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### PY 2020-2021

### CDBG Application

**Agency’s Legal Name:**

**Activity/Project Name:**

**Amount Requested:**

**Activity/Project Description (one sentence):**

**Important Dates**

Mandatory Technical Assistance (TA) Workshop for All CDBG Grant Applicants

Friday, February 7, 2020 at 10:45 AM

Public Works Service Center, 3131 Morris Avenue, Knoxville, TN 37909

**Application Deadline: Friday, February 28, 2020 at 1:00 PM**

City of Knoxville Housing and Neighborhood Development Department

(Formerly Community Development)

400 Main Street, Fifth Floor / Suite 515, Knoxville, Tennessee 37902

Mailing Address: P.O. Box 1631, Knoxville, TN 37901

**Please refer to the CDBG Application Instructions document for information about this funding program, eligible activities, how to fill out this application, submission requirements, and important deadlines. It is important that you follow these instructions in order for your application to be considered. Thank you for your interest in the City of Knoxville’s CDBG program.**

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**Agency Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Threshold Requirements** (all eligible applications must meet these requirements)

**Is your agency:**

🞏 Yes 🞏 No Designated by the IRS under section 501(c)(3) or 501(c)(4) of the federal tax code?

IRS Tax Exempt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Yes 🞏 No Are you using a fiscal agent for the administration of the grant?

🞏 Yes 🞏 No A faith-based organization? (If so, your agency must serve all eligible participants without regard to religion or religious participation.)

🞏 Yes 🞏 No Serving the city of Knoxville? Geographic area served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Yes 🞏 No Current on city and/or county property taxes, if required to pay them?

🞏 Yes 🞏 No Authorized to apply for PY2020-2021 City of Knoxville CDBG by your Board?

🞏 Yes 🞏 No Able to pay grant-covered expenses up-front and be reimbursed after approval?

🞏 Yes 🞏 No Able to accommodate a start date of July 1, 2020, and end date of June 30, 2021?

🞏 Yes 🞏 No Able to keep accounting records of the amounts budgeted/allocated for expenditures and maintain adequate source documentation for expenses that are supported by invoices, contracts, or purchase orders, etc.?

🞏 Yes 🞏 No Willing to make positive efforts to utilize small businesses, minority-owned firms, women-owned firms, and Section 3 business concerns?

🞏 Yes 🞏 No Able to maintain adequate control over all funds, property, and other assets to ensure they are solely used for authorized purposes?

🞏 Yes 🞏 No Willing to take reasonable measures to safeguard protected personally identifiable information and other information that HUD designates as sensitive, or the recipient considers sensitive?

🞏 Yes 🞏 No Keeping duties and responsibilities segregated (to the extent practicable) so that no one individual has complete authority over a financial transaction?

**Able to document:**

🞏 Yes 🞏 No Policy regarding non-discrimination in use of facilities, assistance and services?

🞏 Yes 🞏 No Policy regarding assisting persons with limited English proficiency?

🞏 Yes 🞏 No Purchasing or Procurement Policy?

🞏 Yes 🞏 No Client eligibility verification, demographic data collection?

🞏 Yes 🞏 No Staff salary tracking by funding source?

**II. Exhibits and Attachments**

**Required Exhibits** (See attached forms)

1. Project Budget (Exhibit 1)
2. Assurance of Compliance Under Title VI of the Civil Rights Act of 1964 (Exhibit 2)
3. Project Timeline (Exhibit 3)

# Assurance of Audit Requirements (Exhibit 4)

1. Assurance of Compliance with Conflict of Interest Policy (Exhibit 5)

**Required Attachments** (just one original needed)

1. Current Agency Budget
2. Non-profit agencies:
	1. 501(c)(3) tax exemption letter
	2. List of board of directors (include gender, race, national origin, board appointment dates, term expiration dates, and whom each board member represents)
	3. List of staff (include job titles, gender, race and national origin)
3. Area benefit projects: Map with project benefit area clearly delineated

**Optional Attachments** (just one original needed)

1. Agency brochures or fliers outlining services available
2. Site map and/or photographs
3. Letters of support
4. Any other relevant documentation

**III. Project Information**

(The words project and activity are interchangeable)

1. Project name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief official of agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency website address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Project manager/contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the City of Knoxville’s *Priority Objectives* will this project address? See *Goals and Priority Objectives* hand-out.

