

Application Checklist- HOME

The following must be included as part of your application. It will be noted where materials or responses are optional or applicable only under certain circumstances.

EXHIBITS TO APPLICATION FOR HOME ASSISTANCE

The following documentation must be submitted with all requests

CHECKLIST FOR REQUIRED DOCUMENTS Please Submit in Order Below (use all check lists that apply to application)	Rental – New Construction	Rental – Acquisition/Rehab	Homeownership – New Construction	Homeownership – Rehabilitation	CHDO Operating	Pre-Development & Needs Assess.	Private Activity Bonds – Rental NC or Acq/rehab	Project Based Assistance	Applicable	Received
Att. A – Statement of Assurances	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
Att. B – URA/Relocation Plan	X	X	X	X		X	X	X	Yes <input type="checkbox"/>	
Att. C – Acquisition of Land or Building	X	X	X			X	X		Yes <input type="checkbox"/>	
Att. D – Davis-Bacon Exception Checklist	X	X	X	X	X	X	X		Yes <input type="checkbox"/>	
Att. E – Insurance Requirements	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
Att. F – W-9, Tax Payer Identification #	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
A list of current and immediate past members of the Board of Directors	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
Certificate of Incorporation under authority of the State of Texas	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
IRS Determination Letter	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
Current fiscal year's financial statement	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
Proposed operating budget for grant period	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
Most Recent Audit	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
List of key personnel and their major responsibilities	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
A history of funding from HOME funds	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
Staff Allocation Plan (if not in budget)					X				Yes <input type="checkbox"/>	
Construction Cost Estimates	X		X						Yes <input type="checkbox"/>	
Market Study/Needs Assessment	X	X	X					X	Yes <input type="checkbox"/>	
Appraisal (or data on comparables)	X	X	X				X		Yes <input type="checkbox"/>	
Letters of Funding Commitment	X	X	X	X	X	X	X	X	Yes <input type="checkbox"/>	
Relocation: General Notice to Tenants and Proof of Delivery		X					X		Yes <input type="checkbox"/>	
Relocation: Current Rent Roll with Residents' Income		X					X		Yes <input type="checkbox"/>	
Relocation Plan (only if relocation will occur)		X					X		Yes <input type="checkbox"/>	
Developer Capacity Workbook	X	X	X						Yes <input type="checkbox"/>	

City of Amarillo Application for: Affordable Housing Loan/Grant Assistance	GRAY SHADED AREAS ARE FOR STAFF USE ONLY Date Received Project #
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AMOUNT REQUESTED: \$ _____ Loan _____ Grant

APPLICANT INFORMATION

Organization Name and Address: 	
Chief Elected Official, Executive Director, or President: Name: Title: President Address (if different from above): Phone #: Fax #: Email:	Applicant Federal Tax ID #: DUNS #: To register: https://www.bpn.gov/ccr/default.aspx
	Type of Organization (check as many as apply)
	Municipality/County/Consortia
	Nonprofit
	CHDO (Community Housing Development Organization)
	CBDO (Community Based Development Organization)
	Public Housing Authority
	Private For-Profit Developer
Designated Contact Person for Application: Name: Title: Address (if different from above): Phone #: Fax #: Email:	

PROJECT OR PROGRAM INFORMATION

Project Name:

Project Location:

Street Address: _____ (If not available, please describe the specific location) _____.

City _____ County _____ Zip _____ # Acres _____.

**Attach Legal Description.

House District _____ Senate District _____

TYPE OF PROJECT or PROGRAM		TYPE OF ACTIVITIES (check all of the activities involved in project or program)	
<input type="checkbox"/>	Rental	<input type="checkbox"/>	New Construction
<input type="checkbox"/>	Homeownership	<input type="checkbox"/>	Pre-Development

	Rental Assistance		CHDO Operating
	Group Home or Shelter		Down Payment Program
	Other (Specify) _____.		Acquisition
			Rehabilitation
			Tenant-Based Rental Assistance
			Project-Based Rental Assistance
			Other (Specify) _____

PROJECT INFORMATION SHEET

PROJECT DESCRIPTION (100 words or less):

SITE CONTROL STATUS:
(choose one and attach documentation)

 OWNED

 UNDER CONTRACT
Expiration Date: _____

 LEASED
Term: _____

ZONING AND SITE PLAN STATUS:

Site is presently zoned (fill in zoning type and attach documentation): _____.

