

OFFICE OF THE GOVERNOR

**KAY IVEY**  
GOVERNOR



ALABAMA DEPARTMENT OF ECONOMIC  
AND COMMUNITY AFFAIRS

**KENNETH W. BOSWELL**  
DIRECTOR

**STATE OF ALABAMA**

April 23, 2021


Ms. Renee Ryles, Acting Field Office Director  
Office of Community Planning & Development  
U. S. Department of Housing and Urban Development  
950 22nd Street, North, Suite 900  
Birmingham, Alabama 35203-5301

Dear Ms. Ryles:

RE: State of Alabama's PY2021 One-Year Annual Action Plans for the CDBG, ESG, HOME, HOPWA, and HTF Programs - Signed Forms SF-424 and Certifications and Assurances

The Alabama Department of Economic and Community Affairs (ADECA) is pleased to submit to your office the signed Forms SF-424 and the Certifications and Assurances that are to accompany the State of Alabama's PY2021 One-Year Annual Action Plans for the CDBG, ESG, HOME, HOPWA, and HTF Programs. These Plans will be uploaded onto the U.S. Department of Housing and Urban Development's (HUD) Integrated Disbursement and Information System (IDIS) for your office's review and approval. ADECA believes that these Plans fulfill HUD's regulatory requirements for submission, and that they highlight several activities that serve some of Alabama's neediest communities and households. ADECA believes these Plans are indicative of Governor Kay Ivey's philosophy to provide progressive and compassionate leadership within Alabama. ADECA appreciates the assistance that you and your staff are able to provide to my staff, and we look forward to working with you during the coming year to deliver the kind of assistance the people of Alabama deserve. Please let me know when you have questions or concerns about any of the programs administered by ADECA. You can be assured that we will do our best to address them.

Sincerely,

  
Kenneth W. Boswell  
Director

KWB:SAO:KAR  
Enclosure

## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify):

\* 3. Date Received:

4/23/2021

4. Applicant Identifier:

State of Alabama PY2021 CDBG One-Year Annual Action Plan

5a. Federal Entity Identifier:

U. S. Department of Housing and Urban Development (HUD)

5b. Federal Award Identifier:

## State Use Only:

6. Date Received by State: 4/23/2021

7. State Application Identifier: State of Alabama PY2021 CDBG One-Year Annual Action Plan

## 8. APPLICANT INFORMATION:

\* a. Legal Name:

State of Alabama, Alabama Department of Economic and Community Affairs (ADECA)

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

63-6000619

\* c. Organizational DUNS:

0626206040000

## d. Address:

\* Street1:

401 Adams Avenue, Room 500

Street2:

Post Office Box 5690

\* City:

Montgomery

County/Parish:

Montgomery

\* State:

Alabama

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

36103-5690

## e. Organizational Unit:

Department Name:

Alabama Department of Economic and Community Affairs (ADECA)

Division Name:

Community and Economic Development Division (CED Division)

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

Prefix:

Mr.

\* First Name:

Shabbir

Middle Name:

A.

\* Last Name:

Olia

Suffix:

Title:

ADECA CED Division Chief

Organizational Affiliation:

State Agency

\* Telephone Number:

334-242-5468

Fax Number:

334-353-3527

\* Email:

Shabbir.olia@adeca.alabama.gov

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

United States Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.228

CFDA Title:

Community Development Block Grants/State's Program and Non-Entitlement Grants

**\* 12. Funding Opportunity Number:**

CFDA No. 14.228

\* Title:

Community Development Block Grants/State's Program and Non-Entitlement Grants

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

2021 CDBG Annual Action Plan - Areas Affected by Project

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

State of Alabama PY2021 One-Year Annual Action Plan for CDBG Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant **2**

\* b. Program/Project **1-7**

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: **4/1/21**

\* b. End Date: **3/31/22**

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

\* a. Federal **23,903,936**  
\* b. Applicant  
\* c. State  
\* d. Local  
\* e. Other  
\* f. Program Income **0**  
\* g. TOTAL **23,903,936**

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing 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**

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: **Mr.** \* First Name: **Kenneth**  
Middle Name: **W.**  
\* Last Name: **Boswell**  
Suffix:

\* Title: **ADECA Director**

\* Telephone Number: **334-242-5591** Fax Number: **334-242-5099**

\* Email: **Kenneth.boswell@adeca.alabama.gov**

\* Signature of Authorized Representative: 

