

**CDBG CAPITAL PROJECTS**  
**ANTICIPATED FUNDS AVAILABLE: \$750,000 TO \$1,000,000**

**APPLICATION INSTRUCTIONS**

The Municipality of Anchorage (MOA) is announcing the release of the 2016 CDBG Capital Project Application (Application). Under this Application, the Department of Health and Human Services (DHHS) is interested in providing grants/loans to successful applicants that provide services to low- and moderate-income persons. Capital projects may include removal of architectural barriers or adding architectural structures for accessibility, adding or replacing features to improve energy efficiency, enhancement of aesthetic quality, repair and replacement of existing structures, historical preservation and acquisition of real property.

Please note that this Application does not include funding for CDBG public service or housing/rental rehabilitation/development type of projects.

An applicant must be a non-profit entity licensed for business in the MOA. The applicant and related project must comply with HUD CDBG program requirements (24 CFR Part 570) and located in the MOA. Interested applicants should ensure that the capital project is an eligible CDBG activity and will achieve one of the CDBG National Objectives (see links below)

[www.muni.org/Departments/health/PHIP/CSD/Documents/Eligible%20Activities.pdf](http://www.muni.org/Departments/health/PHIP/CSD/Documents/Eligible%20Activities.pdf)

[www.muni.org/Departments/health/PHIP/CSD/Documents/National%20Objective.pdf](http://www.muni.org/Departments/health/PHIP/CSD/Documents/National%20Objective.pdf)

Funding is limited to \$250,000 per capital project. Funding is based on a reimbursement of costs. No advance payment will be funded.

No funds, Municipal or other, may be committed to a project for which the applicant has applied before the environmental review according to 24 CFR Part 58 is complete by MOA. Options to purchase a site executed prior to completion of the environmental review must comply with the NSP Policy Alert dated September 16, 2011. All buy/sell agreements must be reviewed and approved by Municipal staff. **If the project has begun prior to the submitted Application, the project MUST STOP ALL WORK and no further expenditures are incurred until the Application process has been completed which includes the environmental review.**

An applicant can only submit one Application. **ALL APPLICATIONS MUST BE RECEIVED BY DHHS NO LATER THAN 4:00 PM, OCTOBER 30, 2015.** Interested parties may review the application at <http://www.muni.org/Departments/health/PHIP/CSD/Pages/Default.aspx>. Potential applicants may obtain an electronic version of the Application by contacting Pat Monday at (907) 343-4822 or by email to [mondaypc@muni.org](mailto:mondaypc@muni.org).

Follow these instructions in completing your Application:

- Your Application must include a cover page, with a table of contents arranged in the order listed in the Application Completeness Checklist. Your Application must include each of the items listed on the Application Completeness Checklist.
- Numbered tabs should be placed between the Application and each section and supporting documentation.

- Include one (1) complete Application with original signatures and three (3) additional copies.
- For the one original Application, bind the Application with one binder clip. Organize the three (3) additional copies into individual three ring binders with ample room for pages to be turned.
- Please prepare the proposal using 8½ x 11 inch paper, single space and Times New Roman 12pt font. If maps need to be printed on a larger size paper, fold the map to an 8½ x 11 size and attach to the back of the Application.
- Please include a thumb drive containing the complete Application and the Application pro-forma in an Excel workbook.

### MINIMUM THRESHOLD APPLICATION

**Minimum Threshold:**

- Applicant is a non-profit entity licensed to do business in the Municipality of Anchorage
- Project is an eligible CDBG activity located in the Municipality of Anchorage, excluding public service and rental development  
[www.muni.org/Departments/health/PHIP/CSD/Documents/Eligible%20Activities.pdf](http://www.muni.org/Departments/health/PHIP/CSD/Documents/Eligible%20Activities.pdf)
- Project will achieve a CDBG National Objective  
[www.muni.org/Departments/health/PHIP/CSD/Documents/National%20Objective.pdf](http://www.muni.org/Departments/health/PHIP/CSD/Documents/National%20Objective.pdf)
- Certifications for Debarment and Conflict of Interest (Located in the Application)
- Application is between \$50,000 and \$250,000

The MOA reserves the right to accept or reject any or all applications, for any reason.