Is the present zoning conforming? Yes _____ No _____.

If nonconforming, when will zoning change or PUD be granted? (provide target date) _____

Is the site plan for your project approved? Yes _____ No _____.

If not, when will site plan be approved? (provide target date) _____.

SERVICES TO SITE: Are utilities and infrastructure in place to service site?

- | | | | |
|-----------------|------------------------------|-----------------------------|---------------------------------------|
| Street access? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, expected completion date _____ |
| Gas? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, expected completion date _____ |
| Electric? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, expected completion date _____ |
| Water? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, expected completion date _____ |
| Sanitary sewer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, expected completion date _____ |
| Storm sewer? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If no, expected completion date _____ |

COMMUNITY SUPPORT: Describe efforts made to build local support for this specific project and the results of those efforts.

****Attach letters of commitment for funds or services from local sources & any letters of support.**

LOWERING THE COST OF AFFORDABLE HOUSING: What specific steps has the city, county or state government taken to lower the cost of affordable housing and/or otherwise help the project? (I.e. deferral of water tap fees, local funding, etc.)

APPLICATIONS FOR PROJECT BASED VOUCHERS

Census Tract Number: _____ Poverty Rate of Census Tract: _____%

Total Proposed City PBV units: _____ Other PBV units: _____ Non-PBV units: _____

Written Commitment for Other Agency PBV Units: Yes No **TOTAL UNITS:** _____

PBV units serve special needs population? Yes No Population Served _____

NARRATIVE

- 1. Type of Housing**
- 2. Location:** include the project's proximity to community amenities and services such as public transportation, employment, social services, etc. For programs, describe the geographic area it will serve.
- 3. Population served**
- 4. Bedroom Mix**
- 5. Unit and Project Amenities**
- 6. Source of Financing**
- 7. Local, State and Federal Subsidies**
- 8. Timeline**
- 9. Experience:** identify similar projects that the applicant has completed and summarize their outcomes. Describe the skills and knowledge of staff and project consultants, to ensure project completion as well as compliance with federal regulations.
- 10. Service Commitments**
- 11. Any other relevant information**
- 12. "Green Build" materials and designs to be used for energy efficiency.**

REGULATORY INFORMATION

Please answer the following questions to the best of your ability, the City staff may provide technical assistance on compliance with applicable federal regulations. For more information, contact your City staff person.

Relocation and 1-for-1 Replacement		
Will the proposed project activity directly cause any demolition or conversion of any existing residential or commercial units resulting in permanent, temporary or economic displacement of existing tenants? <i>See HUD Handbook 1378, 24 CFR 92.354</i> http://www.hud.gov/offices/cpd/library/relocation/policyandguidance/handbook1378.cfm	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach General Notice and Rent Roll
If yes, are the displaced households considered low-income? If yes, attach Residential Anti-displacement and Relocation Assistance Plan (Att. D) describing the steps taken to minimize displacement, including what assistance/benefits will be provided to displaced households and what plans have been developed to replace the units and ensure that they stay at or below Fair Market Rent for 10 years.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Davis- Bacon Wages		
Does the project include Davis-Bacon wages? (see Att. F) <i>See HUD Guidebook 1344</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Environmental Review		
Have you started the Environmental Release of Funds (ROF) Process? <i>See 24 CFR Parts 58</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the project be undertaken in flood hazard areas? <i>All applicants must attach a flood plain map.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach a description of your mitigation plans
Will the project be near a geological hazard area, or affect historical, archeological or cultural resources? <i>For questions contact State Historical Society</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach a description of your mitigation plans
Will the project be located within 1,000 feet of a major highway, 3,000 feet of a railroad, 15 miles of a commercial airport or near military airfields or some other major noise source?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach a description of your mitigation plans
Will the project be located within one-mile of aboveground storage tanks, transmission pipelines or loading facilities for explosive or fire-prone substances?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, attach a description of your mitigation plans