\* Date Signed: **3/30/21**

**STATE OF ALABAMA**  
**ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS**  
**COMMUNITY AND ECONOMIC DEVELOPMENT DIVISION**  
**PY2021 One-Year Annual Action Plan for**  
**Community Development Block Grant (CDBG) Program**  
**Areas Affected by Project**

The areas within the State of Alabama that will be included in – and affected by – the State of Alabama’s PY2021 Community Development Block Grant (CDBG) Program include the non-entitlement areas of Alabama. These non-entitlement areas are defined as those cities and counties that do not include the following:

Anniston

Auburn

Bessemer

Birmingham

Decatur

Dothan

Florence

Gadsden

Huntsville

Mobile

Montgomery

Opelika

Tuscaloosa

Jefferson County

Mobile County



## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

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 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify):

## \* 3. Date Received:

4/23/2021

## 4. Applicant Identifier:

State of Alabama PY2021 ESG One-Year Annual Action Plan

## 5a. Federal Entity Identifier:

U. S. Department of Housing and Urban Development (HUD)

## 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

4/23/2021

## 7. State Application Identifier:

State of Alabama PY2021 ESG One-Year Annual Action Plan

## 8. APPLICANT INFORMATION:

## \* a. Legal Name:

State of Alabama, Alabama Department of Economic and Community Affairs (ADECA)

## \* b. Employer/Taxpayer Identification Number (EIN/TIN):

63-6000619

## \* c. Organizational DUNS:

0626206040000

## d. Address:

## \* Street1:

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## County/Parish:

Montgomery

## \* State:

Alabama

## Province:

## \* Country:

USA: UNITED STATES

## \* Zip / Postal Code:

36103-5690

## e. Organizational Unit:

## Department Name:

Alabama Department of Economic and Community Affairs (ADECA)

## Division Name:

Community and Economic Development Division (CED Division)

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

## Prefix:

Mr.

## \* First Name:

Shabbir

## Middle Name:

A.

## \* Last Name:

Olia

## Suffix:

## Title:

ADECA CED Division Chief

## Organizational Affiliation:

State Agency

## \* Telephone Number:

334-242-5468

## Fax Number:

334-353-3527

## \* Email:

Shabbir.olia@adeca.alabama.gov

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

United States Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.231

CFDA Title:

Emergency Solutions Grant Program

**\* 12. Funding Opportunity Number:**

CFDA No. 14.231

\* Title:

Emergency Solutions Grant Program

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

2021 ESG Annual Action Plan - Areas Affected by Project

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

State of Alabama PY2021 One-Year Annual Action Plan for ESG Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant **2**

\* b. Program/Project **1-7**

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date: **4/1/21**

\* b. End Date: **3/31/22**

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

\* a. Federal **2,883,869**  
\* b. Applicant  
\* c. State  
\* d. Local  
\* e. Other  
\* f. Program Income **0**  
\* g. TOTAL **2,883,869**

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

**21. \*By signing 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**

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative: 

\* Date Signed:



**STATE OF ALABAMA**

**ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS**

**COMMUNITY AND ECONOMIC DEVELOPMENT DIVISION**

**PY2021 One-Year Annual Action Plan for**

**Emergency Solutions Grant (ESG) Program**

**Areas Affected by Project**

The areas within the State of Alabama that will be included in – and affected by – the State of Alabama’s PY2021 Emergency Solutions Grant (ESG) Program include all areas of the State of Alabama.

## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify):

\* 3. Date Received:

4/23/2021

4. Applicant Identifier:

State of Alabama PY2021 HOPWA One-Year Annual Action Plan

5a. Federal Entity Identifier:

U. S. Department of Housing and Urban Development (HUD)

5b. Federal Award Identifier:

## State Use Only:

6. Date Received by State: 4/23/2021

7. State Application Identifier: State of Alabama PY2021 HOPWA One-Year Annual Action Plan

## 8. APPLICANT INFORMATION:

\* a. Legal Name:

State of Alabama, Alabama Department of Economic and Community Affairs (ADECA)

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

63-6000619

\* c. Organizational DUNS:

0626206040000

## d. Address:

\* Street1:

401 Adams Avenue, Room 500

Street2:

Post Office Box 5690

\* City:

Montgomery

County/Parish:

Montgomery

\* State:

Alabama

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

36103-5690

## e. Organizational Unit:

Department Name:

Alabama Department of Economic and Community Affairs (ADECA)

Division Name:

Community and Economic Development Division (CED Division)

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

Prefix:

Ms.