🞏 **Goal: Reduce and Prevent Homelessness**

Priority Objective:

Priority Objective:

🞏 **Goal: Stabilize and Revitalize Neighborhoods**

Priority Objective:

Priority Objective:

🞏 **Goal: Create Economic Opportunity**

Priority Objective:

Priority Objective:

🞏 **Goal: Enhance the Availability, Accessibility, and Quality of Affordable Housing**

Priority Objective:

Priority Objective:

**For the following questions, please refer to the *Application Instructions*.**

1. The HUD Eligible Activity(ies) proposed for PY 2020-2021 funding:
2. The HUD National Objective the project meets:

🞏 National Objective 1: Benefits low- and moderate-income (LMI) people / households / area

🞏 National Objective 2: Aid in the prevention or elimination of slums or blight; or

🞏 National Objective 3: Meet a need having a particular urgency due to disaster

1. The beneficiaries of the proposed project:

 Low- and moderate-income (LMI) people / households / area

 Subgroup:

 Area benefit activities. List Census tracts & block groups: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Limited clientele activities

 Housing activities

 Prevention or elimination of slums or blight

1. The total persons proposed to be served by the project:

\_\_\_\_\_\_\_ = number of households at 30% or less of Area Median Income (AMI)

\_\_\_\_\_\_\_ = number of households at 30% - 50% of AMI

\_\_\_\_\_\_\_ = number of households at 50% - 80% of AMI

**Please describe, in short paragraph form:**

1. The agency’s goals and mission, incorporation date, clientele served and services offered. *(Limit to ½ page.)*

1. What is expected to be accomplished with CDBG funding, and more details about who will benefit from the project. How long has this project/service been in existence? *(Limit to one page.)*
2. Why this project is necessary in the community, using statistics and research data as appropriate.
3. The project’s quantifiable performance goals.
4. Any public meetings held or how input was otherwise incorporated into planning the project. *Do not include general comprehensive plan, City Council meetings, or board of director meetings unless the sole intent of the meetings was to gain input for this project.*
5. Obstacles that could delay project start-up or completion.
6. If this is a housing improvement related project, the project manager’s experience working with federal lead based paint regulations.

**IV. Financial Requirements**

**Please describe, in short paragraph form:**

1. Other funding sources you’re requesting or planning on including in the proposed project. Please include any funds you are requesting and/or expect to receive from other sources, including any federal funds, State of Tennessee, Knox County and any other City of Knoxville funding sources.
2. Specifically how and from what source your agency will provide leverage.
3. Are you proposing to partner with any other agencies on this project?
4. If your project can be scaled-down if a reduced funding amount is available. In the event there is not sufficient funding for the full request in the application, it may still be desirable to fund individual program components, or to partially fund the proposed activity. Clearly identify separately fundable project components. Be sure to also break-out the separate components in your project budget (Exhibit I.). Conversely, if the proposed activity is not viable without the full request, indicate that here. Is there a minimum amount of CDBG funding you need for the project to be viable? If so, how much? Please be specific.
5. Your agency’s finance manager’s experience administering CDBG or other grant program funding.
6. Your agency’s written standards of financial accountability/checks and balances/separation of duties.

**V. Affirmations and Signatures**

I have reviewed this application and agree that the description, performance goals, budget, and other aspects of the described project are reasonable and accurate to the best of my knowledge, and the governing body of my agency authorizes its submission.

I understand the City of Knoxville will not execute the required Subrecipient Agreement until all insurance requirements are met. Insurance requirements include, but are not limited to, a Certificate of Insurance showing proof of the following insurance coverage: commercial general liability, and umbrella liability insurance if necessary, with a limit of at least $2 million each occurrence and $3 million aggregate; automobile liability with a limit of at least $1 million; and workers’ compensation coverage compliant with the statutory limits. The City will require the provision of endorsements showing (1) the City, its officials, officers, employees, and volunteers as additional insured for commercial general and automobile liability, (2) waivers of subrogation in favor of the City, and (3) that coverage will be primary/non-contributory.

I understand that the City of Knoxville may verify any or all statements contained in this application, and that any intentionally false information or omission may disqualify my agency from consideration for Community Development Block Grant funding in the current and future years. I also understand that, upon submission, this application becomes the property of City of Knoxville and will not be returned to my agency in whole or in part.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized signature (Chief Official/Board President) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (typed or printed) Title

Chief Official and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EXHIBIT 1** |
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| **PROJECT BUDGET** |
|  |  |  |  |  |
| **Budget Line Items** | **Total Line Item Cost** | **Amount of CDBG Requested** | **Leverage (Other Funding)** |
| Personnel |  $ -  |   |   |
| Direct Costs |  $ -  |   |   |
| Indirect Costs |  $ -  |   |   |
| Etc. |  $ -  |   |   |
| **Project Totals** |  $ -  |  $ -  |  $ -  |

|  |
| --- |
| **Breakdown of Funding Sources for Project** |
| **Source** | **Amount** |
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|   |   |
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**EXHIBIT 2**

**CITY OF KNOXVILLE**

**Assurance of Compliance Under Title VI of the Civil Rights Act of 1964**

**Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 Act of 1964(P.L. 88-352) and all requirements imposed by the City of Knoxville, and any directives or regulations issued pursuant to that Act and the Regulations, to the effect 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 subject to discrimination under any program or activity for which the Applicant received financial assistance from the City of Knoxville; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

This Assurance is given in consideration of and for the purpose of obtaining any and all City administered federal financial assistance, grants and loans of City funds, reimbursable expenditures, grant or donations of City property and interest in property, the detail of City personnel, the sale and lease of, and the permission to use, City property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale, lease, or furnishing of services to the recipient or any improvement made with City financial assistance extended to the Applicant by the City.