## Application Completeness Checklist

### **Required Application & Documents:**

- Signed letter of transmittal. A brief letter signed by a corporate officer or other individual who has the authority to bind the organization that includes a brief statement of your organization's understanding of the capital project to be completed and the name(s) of the person(s) who are authorized to make representations for your organization, their titles, address, and telephone numbers
- Completed Project Summary (Word document)
- Completed Project Description (Word document), including any schematic drawings and photographs
- Completed Community Support (Word document), including all supporting documents
- Completed Organizational Capacity (Word document), including all supporting documents
- Resumes of key development, property management, and programmatic operations team participants
- Last year's or most recent audited or unaudited financial statements
- IRS 501(c) determination letter
- Completed Project Timeline (Word document), including all supporting documents
- Evidence of Property Site Control (Word document) or if property is leased, a copy of the lease that is effective at least 10 years after the capital project is completed, and landlord permission for the proposed improvements (only non-acquisition projects)
- Completed Preliminary Environmental Review Checklist (Word document), including all supporting documents (only non-acquisition projects)
- Completed Financial Feasibility (Word document & Excel workbook)
- Completed Leverage Contribution (Word document), including all supporting documents

### **Required Certifications:**

- Debarment Printout ([www.sams.gov](http://www.sams.gov))
- Conflict of Interest Certification
- Displacement Minimization Certification (if applicable)
- Uniform Relocation Act - Displacement and Relocation Plan, General Information Notice (if applicable)

## PROJECT SUMMARY

<p><b>Applicant Name &amp; Mailing Address:</b></p> <p>Name: _____</p> <p>Address Line 1: _____</p> <p>City, State Zip: _____, _____ _____</p>	<p><b>Contact Person Information:</b></p> <p>Name: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>FAX: _____</p> <p>Email: _____</p>
<p><b>Funding Request: \$</b></p> <p><input type="checkbox"/> Grant</p> <p><input type="checkbox"/> Loan (Terms Negotiable) (No Debt Service)</p>	<p><b>Funding Amount:</b></p> <p><input type="checkbox"/> \$50,001 - \$75,000</p> <p><input type="checkbox"/> \$75,001 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$250,000</p>
<p><b>Eligible Activity Type: (Check as Applicable):</b></p> <p><input type="checkbox"/> Acquisition Only</p> <p><input type="checkbox"/> Rehabilitation</p> <p><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Economic Development</p>	<p><b>Applicant's Tax ID#:</b> _____</p> <p><b>Applicant's Duns#:</b> _____</p> <p><b>Time to Completion:</b></p> <p><input type="checkbox"/> 0 – 6 months</p> <p><input type="checkbox"/> 6 months – 1 year</p> <p><input type="checkbox"/> 1 – 2 years</p> <p><input type="checkbox"/> 2 years +</p>
<p><b>CDBG National Objective:</b></p> <p><input type="checkbox"/> Presumed Low-Mod Benefit</p> <p><input type="checkbox"/> Area Wide Benefit</p> <p><input type="checkbox"/> Benefiting Low-Mod Persons</p> <p><input type="checkbox"/> Job Creation</p> <p><a href="http://www.muni.org/Departments/health/PHIP/CSD/Documents/National%20Objective.pdf">www.muni.org/Departments/health/PHIP/CSD/Documents/National%20Objective.pdf</a></p>	<p><b>Preference:</b></p> <p><input type="checkbox"/> Population &lt;30% of the median of Anchorage</p> <p><b>Project Information:</b></p> <p>Project Name: _____</p> <p>Project Address: _____</p> <p>City, State Zip: _____, _____ _____</p>
<p><b>Applicant's Statement:</b> <i>To the best of my knowledge and belief, all of the information contained in this Application and attachments is true and correct, and the activities proposed in this Application have been duly authorized by the governing body of the applicant.</i></p>	
<p>Type Name of Authorized Representative:</p>  	
<p>Signature of Authorized Representative:</p>  	
<p>Title of Authorized Representative:</p>  	

## PROJECT DESCRIPTION

### ***Brief Project Preview***

Provide a brief preview of the proposed project. If funded, this description will provide the basis for developing a description for Assembly presentation and newspaper public notices.  
(Limit half page)

### ***Project Description***

Describe the proposed project and how it addresses a problem. Describe the physical project and ongoing services that will be provided, if any. Attach any schematic drawings & photographs of the capital project.  
(Limit two pages)

***Project Design***

Describe how the construction/rehabilitation design of the building and site plan addresses the following: universal design and Section 504 (if applicable), pedestrian orientation, green spaces, winter design, neighborhood context, and energy efficient/green building design. (Limit one page)