\* First Name:

Kathie

Middle Name:

\* Last Name:

Hiers

Suffix:

Title:

CEO, AIDS Alabama

Organizational Affiliation:

Alabama's designated grant administrator for HOPWA Program

\* Telephone Number:

205-324-9822, ext. 2437

Fax Number:

205-324-9311

\* Email:

Kathie@aidسالabama.org

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

United States Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.241

CFDA Title:

Housing Opportunities for Persons With AIDS (HOPWA) Program

**\* 12. Funding Opportunity Number:**

CFDA No. 14.241

\* Title:

Housing Opportunities for Persons With AIDS (HOPWA) Program

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

2021 HOPWA Annual Action Plan - Areas Affected by Project

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

State of Alabama PY2021 One-Year Annual Action Plan for HOPWA Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant **2**

\* b. Program/Project **1-7**

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: **4/1/21**

\* b. End Date: **3/31/22**

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

\* a. Federal **2,823,192**  
\* b. Applicant  
\* c. State  
\* d. Local  
\* e. Other  
\* f. Program Income **0**  
\* g. TOTAL **2,823,192**

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing 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**

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: **Mr.** \* First Name: **Kenneth**  
Middle Name: **W.**  
\* Last Name: **Boswell**  
Suffix:

\* Title: **ADECA Director**

\* Telephone Number: **334-242-5591** Fax Number: **334-242-5099**

\* Email: **Kenneth.boswell@adeca.alabama.gov**

\* Signature of Authorized Representative: 

\* Date Signed: **3/30/21**

**STATE OF ALABAMA**

**ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS**

**COMMUNITY AND ECONOMIC DEVELOPMENT DIVISION**

**PY2021 One-Year Annual Action Plan for**

**Housing Opportunities for Persons With AIDS (HOPWA) Program**

**Areas Affected by Project**

The areas within the State of Alabama that will be included in – and affected by – the State of Alabama’s PY2021 Housing Opportunities for Persons With AIDS (HOPWA) Program include all areas of the State of Alabama.



## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify):

\* 3. Date Received:

4/23/2021

4. Applicant Identifier:

State of Alabama PY2021 HOME One-Year Annual Action Plan

5a. Federal Entity Identifier:

U. S. Department of Housing and Urban Development (HUD)

5b. Federal Award Identifier:

## State Use Only:

6. Date Received by State: 4/23/2021

7. State Application Identifier: State of Alabama PY2021 HOME One-Year Annual Action Plan

## 8. APPLICANT INFORMATION:

\* a. Legal Name: State of Alabama, Alabama Housing Finance Authority

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

52-1294171

\* c. Organizational DUNS:

8367231060000

## d. Address:

\* Street1: 7460 Halcyon Pointe Drive, Suite 200

Street2: Post Office Box 242967

\* City: Montgomery

County/Parish: Montgomery

\* State: Alabama

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 36124-2967

## e. Organizational Unit:

Department Name:

Alabama Housing Finance Authority (AHFA)

Division Name:

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

Prefix:

Mr.

\* First Name:

Robert

Middle Name:

\* Last Name:

Strickland

Suffix:

Title: AHFA Executive Director

Organizational Affiliation:

Alabama's designated grant administrator for HOME Program

\* Telephone Number: 334-244-9200

Fax Number: 334-244-9214

\* Email: rstrickland@ahfa.com

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

United States Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.239

CFDA Title:

HOME Investment Partnerships Program

**\* 12. Funding Opportunity Number:**

CFDA No. 14.239

\* Title:

HOME Investment Partnerships Program

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

2021 HOME Annual Action Plan - Areas Affected by Project

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

State of Alabama PY2021 One-Year Annual Action Plan for HOME Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant **2**

\* b. Program/Project **1-7**

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date: **4/1/21**

\* b. End Date: **3/31/22**

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

\* a. Federal **11,227,286**  
\* b. Applicant  
\* c. State  
\* d. Local  
\* e. Other  
\* f. Program Income **0**  
\* g. TOTAL **11,227,286**

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

**21. \*By signing 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**

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: **Mr.** \* First Name: **Kenneth**  
Middle Name: **W.**  
\* Last Name: **Boswell**  
Suffix:

\* Title: **ADECA Director**

\* Telephone Number: **334-242-5591** Fax Number: **334-242-5099**

\* Email: **Kenneth.boswell@adeca.alabama.gov**

\* Signature of Authorized Representative: 

\* Date Signed: **3/30/21**

**STATE OF ALABAMA**  
**ALABAMA HOUSING FINANCE AUTHORITY**  
**PY2021 One-Year Annual Action Plan for**  
**HOME Investment Partnerships Program**  
**Areas Affected by Project**

The areas within the State of Alabama that will be included in – and affected by – the State of Alabama’s PY2021 HOME Investment Partnerships Program (HOME) include all areas of the State of Alabama.

