

## **Before Starting the Project Application**

**HUD strongly encourages ALL project applicants to review the following information BEFORE beginning the application.**

Things to Remember:

- Download and review the detailed instructions along with other resources available online at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps) to help successfully complete the application.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD through the HUD HRE Virtual Help Desk, which is accessible online at [www.hudhre.info/helpdesk](http://www.hudhre.info/helpdesk).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR) in order to apply for funding under the Continuum of Care (CoC) competition. For more information see the FY2012 CoC NOFA.
- To ensure that applications are considered for funding, all sections of the FY2012 CoC NOFA and the FY2012 General Section NOFA should be read carefully, and all requirements and criteria met.
- Before completing the project application, all project applicants must complete or update (as applicable) the applicant profile in e-snaps.
- HUD reserves the right to reduce or reject any new or renewal project that fails to adhere to the CoC program and application requirements set forth in the FY2012 NOFA.

# 1A. Application Type

**Instructions:**

- 1. Type of Submission: This field is populated and cannot be changed.
- 2. Type of Application: This field is populated with the type of project application opened and cannot be changed.
- 3. Date Received: No action needed. This field is populated with the date on which the application is submitted. The date populated cannot be edited.
- 4. Applicant Identifier: Leave this field blank.
- 5a. Federal Entity Identifier: Leave this field blank.
- 5b. Federal Award Identifier: (required) Leave this field blank for all new funding applications.
- 6. Date Received by State: Leave this field blank.
- 7. State Application Identifier: Leave this field blank.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**1. Type of Submission:**

**2. Type of Application:** CoC Planning Project Application

**If Revision, select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 01/02/2013

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. Legal Applicant

**Instructions:**

8. Applicant: The following fields are populated from the Applicant Profile and must reflect the information from the applicant organization that can legally request homeless assistance funding from HUD.

a. Legal Name: This field is populated from the Applicant Profile. It is important that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained online at <http://esnaps.hudhre.info>.

b. Employer/Taxpayer Number (EIN/TIN): This field is populated from the Applicant Profile.

c. Organizational DUNS : This field is populated from the Applicant Profile. The number will include 9 digits. If the legal applicant organization is not in the US or is not legally organized, enter 444444444. Information on obtaining a DUNS number may be obtained online at <http://www.dnb.com>.

d. Address: This field is populated from the Applicant Profile.

e. Organizational Unit: If applicable, this field is populated from the Applicant Profile.

f. Name and contact information of person to be contacted on matters involving this applicant: This field is populated from the Applicant Profile and from the alternate point of contact for the applicant organization information. This person may or may not be the authorized representative.

Additional Resources:  
 Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**8. Applicant**

**a. Legal Name:** City of Asheville

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 56-6000224

	<b>c. Organizational DUNS:</b>	071056451	PL US 4	
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**d. Address**

**Street 1:** 70 Court Plaza

**Street 2:**

**City:** Asheville

**County:**

**State:** North Carolina

**Country:** United States  
**Zip / Postal Code:** 28801

**e. Organizational Unit (optional)**

**Department Name:** Planning  
**Division Name:** Community Development

**f. Name and contact information of person to  
be  
contacted on matters involving this  
application**

**Prefix:** Mr.  
**First Name:** Jeff  
**Middle Name:**  
**Last Name:** Staudinger  
**Suffix:**  
**Title:** Community Development Director  
**Organizational Affiliation:** City of Asheville  
**Telephone Number:** (828) 259-5723  
**Extension:**  
**Fax Number:** (828) 250-8947  
**Email:** jstaudinger@ashevillenc.gov

## 1C. Application Details

### Instructions:

9. Type of Applicant: (required) This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

10. Name Of Federal Agency: This field is populated with the Department of Housing and Urban Development. The field cannot be edited.

11. Catalog Of Federal Domestic Assistance (CFDA) Title/Number: This field is populated with the CFDA title and number.

12. Funding Opportunity Number/Title: This field is populated with the funding opportunity number and title of the opportunity under which assistance is requested, as found in this year's Federal Register announcement.