## COMMUNITY SUPPORT

### *Community Support*

Discuss the community support for the project. List materials documenting community support (attach supporting documentation such as letters or resolutions of support, community plans, etc.) (Limit one page)

## ORGANIZATIONAL CAPACITY

<b>Development Team</b> List key development team members: (Limit one page)	
<u>Team Position</u>	<u>Name</u>
<u>Sponsor (Applicant)</u>	
<u>Developer</u>	
<u>Management Company</u>	
<u>General Contractor</u>	
<u>Architect</u>	
<u>Structural Engineer</u>	

*Services performed by organizations/persons other than the applicant or co-applicant above are subject to procurement requirements specified in 24 CFR Part 85. Contractors secured prior to the Application submittal are not held to the 24 CFR Part 85.*

Complete the following for all projects which have been developed in the State of Alaska by the applicant. (Limit five most recent projects)				
<u>Project Name</u>	<u>Alaska Location</u>	<u>Units (hsg) or Sq Ft. (other developments)</u>	<u>Year Developed</u>	<u>Project Status</u>

***Organization's Capacity***

Provide a brief narrative statement describing the experience the development team has in developing similar projects. Address both the organizational experience and the experience of specific individuals who will be involved in this project.

(Limit one page)

***Similar Projects***

Please list any other similar projects that are or will be ongoing during the timeframe of this project. Demonstrate how these projects can be undertaken with current resources.

(Limit half page)

***Federal or State Audits***

Please describe any audit findings made against the organization on any Federal or State grants in the past five years.

(Limit half page)

## PROJECT TIMELINE

(NOTE: FUNDING IS ANTICIPATED TO BE AVAILABLE THE BEGINNING OF 2016)

Development Milestone	Scheduled Date (MM/YY) or (Not Applicable)	Check if Complete at Time of Application
<b>SITE:</b>		
Site Control Secured (long-term lease, earnest money paid, option to purchase executed. Lease must effective at least 10 years after the capital project is completed)		<input type="checkbox"/>
Site Purchased/Leased (landlords permission if leased)		<input type="checkbox"/>
Zoning Approvals Obtained (if necessary)		<input type="checkbox"/>
<b>ENVIRONMENTAL REVIEW:</b>		
Phase I Environmental Review Completed		<input type="checkbox"/>
Phase II Environmental Review Completed		<input type="checkbox"/>
Lead-Based Paint Test		<input type="checkbox"/>
Asbestos Test		<input type="checkbox"/>
MOA Environmental Review Complete		<input type="checkbox"/>
<b>PLANS AND SPECIFICATIONS:</b>		
Deficiency Inspection Completed		<input type="checkbox"/>
Architect and Engineer Selected		<input type="checkbox"/>
Schematic Drawings, Specifications, and Detailed Cost-Estimate Complete		<input type="checkbox"/>
Code Review Complete		<input type="checkbox"/>
Final Plans Complete		<input type="checkbox"/>
<b>DEVELOPMENT FINANCING:</b>		
Construction Loan Application Submitted		<input type="checkbox"/>
Construction Loan Commitment Received		<input type="checkbox"/>
<b>PERMANENT FINANCING:</b>		
Permanent Financing Application Submitted		<input type="checkbox"/>
Permanent Financing Commitment Received		<input type="checkbox"/>
<b>CONSTRUCTION/REHABILITATION:</b>		
Open Bid Process Complete		<input type="checkbox"/>
Contractor(s) Selected		<input type="checkbox"/>
Construction/Rehabilitation to Begin		<input type="checkbox"/>
Contractor Schedule/Critical Path Analysis		<input type="checkbox"/>
Construction Complete		<input type="checkbox"/>
<b>POST CONSTRUCTION:</b>		
Permanent Financing Loan Closing		<input type="checkbox"/>
Project Demonstrates National Objective is Met		<input type="checkbox"/>

***Milestones Accomplished***

Summarize the development milestones made to date on the capital project.

(Limit half page)

***Challenges of Project***

What challenges to the capital project development have been encountered so far? Have they been overcome? If so, how?

(Limit half page)

***Milestones to be Accomplished***

Summarize major development milestones that need to be accomplished prior to expending funds on the capital project.

(Limit half page)

***Obstacles***

What foreseeable obstacles may prevent you from expending the capital project funds in a timely manner?