Lead-Based Paint		
If the property was built before 1978, is it exempt from lead-based paint abatement? http://edocket.access.gpo.gov/cfr_2003/aprqtr/pdf/24cfr35.115.pdf List reason _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attach record indicating year of construction or proof of exemption
If no , has the property been evaluated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attach record indicating year of construction and proof of exemption
Does the property need remediation? If yes , the regulations at 24 CFR Parts 35 apply http://www.hud.gov/offices/lead/library/enforcement/24CFR35_SubpartA.pdf	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Asbestos		
For projects involving rehabilitation, has there been an evaluation of asbestos hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes , attach a copy of the report(s).
Does property need Asbestos remediation? If yes , contact a state-certified asbestos inspector.		Yes <input type="checkbox"/> No <input type="checkbox"/>
ADA Accessibility & Visitability		
Does the project have 5 or more units? If yes , for new construction or substantial rehabilitation, at least 5% (or 1, whichever is greater) must be accessible to persons with mobility impairments and 2% (or 1, whichever is greater) must be accessible to persons with sensory impairments. The remaining units must meet the accessibility requirements of the Federal and State Fair Housing Act, which require that all units in elevator buildings and ground units in other buildings be ADA accessible. http://www.hud.gov/offices/fheo/disabilities/fhguidelines/fhfhfa5.cfm#sect3		Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of units for persons with mobility impairment? (5%)		
Number of units for persons with sensory impairment? (2%)		
Number of visitable units?		
Send copy of Agency's Section 504 Compliance plan See 24 CFR Part 8		

Fair Housing	
Has the agency established Steps to Affirmatively Further Fair Housing? See 24 CFR 570.487(b) & 24 CFR 92.351 See Att. N http://www.hud.gov/offices/adm/hudclips/forms/files/935-2a.pdf	Yes <input type="checkbox"/> No <input type="checkbox"/>
Procurement	
Will City funds be used for purchasing goods or services? If yes, which procurement policies will be followed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will City funds be used for construction? If yes, the Debarred Checklist applies See https://www.epls.gov/	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will there be over \$200,000 of federal funds in the project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial Management	
Does the applicant's financial management comply with OMB Circular A-87 & 24 CFR Part 85	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the applicant's audit/records comply with OMB Circular A-133 & 24 CFR 570.490(d)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Program Income	
Will the project generate Program Income? If yes, indicate which: <input type="checkbox"/> HOME <input type="checkbox"/> CDBG	Yes <input type="checkbox"/> No <input type="checkbox"/>
Projected Program Outcomes	
ENERGY STANDARDS: List the Energy Efficiency Standard the project will follow? How many units will meet Energy Star Standards or standard listed above?	
SPECIAL NEEDS: Number of units designated for persons with disabilities?	
HOMELESSNESS: Number of units designated for homeless persons? Of those, number of units designated for the chronically homeless?	
HIV/AIDS: Number of units designated for persons with HIV/ AIDS? Of those, number of units for chronically homeless with HIV/AIDS?	

AUTHORIZED SIGNATURE SHEET

I certify to the best of my knowledge and belief, statements and data in this application, including the required Statement of Assurances and Certifications (Attachment A), attached tables and other documentation, are true and correct.