## Application for Federal Assistance SF-424

## \* 1. Type of Submission:

- Preapplication  
 Application  
 Changed/Corrected Application

## \* 2. Type of Application:

- New  
 Continuation  
 Revision

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

\* Other (Specify):

## \* 3. Date Received:

4/23/2021

## 4. Applicant Identifier:

State of Alabama PY2021 HTF One-Year Annual Action Plan

## 5a. Federal Entity Identifier:

U. S. Department of Housing and Urban Development (HUD)

## 5b. Federal Award Identifier:

## State Use Only:

6. Date Received by State: 4/23/2021

7. State Application Identifier: State of Alabama PY2021 HTF One-Year Annual Action Plan

## 8. APPLICANT INFORMATION:

\* a. Legal Name: State of Alabama, Alabama Housing Finance Authority

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

52-1294171

\* c. Organizational DUNS:

8367231060000

## d. Address:

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\* Country: USA: UNITED STATES

\* Zip / Postal Code: 36124-2967

## e. Organizational Unit:

Department Name:

Alabama Housing Finance Authority (AHFA)

Division Name:

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

Prefix: Mr.

\* First Name: Robert

Middle Name: 

\* Last Name: Strickland

Suffix: 

Title: AHFA Executive Director

Organizational Affiliation:

Alabama's designated grant administrator for HTF Program

\* Telephone Number: 334-244-9200

Fax Number: 334-244-9214

\* Email: rstrickland@ahfa.com



**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

United States Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14.275

CFDA Title:

Housing Trust Fund (HTF) Program

**\* 12. Funding Opportunity Number:**

CFDA No. 14.275

\* Title:

Housing Trust Fund (HTF) Program

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

2021 HTF Annual Action Plan - Areas Affected by Project

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

State of Alabama PY2021 One-Year Annual Action Plan for HTF Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant **2**

\* b. Program/Project **1-7**

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**

\* a. Start Date: **4/1/21**

\* b. End Date: **3/31/22**

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

\* a. Federal **6690654**  
\* b. Applicant  
\* c. State  
\* d. Local  
\* e. Other  
\* f. Program Income **0**  
\* g. TOTAL **6690654**

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\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix: **Mr.** \* First Name: **Kenneth**  
Middle Name: **W.**  
\* Last Name: **Boswell**  
Suffix:

\* Title: **ADECA Director**

\* Telephone Number: **334-242-5591** Fax Number: **334-242-5099**

\* Email: **Kenneth.boswell@adeca.alabama.gov**

\* Signature of Authorized Representative: 

\* Date Signed: **4-8-21**

**STATE OF ALABAMA**  
**ALABAMA HOUSING FINANCE AUTHORITY**  
**PY2021 One-Year Annual Action Plan for**  
**Housing Trust Fund (HTF) Program**  
**Areas Affected by Project**

The areas within the State of Alabama that will be included in – and affected by – the State of Alabama’s PY2021 Housing Trust Fund Grant (HTF) Program include all areas of the State of Alabama.

**STATE OF ALABAMA**  
**ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS**  
**COMMUNITY AND ECONOMIC DEVELOPMENT DIVISION**

**Forms SF-424 and Certifications**

**for the**

**State of Alabama's PY2021 One-Year Annual Action Plans**

**for the**

**CDBG, ESG, HOME, HOPWA, and HTF Programs**

**April 2021**

Herein below are the State of Alabama's signed Form SF-424 forms and signed Certifications for the CDBG, ESG, HOME, HOPWA, and HTF Programs. These forms are being submitted to the U. S. Department of Housing and Urban Development (HUD) as an attachment to the State of Alabama's PY2021 One-Year Annual Action Plans for the CDBG, ESG, HOME, HOPWA, and HTF Programs.