13. Competition Identification Number/Title: Leave this field blank.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**9. Type of Applicant:** C. City or Township Government

**If "Other" please specify:**

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-5600-N-41

**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

## 1D. Congressional District(s)

### Instructions:

14. Areas Affected By Project: (required) Select the State(s) in which the proposed project will operate and serve homeless persons. The state(s) selected will determine the list of geographic areas and congressional districts displayed elsewhere in this application.

15. Descriptive Title of Applicant's Project: This field is populated with the name entered on the Project form when the project application was initiated. Return to the Project form to make changes to the name.

16. Congressional District(s):

a. Applicant: This field is populated from the Applicant Profile. Applicants cannot modify the populated data on this form. However, applicants may modify the Applicant Profile to correct any errors identified.

b. Project: (required) Select the congressional district(s) in which the project operates. For new projects, select the district(s) in which the project is expected to operate.

17. Proposed Project Start and End Dates: (required) (required) Indicate the operating start and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

18. Estimated Funding: Leave these fields blank.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**14. Area(s) affected by the project (state(s) only):** North Carolina  
**(for multiple selections hold CTRL+Key)**

**15. Descriptive Title of Applicant's Project:** NC-501 CoC Planning Application FY2012

**16. Congressional District(s):**

**a. Applicant:** NC-011

**b. Project:** NC-011, NC-010

**(for multiple selections hold CTRL+Key)**

**17. Proposed Project**

**a. Start Date:** 07/01/2013

**b. End Date:** 06/30/2014

**18. Estimated Funding (\$)**

- a. Federal:**
- b. Applicant:**
- c. State:**
- d. Local:**
- e. Other:**
- f. Program Income:**
- g. Total:**

## 1E. Compliance

### Instructions:

19. Is Application Subject to Review by State Executive Order 12372 Process? (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If "YES" is selected enter the date this application was made available to the State for review.

20. Is the Applicant Delinquent on any Federal Debt? (required) Select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "YES" is selected include an explanation in the space provided on this screen.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

**If "YES", enter the date this application was made available to the State for review:**

**20. Is the Applicant delinquent on any Federal debt?** No

**If "YES," provide an explanation:**

## 1F. Declaration

### Instructions:

I Agree: (required) Select the checkbox next to 'I Agree' to (1) certify to the statements contained in the list of certifications\*\*, (2) certify that the statements herein are true, complete, and accurate to the best of my knowledge, (3) certify that the required assurances\*\* are provided, and (4) agree to comply with any resulting terms if I accept an award. Any false, fictitious, or fraudulent statements or claims may subject the authorized representative and the applicant organization to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) \*\*The list of certifications and assurances are contained in the CoC NOFA and in the e-snaps Applicant Profile.

21. Authorized Representative: The authorized representative's information is populated on this form from the Applicant Profile. A copy of the governing body's authorization for this person to sign this application as the official representative must be on file in the applicant's office.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>

**By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE:

### 21. Authorized Representative

Prefix: Mr.

First Name: Gary

Middle Name:

Last Name: Jackson

Suffix:

Title: City Manager

Telephone Number: (828) 259-5604  
(Format: 123-456-7890)

Fax Number: (828) 350-0035  
(Format: 123-456-7890)

**Email:** gjackson@ashevillenc.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 01/02/2013

## 2A. Project Detail

### Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012. The selections made on this form will determine the remaining forms that must be completed with this application.

1a. CoC Number and Name: Select the appropriate Continuum of Care (CoC) number and name. The CoC Name is defined by geography and is independent of the legal name of the authorized CoC lead agency.