Signature	Signature	Signature
Name (Typed or Printed)	Name (Typed or Printed)	Name (Typed or Printed)
President	Board President	
Title	Title	Title
Date	Date	Date
Signature	Signature	Signature
Name (Typed or Printed)	Name (Typed or Printed)	Name (Typed or Printed)
Title	Title	Title
Date	Date	Date
<p>The above must be signed by the Chief Elected Official of the governmental unit, officer of the private corporation or other appropriate and authorized signatory for the applicant. Documentation proving signer is authorized must be provided.</p>		

ATTACHMENT A

APPLICANT STATEMENT OF ASSURANCES AND CERTIFICATIONS

The application must adhere to the following assurances and certification, that it:

- 1) possesses legal authority to apply for the loan/grant and to execute the proposed project, and its governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances required, and directing and authorizing the applicant's chief executive officer and/or other designated official representatives to act in connection with the application and to provide such additional information as may be required;
- 2) will give the City, the U.S. Department of Housing and Urban Development (HUD), and any City authorized representatives access to and the rights to examine all records, books, papers or documents related to the application and grant;
- 3) has provided for and encouraged citizen participation, with particular emphasis on participation by persons of low and moderate income who are residents of areas in which CDBG and/or HOME funds are proposed to be used; by:
 - I. providing citizens with reasonable and timely access to local meetings, information, and records relating to its proposed and actual use of CDBG, and/or HOME funds;
 - II. furnishing citizens information concerning the amount of funds available for proposed housing activities and the range of activities that may be undertaken, including the estimated amount proposed to be used for activities that will benefit persons of low and moderate income. Its plans for minimizing displacement of persons as a result of activities assisted with CDBG and/or HOME funds and its plan for assisting persons actually displaced as a result of such activities;
 - III. publishing a proposed project plan/application in such a manner to afford citizens an opportunity to examine its content and to submit comments on the proposed project plan/application and on the community development performance of the jurisdiction(s);
 - IV. holding one or more public meetings, to obtain citizens view and responses to proposals and questions related to community development and housing needs, proposed activities and past CDBG and/or HOME performances. All meetings were held no sooner than five days after notice, at times and locations convenient to potential or actual beneficiaries, and with accommodation for the handicapped.
 - V. providing for a timely answer to written complaints and grievances, within 15 working days where practicable; and
 - VI. identifying how the needs of non-English speaking residents will be met in the case of public meetings where a significant number of non-English speaking residents can be reasonably expected to participate.

Signature, Executive Director/President

Date

**ATTACHMENT B
RESIDENTIAL ANTIDISPLACEMENT AND RELOCATION ASSISTANCE PLAN**

The _____ will replace all occupied and vacant occupy-able low/moderate income dwelling units demolished or converted to a use other than as low/moderate income housing as a direct result of activities assisted with CDBG funds, as required by Section 104(d) of the Housing and Community Development Act of 1974, as amended (the Act), and implementing regulations at 24 CFR 570.496a.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion. Before obligating or expending funds that will directly result in such demolition or conversion, the ____ will make public and submit to the City the following information in writing:

1. Description of the proposed assisted activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as low/moderate dwelling units as a direct result of the assisted activity;
3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and,
6. The basis for concluding that each replacement dwelling unit will remain in a low/moderate income dwelling unit for at least 10 years from the date of initial occupancy.

The _____ will provide relocation assistance, as described in 570.496a(b)(2), to each low/moderate income household displaced by the demolition of housing or by the conversion of a low/moderate income dwelling to another use as a direct result of assisted activities.

