Very Low Income (A)			Low Income (B)			Moderate Income (C)			Total LMI (A+B+C)		
Activity	Total People	Total Households	People	Households	% of Total People	People	Households	% of Total People	People	Households	% of Total People	People	Households	% of Total People

Race, Ethnicity, Etc.	Activity 1				Activity 2				Activity 3			
	Total People (Race)	Total Households (Race)	Total Hispanic People (Ethnicity)	Total Hispanic Households (Ethnicity)	Total People (Race)	Total Households (Race)	Total Hispanic People (Ethnicity)	Total Hispanic Households (Ethnicity)	Total People (Race)	Total Households (Race)	Total Hispanic People (Ethnicity)	Total Hispanic Households (Ethnicity)
White												
Black/African Am												
Asian												
American Indian/ Alaskan Native												
Native Hawaiian/ Other Pacific Is												
Am Indian/Alaskan Native & White												
Asian & White												
Black/African American & White												
Am Indian/Alaskan & Black/African Am												
Other/Multi-Racial												
Totals												

Disabled Persons												
Female-Headed Households												