



APPLICANT CERTIFICATION AND COMMITMENT OF RESPONSIBILITY

As the official designated by the governing body, I hereby certify that if approved by the Department for a HOME funding allocation or an American Dream funding allocation the El Dorado County Department of Human Services assumes the responsibilities specified in the HOME regulations and certifies that:

1. It possesses the legal authority to apply for the allocation and to execute the proposed program or project;
2. It has resolved any audit findings for prior Department or federally funded housing or community development projects or programs to the satisfaction of the Department or federal agency by which the finding was made;
3. It is not currently suspended or debarred from receiving federal funds;
4. It is currently in compliance with the submittal requirements of Office of Management and Budget Circular A-133, pursuant to the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act amendments of 1996, P.L. 104-156;
5. There are no pending lawsuits that would impact the implementation of this program or project.
6. It will follow the State Relocation Plan and the federal Uniform Relocation Act requirements;
7. It will comply with all statutes and regulations governing the HOME Program;
8. It will comply with State and Federal requirements;
9. It has staff available or has committed to hiring staff able to operate a local HOME program or project and oversee the work of an administrative subcontract, if any;
10. It will use HOME funds as grants solely for relocation, activity delivery, lead based paint mitigation costs, and Tenant Based Rental Assistance;
11. The information, statements, and attachments contained in this application are, to the best of my knowledge and belief, true and correct.

I authorize the Department of Housing and Community Development to contact any agency, whether or not named in this application, which may assist in determining the capability of the Applicant. All information contained in this application is acknowledged to be public information.

Signature: _____ Title: Director of Human Services

Type Name: Doug Nowka Date: _____