1b. CoC Applicant Name: Select the appropriate authorized CoC lead agency. The CoC applicant name corresponds with the CoC lead agency with which the project applicant is choosing to submit their application. This agency will receive the application and determine whether to include it with the CoC application submission to HUD. In the extremely rare instance that two different lead agencies are applying under the same CoC number, the project applicant must select the appropriate CoC applicant name from the available options. It is incumbent upon the project applicant to correctly identify the appropriate CoC applicant name, Project applicants who are unsure of which CoC applicant name to select should contact their preferred CoC lead agency.

2. Project Name: This field is populated with the FY2012 project name from the Project form used to create the project in e-snaps. Return to the Project form to make changes to the name.

3. Component Type: (required) Field is populated with "Planning" and cannot be edited.

#### Additional Resources:

Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/coc/>

**1a. CoC Number and Name:** NC-501 - Asheville/Buncombe County CoC

**1b. CoC Applicant Name:** City of Asheville

**2. Project Name:** NC-501 CoC Planning Application FY2012

**3. Component Type:** CoC Planning Project Application

## 2B. Project Description

### Instructions:

Complete all fields on this form, as appropriate.

1. Provide a description that addresses the entire scope of the proposed project: (required) A project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). In cases where the proposed project is expanding an existing facility or non-HMIS service, document, when applicable, how the requested funds will supplement existing services and resources or increase participants served. The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application. Applicants are encouraged to review the detailed instructions available on the left menu, as well as applicable program regulations and desk guides available online at <http://esnaps.hudhre.info>.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: (required) This narrative must demonstrate how full capacity will be achieved over the term requested in this application.

3. How will the requested funds improve the CoC's ability to evaluate the outcome of the CoC and ESG projects?: (required) This narrative should include the CoC's increased capacity for evaluation, and how that capacity will allow for the evaluation of both CoC and ESG projects.

4. How will the planning activities continue beyond the expiration of HUD financial assistance?: (required) Provide a brief description of how the planning activities paid for by the grant funds would continue beyond the grant term listed in this application.

#### Additional Resources:

Application Detailed Instructions (on left menu)

<http://esnaps.hudhre.info>

<http://www.hudhre.info/coc/>

### 1. Provide a description that addresses the entire scope of the proposed project.

The Continuum of Care Planning Project will enhance and expand the collaborative effort to implement our community's 10 Year Plan to End Homelessness through the Asheville-Buncombe Homeless Initiative. Increased staff support for the Homeless Initiative will improve outcomes by: providing more in-person support for both CoC-funded agencies and all CoC partner agencies to increase HMIS data quality; enhanced supported and monitoring of CoC and ESG funded agencies to ensure compliance with outcomes; a higher level of engagement with the whole CoC region in order to increase engagement with and commitment to ending chronic homelessness and reducing all other types of homelessness.

### 2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.

Increased staff support for the Homeless Initiative will begin immediately. Working with the Homeless Initiative Advisory Committee (HIAC) and the Homeless Initiative Coordinator, regular reports made to the HIAC at monthly meetings and the on-going subcommittees to monitor effectiveness of the CoC Planning Project. The City of Asheville's Community Development Director supervises the Homeless Initiative, ensuring effective and timely completion of work to meet community outcomes.

**3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?**

Increased support and monitoring of CoC and ESG projects will be tasked to the Homeless Initiative staff to provide greater support for these projects both to improve outcomes and to ensure compliance. Additionally, this provides for more opportunity to engage our HMIS provider to correct reporting errors and address both the agencies' and the HMIS provider's challenges in gathering data.

**4. How will the planning activities continue beyond the expiration of HUD financial assistance?**

The City of Asheville and Buncombe County support portions of the Homeless Initiative. There is potential for increased financial support from both entities. The United Way of Asheville and Buncombe County has also been increasing its support of the collaborative efforts of CoC and ESG agencies engaged in implementing the 10 Year Plan to End Homelessness.

## 3A. Funding Request

### Instructions:

Complete all fields on this form, as appropriate. Please ensure that the information provided is both accurate and complete in light of the implementation of the HEARTH Act and the interim CoC program regulations, effective August 30, 2012.

