View Burden Statement

OMB Number: 4040-0004 Expiration Date: 12/31/2022

Application for Federal Assistance SF-424							
*1. Type of Submission: Preapplication Application Changed/Corrected	d Application	* 2. Type of Application: New Continuation Revision	PY2	evision, select appropriate letter(s): 021 CDBG Program er (Specify):			
* 3. Date Received: 4. Applicant Identifier: 5/17/2021 State of Alabama PY2021 CDBG One-Year Annual Action Plan							
5a. Federal Entity Identifier: 5b. Federal Award Identifier:							
U. S. Department of Housing and Urban Development (HUD)				. Federal Award Identifier.			
State Use Only:							
6. Date Received by State	6. Date Received by State: 5/17/2021 7. State Application Identifier: State of Alabama PY2021 CDBG One-Year Annual Action Plan						
8. APPLICANT INFORMA	8. APPLICANT INFORMATION:						
* a. Legal Name: State of	of Alabama, Alaba	ama Department of Economic	and C	community Affairs (ADECA)			
* b. Employer/Taxpayer lo	dentification Num	nber (EIN/TIN):	† c	. Organizational DUNS:			
63-6000619			06	26206040000			
d. Address:							
* Street1: 401	Adams Avenue,	Room 500					
Street2: Pos	t Office Box 56	90					
* City: Mor	Montgomery						
County/Parish: Mor	Montgomery						
* State: Alab	Alabama						
Province:							
* Country:				USA: UNITED STATES			
* Zip / Postal Code: 3610	03-5690						
e. Organizational Unit:							
Department Name:			Div	vision Name:			
Alabama Department of E	Alabama Department of Economic and Community		Co	ommunity and Economic Develop	ment Division (CED Division)		
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: Mr.		* First Nam	ie:	Shabbir			
Middle Name:							
* Last Name: Olia							
Suffix:					V .		
Title: ADECA CED Division Chief							
Organizational Affiliation:							
State Agency							
* l'elephone 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, Countles, 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 Revised 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 24,256,102					
* b. Applicant					
* c. State					
* d. Local					
* e. Other					
* f. Program Income 24,256,102					
* g. TOTAL 24,230,102					
* 19. Is Application Subject to Review By State Under Execu	tive Order 12372 Process?				
a. This application was made available to the State under	he Executive Order 12372 Process for review on				
b. Program is subject to E.O. 12372 but has not been sele	cted by the State for review.				
c. Program is not covered by E.O. 12372.					
* 20. Is the Applicant Delinquent On Any Federal Debt? (if "	es," provide explanation in attachment.				
Yes No					
If "Yes", provide explanation and attach					
	Add Attachment Delete Attachment View Attachment				
	s contained in the list of certifications** and (2) that the statements				
	knowledge. I also provide the required assurances** and agree to are 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 N	arne: 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: 5/17/3/				

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 <u>do not</u> include the following:

Anniston
Auburn
Bessemer
Birmingham
Decatur
Dothan
Florence
Gadsden
Huntsville
Mobile
Montgomery
Opelika
Tuscaloosa
Jefferson County

Mobile County