Consistent with the goals and objectives of activities assisted under the Act, the _____ will take the steps indicated below to minimize the displacement of persons from their homes:*

*** The following are examples of steps to minimize displacement. The first two are required. The others are optional. Only check those which are appropriate for the project and local circumstances. Add other steps as necessary or appropriate.**

- ___ Consider all practical alternatives to any proposed project that may result in residential displacement. Alternatives to be considered include other sites for the proposed facilities/project. Also to be considered are the costs and benefits, both financial and nonfinancial, of each alternative.
- ___ Provide counseling and referral services to assist displaced find alternative housing in the community.
- ___ Work with area landlords and real estate brokers to locate vacancies for households facing displacement.
- ___ Stage rehabilitation of assisted housing to allow tenants to remain during and after rehabilitation, working with empty buildings or groups of empty units first so they can be rehabilitated first and tenants moved in before rehab on occupied units or buildings is begun.
- ___ Establish temporary relocation facilities in order to house families whose displacement will be of short duration, so they can move back to their neighborhoods after rehabilitation or new construction.
- ___ Evaluate housing codes and rehabilitation standards in reinvestment areas to prevent their placing undue financial burden on long-established owners or on tenants of multi-family buildings.
- ___ Develop displacement watch systems in cooperation with neighborhood organizations to continuously review neighborhood development trends, identify displacement problems, and identify individuals facing displacement who need assistance.

Signature of Executive Director/President

Date

**ATTACHMENT C
ACQUISITION OF LAND AND/OR BUILDINGS
SUGGESTED FORMAT FOR LETTER TO OWNER
(Replace this form with your signed letter on agency letterhead)**

Date:

Owner Name:

Owner Address:

Re: Property at: (list address here)
 Purchase Price:
 Buyer: (agency, developer, or community name)

This is to inform you that (buyer) would like to purchase the property listed above. We have offered you the purchase price listed above for clear title to the property under the conditions described in the contract of sale.

Because Federal funds may be used in the purchase, however, we are required to disclose to you the following information:

1. This sale is voluntary. If you do not wish to sell, (buyer) will not acquire your property. (Insert buyer's name) does not have the authority to acquire your property by force.
2. We estimate the fair market value of the property to be \$ _____: (value).

Since the purchase would be a voluntary, arm's length transaction, you would not be eligible for relocation payments or other relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), or any other law or regulation.

If you have any questions about this matter, please contact (contact person) at (phone number).

Sincerely,

Applicant signature: _____ Date: _____

I have read the above and agree with the statements therein:

Owner signature: _____ Date: _____

Check here if this is **not applicable** to your project

Reason: _____

**ATTACHMENT D
DAVIS-BACON EXCEPTION CHECKLIST**

EXCEPTIONS

The Applicant _____ affirms that (part/all) of its CDBG/HOME project is excepted from Davis-Bacon Prevailing Wage Rate Provision because:

- ___ (a) The prime construction contract funded in whole or in part with CDBG/HOME funds is less than \$2,000.
- ___ (b) The entire project consists solely of demolition. (CDBG Only)
- ___ (c) CDBG funds will be used for rehabilitating property that was designed for fewer than eight (8) households (See Note* Below)
- ___ (d) HOME funds will be used for construction or rehabilitating property that was designed for fewer than 12 HOME- designated units (See Note ** Below)
- ___ (e) Part/all of the project consists solely of delivery of goods or services. (No construction contract.)
- ___ (f) Part/all of the project will be done through a force account. (See Note* Below)
- ___ (g) There are no federal monies in the construction contract.
- ___ (h) All or a portion of the CDBG/HOME funds shall be used for the purchase of equipment:
 - ___ 1) Installation of equipment is incidental (less than 13%) of the total cost (equipment PLUS installation - this requires a separate quote for equipment and the installation);
 - ___ 2) NO installation costs are included in the purchase of equipment.
- ___ (i) Proceeds of the CDBG/HOME loan shall be used for working capital ONLY.
- ___ (j) The CDBG funds are used for acquisition ONLY and there is no construction.

NOTE:

*Any employees hired through a force account for a CDBG funded project will be considered Section 3 employees.

**Grantee should confirm with the City monitor regarding this option. Clarification is necessary because some housing type projects will qualify as PUBLIC facilities and not as HOUSING.