1. Is it feasible for the project to be under grant agreement by September 30, 2014? (required) Select Yes or No to indicate whether or not the grant agreement will be executed and the project will begin operating by September 30, 2014. Unobligated funds will not be available after September 30, 2014. Applicants will not be able to submit project applications that cannot confirm feasibility for meeting the September 30, 2014.

2. Select a grant term: (required) The grant term is populated with "1 Year" and cannot be edited.

Enter the quantity and total budget request for each Planning cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity.

The system populates a list of eligible costs associated with CoC Planning for which CoC funds can be requested, including the following: 1) Coordination Activities, 2) Project Evaluation, 3) Project Monitoring Activities, 4) Participation in the Consolidated Plan, 5) CoC Application Activities, 6) Determining Geographical Area to Be Served by the CoC, 7) Developing a CoC System, and 8) HUD Compliance Activities. Review the CoC Program regulations for more information on eligible Planning costs.

Quantity Detail: (required) Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each Planning cost for which funding is being requested.

Annual Assistance Requested: (required) For each grant year, enter the amount (\$) requested for each activity.

Total Costs Requested: This field calculates the total of all of the above fields.

Cash Match: (required) Enter the total amount of funds (\$) that the applicant will use for the project provided by sources other than the CoC program grant.

In-Kind Match: (required) Enter the total dollar value of non-cash resources that the applicant will use for the project provided by sources other than the CoC program grant.

Total Match: This field will automatically calculate the total combined value (\$) of the Cash and In-Kind Match. The total match must equal a minimum of 25% of the request listed in the field "Total Costs Requested". There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission when the form is saved.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The total values are automatically calculated by the system when you click the "Save" button.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/coc/>

1. Is it feasible for the project to be under grant agreement by September 30, 2014? Yes

2. Select a grant term: 1 Year

**A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.**

Eligible Costs:	Quantity Description (max 400 characters)	Annual Assistance Requested (Applicant)
1. Coordination Activities	.10 FTE	\$2,196
2. Project Evaluation	.15 FTE	\$4,393
3. Project Monitoring Activities	.15 FTE	\$4,393
4. Participation in the Consolidated Plan		
5. CoC Application Activities	.10 FTE	\$2,198
6. Determining Geographical Area to Be Served by the CoC		
7. Developing a CoC System		
8. HUD Compliance Activities		
<b>Total Costs Requested</b>		\$13,180
<b>Cash Match</b>		\$15,000
<b>In-Kind Match</b>		
<b>Total Match</b>		\$15,000
<b>Total Budget</b>		\$28,180

**Click the 'Save' button to automatically calculate the Total Assistance**

### 3B. Sources of Leverage

The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the icon. To view or update a leveraging source already listed, select the icon.

**Total Value of Cash Commitments** \$15,000

**Total Value of In-Kind Commitments** \$0

**Total Value of All Commitments** \$15,000

Type of Commitment	Source of Commitment	Source	Date of Commitment	Value of Commitments
Cash	City of Asheville	Government	12/19/2012	\$15,000

### 3B. Leverage Detail

**Instructions:**

Leveraged resources: Applicants are encouraged to identify as many resources as possible, above the statutory and regulatory requirements to match the requested CoC program funds. If a written commitment is not in-hand at the time of application, however, do not enter the contribution. Undocumented leveraging claims may result in the re-scoring of the CoC application and the withdrawal of the conditional award.

1. Type of Commitment: (required) Select Cash or In-kind to denote the type of contribution being used as leverage for this project.
2. Name the Source of the Commitment: (required) Enter the name of the entity providing the contribution.
3. Type of Source: (required) Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP), HUD-VASH (VA Supportive Housing program), and the American Reinvestment and Recovery (ARRA) Act funds may be considered Government sources. Project applicants are encouraged to leverage the funds from these sources, whenever possible. A CoC may receive extra points if any of its project applicants identify NSP funds as a source of leverage for one or more projects.
4. Date of Written Commitment: (required) Enter the date of the written contribution.
5. Value of Written Commitment: (required) Enter the total dollar value of the contribution.