STATE OF ALABAMA

PY2021 ONE YEAR ANNUAL ACTION PLANS  
for  
CDBG, ESG, HOME, HOPWA, and HTF Programs

STATE CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the State of Alabama certifies that:

**Affirmatively Further Fair Housing** -- The State will affirmatively further fair housing.

**Uniform Relocation Act and Anti-displacement and Relocation Plan** -- It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR Part 24. It has in effect and is following a residential anti-displacement and relocation assistance plan required under 24 CFR Part 42 in connection with any activity assisted with funding under the Community Development Block Grant or HOME programs.

**Anti-Lobbying** --To the best of the State's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, 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, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and

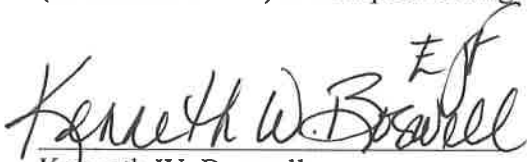
3. It will require that the language of paragraphs 1 and 2 of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.



**Authority of State** -- The submission of the consolidated plan is authorized under State law and the State possesses the legal authority to carry out the programs under the consolidated plan for which it is seeking funding, in accordance with applicable HUD regulations.

**Consistency with plan** -- The housing activities to be undertaken with Community Development Block Grant Program (CDBG), HOME Partnerships Program (HOME), Emergency Solutions Grant Program (ESG), Housing Opportunities for Persons With AIDS Program (HOPWA), and Housing Trust Fund Program (HTF) funds are consistent with the strategic plan in the State's consolidated plan.

**Section 3** -- It will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR Part 135.

  
Kenneth W. Boswell  
Signature of Authorized Official

  
Date

Title: Director, Alabama Department of Economic and Community Affairs (ADECA)

## Specific Community Development Block Grant Certifications

The State of Alabama certifies that:

**Citizen Participation** -- It is following a detailed citizen participation plan that satisfies the requirements of 24 CFR §91.115 and each unit of general local government that receives assistance from the State is following a detailed citizen participation plan that satisfies the requirements of 24 CFR §570.486.

### **Consultation with Local Governments –**

1. It has consulted with affected units of local government in the non-entitlement area of the State in determining the method of distribution of funding;
2. It engages in or will engage in planning for community development activities;
3. It provides or will provide technical assistance to units of local government in connection with community development programs; and
4. It will not refuse to distribute funds to any unit of general local government on the basis of the particular eligible activity selected by the unit of general local government to meet its community development needs, except that a State is not prevented from establishing priorities in distributing funding on the basis of the activities selected.

**Local Needs Identification** – It will require each unit of general local government to be funded to identify its community development and housing needs, including the needs of low-income and moderate-income families, and the activities to be undertaken to meet these needs.

**Community Development Plan** -- Its consolidated plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that that have been developed in accordance with the primary objective of the CDBG program (i.e., the development of viable urban communities, by providing decent housing and expanding economic opportunities, primarily for persons of low and moderate income) and requirements of 24 CFR Parts 91 and 570.

**Use of Funds** -- It has complied with the following criteria:

1. Maximum Feasible Priority. With respect to activities expected to be assisted with CDBG funds, it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low and moderate income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include activities which the grantee certifies are designed to meet other community development needs having particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available.

2. Overall Benefit. In the aggregate, not less than 70 percent of the CDBG funds, including Section 108 guaranteed loans, received by the State during the following fiscal year Program Year 2021 [a period designated by the State of one, two, or three specific consecutive fiscal year(s)] will be used for activities that benefit persons of low and moderate income.

3. Special Assessments. It will not attempt to recover any capital costs of public improvements assisted with CDBG Funds, including Section 108 loan guaranteed funds, by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements.

However, if CDBG funds are used to pay the proportion of a fee or assessment that relates to the capital costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.

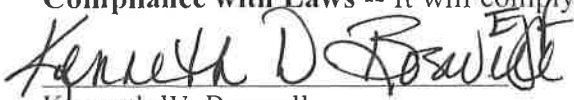
In addition, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.

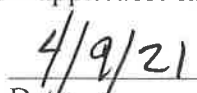
**Excessive Force** -- It will require units of general local government that receive CDBG funds to certify that they have adopted and are enforcing:

1. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
2. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction.

**Compliance with Anti-discrimination laws** -- The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) and the Fair Housing Act (42 U.S.C. 3601-3619) and implementing regulations.