 BY ACCEPTING THIS ASSURANCE, the applicant agrees to compile data, maintain records, and submit reports as required to permit effective enforcement of Title VI. If there are any violations of this assurance, the City shall have the right to recommend corrective actions or to seek administrative enforcement of this assurance, up to and including termination of federal funds.

 This assurance is binding on the applicant, its successors, transferees, and assignees as long as it receives assistance from the City. In the case of real property, this assurance is binding for as long as the property is used for a purpose for which assistance was intended or for the provision of services or benefits similar to those originally intended. In the case of personal property, this assurance applies for as long as the recipient retains ownership or possession of the property. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of the applicant.

**Authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (typed or printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXHIBIT 3**

**TIMELINE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project activities or phases** | July 2020 | Aug 2020 | Sept 2020 | Oct2020 | Nov2020 | Dec2020 | Jan2021 | Feb2021 | Mar2021 | Apr2021 | May2021 | June2021 |
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**EXHIBIT 4**

# **Assurance of Audit Requirements**

**Subrecipients** of Community Development Block Grant (CDBG), Emergency Shelter Grants (ESG), and/or HOME funding **that** **expend $750,000 or more** in total Federal financial assistance in a year are responsible for obtaining an **independent** **audit** in accordance with the Single Audit Act of 1984 and 2 CFR Part 200. The computation of the total of such assistance includes all Federal funds received by the entire entity. For purposes of determining the amount of Federal assistance expended, all Federal assistance shall be considered, including that which is received directly from a Federal agency, or passed through a state or local government, or through non-profit organizations, or any combination thereof.

**If a subrecipient expends less than $750,000** per year in Federal financial assistance, it is exempt from Federal audit requirements. However, the subrecipient must still have records available for review by HUD, the grantee (City of Knoxville,) or GAO, and there also may be separate state or local laws prescribing additional audit requirements.

I hereby attest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of agency) expended $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the past fiscal year in Federal financial assistance as defined above and, therefore, an audit \_\_\_***IS \_\_\_IS NOT*** required. Our most recent fiscal year ended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed or Typed) Title

If applicable, a copy of the most recent audit, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is attached.

**EXHIBIT 5**

**CITY OF KNOXVILLE**

**Certification of Compliance with the City of Knoxville Conflict of Interest and Procurement Policies**

**Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**hereby takes notice of and warrants** that it is not in violation of, or has not participated, and will not participate, in the violation of any of the following Conflict of Interest and Procurement Policies:

1. **City of Knoxville Requirements**

 (A) City of Knoxville Code of Ordinances Section 2-1048. Conflict of Interest.

It shall be unlawful for any employee of the city to participate, directly or indirectly, through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering advice, investigation, auditing or otherwise, in any proceeding or application, request for ruling or other determination, claim or controversy or other matter pertaining to any contract or subcontract and any solicitation or proposal therefore to the employee’s knowledge there is a financial interest possessed by:

(1) The employee or the employee's immediate family;

(2) A business other than a public agency in which the employee or a member of the employee's immediate family serves as an officer, director, trustee, partner or employee; or

(3) Any other person or business with whom the employee or a member of the employee's immediate family is negotiating or has an arrangement concerning prospective employment.

 (B) City of Knoxville Code of OrdinancesSec. 2-1050. Gratuities and Kickbacks Prohibited.

*Gratuities*. It is unlawful for any person to offer, give or agree to give to any person, while a city employee, or for any person, while a city employee, to solicit, demand, accept or agree to accept from another person, anything of a pecuniary value for or because of:

(1) An official action taken, or to be taken, or which could be taken;

(2) A legal duty performed, or to be performed, or which could be performed; or

(3) A legal duty violated, or to be violated, or which could be violated by such person while a city employee.

Anything of nominal value shall be presumed not to constitute a gratuity under this section.

*Kickbacks*. It is unlawful for any payment, gratuity or benefit to be made by or on behalf of a subcontractor or any person associate therewith as an inducement for the award of a subcontract or order.

**II. 24 CFR 576.57(d). Conflict of interest.**

No person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee, nonprofit recipient that receives emergency shelter grant amounts and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect to thereto, or the proceeds thereunder, either for him or herself or for those with whom he or she has family or business ties, during his or her tenure, or for one year thereafter. HUD may grant an exception to this exclusion as provided in 24 CFR 570.611 (d) and (e).

**III. 2 CFR Part 200. Codes of Conduct.**

The recipient shall maintain written standards of conduct governing the performance of its employees engaged in the award and administration of contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, or parties to subagreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value. The standards of conduct shall provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the recipient.

**Applicant address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**