Additional Resources:  
Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/coc/>

- 1. Type of Commitment:** Cash
- 2. Name the Source of the Commitment:** City of Asheville
- 3. Type of Source:** Government
- 4. Date of Written Commitment:** 12/19/2012
- 5. Value of Written Commitments:** \$15,000

## 4A. Performance Measures

**Specify at least one measure, and up to three additional measures, on which the project will report performance in the Annual Performance Report.**

<b>Performance Measure</b>	<b>Universe #</b>	<b>Target #</b>	<b>Target Percentage</b>
Data Quality	4	3	75%

## 4A. Performance Measures Detail

**Instructions:**

For each measure, fill in the blank cells according to the following instructions:

**Performance Measure:** Provide a name for the additional performance measure. This name will populate the list on the parent additional performance measures form.

**Universe (#):** Enter the total number of persons/units/items about whom/which the measure is expected to be reported. The Universe is the total pool of persons/units/items that could be affected.

**Target (#):** Enter the number of applicable persons/units/items from the universe who/that are expected to achieve the measure within the operating year. The Target is the total number of persons/units/items from the pool that are affected.

**Target (%):** This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

2. **Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results: (required)** Use the text box provided to provide as much detail concerning the data systems and methods as possible.

3. **Specific data elements and formula proposed for calculating results: (required)** Use the text field provided and be specific.

4. **Rationale for why the proposed measure is an appropriate indicator of performance for this program: (required)** Use the text field provided to describe the appropriateness of the measure given the nature of the program.

**Additional Resources:**  
 Application Detailed Instructions (on left menu)  
<http://esnaps.hudhre.info>  
<http://www.hudhre.info/coc/>

**1. Specify the universe and target goal numbers for the proposed measure.**

a. Proposed Measure	b. Target #	c. Universe #	d. Target (%) (Calculated)
Data Quality	3	4	75%

**2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results**

Data recorded in HMIS for the Housing Inventory Count and Annual Homeless Assessment Report will measure increased data quality.

**3. Specific data elements and formula proposed for calculating results**

Thresholds will be exceeded in the AHAR reports captured in HMIS, AHAR score will be higher.

**4. Rationale for why the proposed measure is an appropriate indicator of performance for this program**

Data captured in HMIS is the highest indicator of our performance as a community. Increased staff support for the Homeless Initiative directly correlates to increased data quality because of the increased capacity to support agencies in their data input and reporting through HMIS.

## 5A. Attachment(s)

### Instructions

1. Other Attachment(s) - Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

2. Other Attachment(s) - Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

Document Type	Required?	Document Description	Date Attached
1. Other Attachment(s)	No		
2. Other Attachment(s)	No		

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## 5B. Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**C. For Rental Assistance Only.**

**Supportive Services.**

It will make available supportive services appropriate to the needs of the population served and equal in value to the aggregate amount of rental assistance funded by HUD for the full term of the rental assistance.

**D. Explanation.**

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall attach an explanation behind this page.

**Name of Authorized Certifying Official** Gary Jackson

**Date:** 01/02/2013

**Title:** City Manager

**Applicant Organization:** City of Asheville

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

X
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## 6A. Submission Summary

Page	Last Updated
<b>1A. Application Type</b>	No Input Required
<b>1B. Legal Applicant</b>	No Input Required
<b>1C. Application Details</b>	No Input Required
<b>1D. Congressional District(s)</b>	01/02/2013
<b>1E. Compliance</b>	12/18/2012
<b>1F. Declaration</b>	12/18/2012
<b>2A. Project Detail</b>	12/18/2012
<b>2B. Description</b>	12/19/2012
<b>3A. Funding Request</b>	12/19/2012
<b>3B. Sources of Leverage</b>	12/19/2012
<b>4A. Performance Measures</b>	12/19/2012
<b>5A. Attachment(s)</b>	No Input Required
<b>5B. Certification</b>	12/19/2012