

HOPWA FORMULA CERTIFICATIONS AND ASSURANCES

I, _____ (enter name), authorized representative of _____ (enter name of organization) on behalf of the grantee do hereby certify that, if an award is received, the grantee will conform to all programmatic regulations, guidelines and requirements set forth in the Program Guidelines and HUD Policies while conducting grant activities for the programs funded.

To this end, I certify/assure by initialing each and signing the following:

_____ All services/programs supported by grant funds will be delivered on a non-discriminatory basis consistent with the Fair Housing Act of 1988;

_____ Grantee will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA)

_____ Grantee will provide all activities under the program(s) in a manner that is free from religious influence;

_____ Grantee does not require a fee or donation as a condition for receiving services;

_____ Grantee provides housing assistance that is compliant with applicable State and local health, building, and fire safety codes, meeting the U. S. Department of Housing and Urban Development’s Habitability Standards as a minimum;

_____ Grantee shall maintain and operate under a standardized set of procurement procedures designed to assure efficient and proper expenditure of grant funds;

_____ Grantee will administer a policy to ensure a workplace free from the illegal use, possession or distribution of drugs or alcohol by its employees and/or beneficiaries;

_____ Grantee will maintain and operate under a standardized conflict of interest procedure for employees and members of the board;

_____ Grantee will insure the confidentiality of its program participants and participant’s records;

_____ Grantee assures that it will not provide HOPWA assistance to any program participant already receiving assistance from another HOPWA grant or not otherwise eligible individuals;

_____ Grantee agrees to meet all reporting and other necessary deadlines; understanding that if not met will negatively impact future application awards.

Signature of Authorized Agency Representative and Title Date

Signature of Board Chairman Date