NO EXCEPTIONS – DAVIS BACON APPLICABLE

If there is no exception, check here if Davis-Bacon is applicable to your project

Reason Davis-Bacon is triggered: _____

Are Davis-Bacon wages included in construction cost estimates? YES NO

What staff member will monitor compliance with Davis- Bacon? _____

Signature, Executive Director/President

Date

ATTACHMENT E STANDARD INSURANCE REQUIREMENTS

City of Amarillo insurance requirements are as follows and apply to all City-funded projects. Grantee and its sub-grantees and subcontractors shall obtain and maintain insurance as specified in this section at all times during the term of this Grant: All policies evidencing the insurance coverage required hereunder shall be issued by insurance companies satisfactory to Grantee and the City.

Grantee

Public Entities

If Grantee is a "public entity" within the meaning of the Texas government, Grantee shall maintain at all times during the term of this Grant such liability insurance, by commercial policy or self-insurance, as is necessary to meet its liabilities under such Act. Grantee shall show proof of such insurance satisfactory to the City, if requested. Grantee shall require each grant or contract with a sub-grantee or subcontractor which is a public entity, providing Goods or Services in connection with this Grant, to include the insurance requirements necessary to meet sub-grantees liabilities under the Act.

Non-Public Entities

If Grantee is not a "public entity" within the meaning of Texas State laws. Grantee shall obtain and maintain during the term of this Grant insurance coverage and policies meeting the same requirements with respect to sub-grantees and subcontractors which are not "public entities".

Sub-grantees and Subcontractors

Grantee shall require each contract with a sub-grantee or subcontractor, other than those that are public entities, providing Goods or Services in connection with this Grant, to include insurance requirements substantially similar to the following:

Worker's Compensation

Worker's Compensation Insurance as required by City and State statute, and Employer's Liability Insurance covering all of sub-grantee or subcontractor employees acting within the course and scope of their employment.

General Liability

Commercial General Liability Insurance written on ISO occurrence form CG 00 01 10/93 or equivalent, covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:

- \$1,000,000 each occurrence;
- \$1,000,000 general aggregate;
- \$1,000,000 products and completed operations aggregate; and
- \$50,000 any one fire

If any aggregate limit is reduced below \$1,000,000 because of claims made or paid, sub-grantee or subcontractor shall immediately obtain additional insurance to restore the full aggregate limit and furnish to Grantee a certificate or other document satisfactory to Grantee showing compliance with this provision.

Automobile Liability

Automobile Liability Insurance covering any auto (including owned, hired and non-owned autos) with a minimum limit of \$1,000,000 each accident combined single limit.

Additional Insured

Grantee and the City shall be named as additional insured on the Commercial General Liability and Automobile Liability Insurance policies (leases and construction contracts require additional insured coverage for completed operations on endorsements CG 2010 11/85, CG 2037, or equivalent).

Primacy of Coverage

Coverage required of the sub-grantee or subcontractor shall be primary over any insurance or self-insurance program carried by Grantee or the City.

Cancellation

The above insurance policies shall include provisions preventing cancellation or non-renewal without at least 45 days prior notice to the Grantee and the City by certified mail.

Subrogation Waiver

All insurance policies in any way related to the Grant and secured and maintained by Grantee's sub-grantees or subcontractors as required herein shall include clauses stating that each carrier shall waive all rights of recovery, under subrogation or otherwise, against Grantee or the City, its agencies, institutions, organizations, officers, agents, employees, and volunteers.

Malpractice/Professional Liability Insurance

Professional Liability Insurance Policy may apply in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate, written on an occurrence form that provides coverage for its work undertaken pursuant to this Grant. If a policy written on an occurrence form is not commercially available, the claims-made policy shall remain in effect for the duration of the Grant and for at least two years beyond the completion and acceptance of the work under the Grant, or, alternatively, a two year extended reporting period must be purchased.