**Compliance with Laws** -- It will comply with applicable laws.

  
Kenneth W. Boswell  
Signature of Authorized Official

  
Date

Title: Director, Alabama Department of Economic and Community Affairs (ADECA)

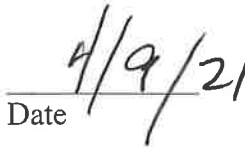
**Optional Certification  
CDBG**

Submit the following certification only when one or more of the activities in the action plan are designed to meet other community development needs having a particular urgency as specified in 24 CFR 570.208(c):

The grantee hereby certifies that the Annual Plan includes one or more specifically identified CDBG-assisted activities which are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs.



Kenneth W. Boswell  
Signature of Authorized Official

  
Date

Title: Director, Alabama Department of Economic and Community Affairs (ADECA)

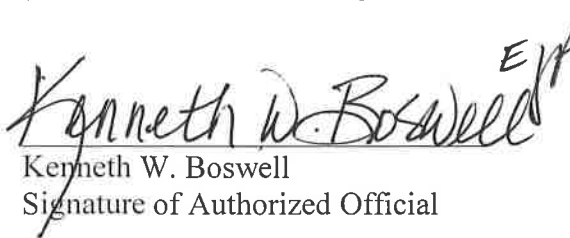
## Specific HOME Certifications

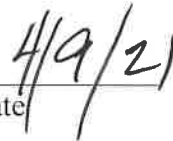
The State of Alabama certifies that:

**Tenant Based Rental Assistance** -- If it plans to use HOME funds for tenant-based rental assistance, tenant-based rental assistance is an essential element of the State's consolidated plan.

**Eligible Activities and Costs** -- It is using and will use HOME funds for eligible activities and costs, as described in 24 CFR §92.205 through §92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in §92.214.

**Subsidy Layering** -- Before committing any funds to a project, the State or its recipients will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing.

  
Kenneth W. Boswell  
Signature of Authorized Official

  
Date

Title: Director, Alabama Department of Economic and Community Affairs (ADECA)



## Emergency Solutions Grant (ESG) Certifications

Each State that seeks funding under the Emergency Solutions Grants Program must provide the following certifications:

**Matching Funds** – The State of Alabama will obtain any matching amounts required under 24 CFR 576.201 in a manner so that its subrecipients that are least capable of providing matching amounts receive the benefit of the exception under 24 CFR 576.201(a)(2).

**Discharge Policy** – The State of Alabama will establish and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, mental health facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent this discharge from immediately resulting in homelessness for these persons.

**Confidentiality** – The State of Alabama will develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project, except with the written authorization of the person responsible for the operation of that shelter.

The State of Alabama will ensure that its subrecipients comply with the following criteria:

**Major rehabilitation/conversion/renovation** – If an emergency shelter's rehabilitation costs exceed 75 percent of the value of the building before rehabilitation, the building will be maintained as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed rehabilitation. If the cost to convert a building into an emergency shelter exceeds 75 percent of the value of the building after conversion, the building will be maintained as a shelter for homeless individuals and families for a minimum of 10 years after the date the building is first occupied by a homeless individual or family after the completed conversion. In all other cases where ESG funds are used for renovation, the building will be maintained as a shelter for homeless individuals and families for a minimum of 3 years after the date the building is first occupied by a homeless individual or family after the completed renovation.

**Essential Services and Operating Costs** – If ESG funds are used for shelter operations or essential services related to street outreach or emergency shelter, the subrecipient will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure, so long the applicant serves the same type of persons (e.g., families with children, unaccompanied youth, veterans, disabled individuals, or victims of domestic violence) or persons in the same geographic area.

**Renovation** – Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

**Supportive Services** – The subrecipient will assist homeless individuals in obtaining permanent housing, appropriate supportive services (including medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living), and other Federal State, local, and private assistance available for such individuals.

**Homeless Persons Involvement** – To the maximum extent practicable, the subrecipient will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under ESG, in providing services assisted under the ESG program, and in providing services for occupants of facilities assisted ESG.

**Consolidated Plan** – All activities the subrecipient undertakes with assistance under ESG are consistent with the State’s current HUD-approved consolidated plan.

  
Kenneth W. Boswell  
Signature of Authorized Official

  
Date

Title: Director, Alabama Department of Economic and Community Affairs (ADECA)



**APPENDIX TO CERTIFICATIONS**

**INSTRUCTIONS CONCERNING LOBBYING CERTIFICATION:**

**Lobbying Certification**

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

   
Kenneth W. Boswell                      Date  
Signature of Authorized Official

Title: Director, Alabama Department of Economic and Community Affairs (ADECA)