Certificates

Each of Grantee's subcontractors and subgrantees shall provide certificates showing insurance coverage required hereunder to Grantee within seven business days of the Effective Date, but in no event later than the commencement of the Services or delivery of the Goods under the subcontract or subgrant. No later than 15 days prior to the expiration date of any such coverage, each subcontractor or subgrantee shall deliver to Grantee certificates of insurance evidencing renewals thereof upon request by the Department or at any other time during the term of a subcontract or subgrantee, Grantee may request in writing, and the subcontractor or subgrantee shall thereupon within 10 days supply to Grantee, evidence satisfactory to Grantee and the Department of compliance with the provisions of this section.

I agree to provide and maintain the insurance as described above

Signature, Executive Director/President

Date

**ATTACHMENT F
W-9**

Substitute Form
W-9

**REQUEST FOR TAXPAYER IDENTIFICATION
NUMBER (TIN) VERIFICATION**

State of Colorado
Do NOT send to IRS

PRINT OR TYPE	RETURN TO ADDRESS BELOW
Legal Name <small>(OWNER OF THE EIN OR SSN AS NAME APPEARS ON IRS OR SOCIAL SECURITY ADMINISTRATION RECORDS) DO NOT ENTER THE BUSINESS NAME OF A SOLE PROPRIETORSHIP ON THIS LINE - See Reverse for Important Information</small>	
Trade Name -- complete only if doing business as (D/B/A)	
Remit Address	
Purchase Order Address -- Optional	PART II See Part II Instructions on Back of Form
Check legal entity type and enter 9 digit Taxpayer Identification Number (TIN) below: <small>(SSN = Social Security Number EIN = Employer Identification Number)</small>	Do Not enter an SSN or EIN that was not assigned to the legal name entered above
<input type="checkbox"/> Individual <small>(Individual's SSN)</small>	-----
<small>NOTE: If no name is circled on a Joint Account when there is more than one name, the number will be considered to be that of the first name listed.</small>	
<input type="checkbox"/> Sole Proprietorship <small>(Owner's SSN or Business EIN)</small> <small>SSN</small>	-----
<small>Note: Enter both the owner's SSN and the business EIN (if you are required to have one)</small> <small>EIN</small>	-----
<input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited <small>(Partnership's EIN)</small>	-----
<input type="checkbox"/> Estate/Trust <small>(Legal Entity's EIN)</small>	-----
<small>NOTE: Do not furnish the identification number of the personal representative or trustee unless the legal entity itself is not designated in the account title. List and circle the name of the legal trust, estate, or pension trust.</small>	
<input type="checkbox"/> Other > _____ <small>(Entity's EIN)</small>	-----
<small>Limited Liability Company, Joint Venture, Club, etc.</small>	
<input type="checkbox"/> Corporation <small>Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No</small> <small>(Corp's EIN)</small>	-----
<small>Includes corporations providing medical billing services</small>	
<input type="checkbox"/> Government (or Government Operated) Entity <small>(Entity's EIN)</small>	-----
<input type="checkbox"/> Organization Exempt from Tax under Section 501(a) <small>(Org's EIN)</small>	-----
<small>Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	
<input type="checkbox"/> Check Here if you do not have a SSN or EIN, but have applied for one. See reverse for information on <i>How to Obtain A TIN</i>	
<small>Licensed Real Estate Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	

Under Penalties of Perjury, I certify that:

- (1) The number listed on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) AND
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secure property, contribution to an individual retirement arrangement (IRA), and payment other than interest and dividends).

CERTIFICATION INSTRUCTIONS -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. (See Signing the Certification on the reverse of this form.)

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

NAME (Print or Type) _____ TITLE (Print or Type) _____
 AUTHORIZED SIGNATURE _____ DATE _____ PHONE (____) _____
DO NOT WRITE BELOW THIS LINE **RETURN BOTH COPIES TO ADDRESS ABOVE**

AGENCY USE ONLY

Agency _____ Approved by _____ Date _____
 1099: Yes _____ No _____ Action Completed by _____ Date _____
 VENDOR: Addition _____ Change _____