(Limit half page)

## PROPERTY SITE CONTROL

<b>Project Site Control</b>	
<b>Site Street Address:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<b>Municipal Property Tax ID number:</b> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <b>Census Tract and Block Group:</b> <b>CT:</b> _____ <b>BG:</b> _____
<b>Site's Complete Legal Description:</b>  	
<p>What is the zoning for the site?</p> <p>Is the site properly zoned for the proposed project?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If not, have you consulted the MOA Community Development (Planning) Department regarding intended use of the site?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Describe any zoning obstacles you anticipate and how you will address those obstacles.</p>	
<b>Please sign and date the following statement:</b>	
<p>I _____ understand according to 24 CFR Part 58, that subsequent to submittal of the application, no funds from any source may be committed to a project before the environmental review is complete. Options to purchase a site executed prior to completion of the environmental review must contain a HUD-prescribed clause stating that the purchase is conditional upon a successful environmental review. The closing date on an option must be six months from this application deadline. Conditional purchase agreements may only be used in housing projects. Both options and conditional contracts shall comply with the NSP Policy Alert dated September 16, 2011 <a href="http://www.muni.org/Departments/health/PHIP/CSD/Documents/NSPPolicyAlert.pdf">www.muni.org/Departments/health/PHIP/CSD/Documents/NSPPolicyAlert.pdf</a>. The environmental review process takes at least 45 days from the date all supporting documentation is complete.</p> <p>I have read and understand the HUD policy described above.</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Signature <span style="float: right;">_____</span></p> <p style="text-align: right;">Date</p>	

**Property site control is evidenced by:**

Supporting site control documentation can be found in Tab # \_\_\_\_\_ .

Please check which ones apply.

Deed (Applicant holds title to property)

Option to Purchase

A copy of the option with an expiration date no sooner than six months from Application date.

The option includes a clause that the purchase is conditional upon a successful environmental review.

Evidence all conditions of the September 16, 2011 NSP Policy Alert have been satisfied.

A specific site has not been selected. We have identified \_\_\_\_\_ (#) of potential locations.

Photos of the site options

Documentation of preliminary ER assessment on each site

Zoning report

A brokers option of value on each site

Leased

Other. Please describe. (Limit half page)

**Property Status:**

Improved  Unimproved (Vacant Land)

If Improved, the property is:

Occupied (see below)  Unoccupied

If Occupied, property is occupied by:

Owner  Tenant household or business (If property is occupied by a tenant then the applicant must comply with the Uniform Relocation Act)

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/affordablehousing/training/web/relocation/overview](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/training/web/relocation/overview)

## FINANCIAL FEASIBILITY

*To complete this section, you must complete the tables included in the financial Application as an Excel workbook. Print out all completed sheets and attach hard copies to your hard copy Application in this section. Also submit the electronic Excel workbook on a thumb drive along with your Application.*

- Development Sources and Costs (Include verification of other sources of funds)
- Construction/Rehabilitation Costs

### ***Detailed Cost Estimates***

Additional information is included in Tab # \_\_\_\_.

Please summarize the method used to determine your detailed cost estimates and the back up documentation provided. Note that the organization that prepares the cost estimate may not bid on a contract after the Application has been submitted.

***Budget Narrative***

The Budget Narrative is included in Tab #\_\_\_\_\_.

Provide a budget narrative for all assumptions for costs (construction and rehabilitation).  
(Limit one page)

## LEVERAGED CONTRIBUTIONS

Please list all additional leveraged contributions.		
<i>Leverage Source</i>	<i>Amount</i>	<i>Confirmed or Date to be Contributed</i>
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
11.	\$	
12.	\$	
13.	\$	
14.	\$	
15.	\$	
16.	\$	
<i>Note: Please provide written documentation FROM THE SOURCE supporting each leverage source listed above...</i>		
<b>Total Leverage Value:</b>	\$ _____	

## CERTIFICATIONS

**Debarment Printout ([www.sams.gov](http://www.sams.gov))**

Insert copy of printout here.

### ***Conflict of Interest Certification***

1. In the procurement of property and services, the applicant must adhere to the conflict of interest provisions in 24 CFR 85.36 and 24 CFR 84.42, as applicable.
2. In all cases not covered by 24 CFR 85.36 and 24 CFR 84.42, the following provisions apply:

No persons described in paragraph 3 below who exercise or have exercised any functions or responsibilities with respect to activities assisted with CDBG funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

3. **Persons Covered.** The conflict of interest provisions of paragraph 2 above apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the applicant which is receiving CDBG funds.

By signing below, I, as the authorized signor for the applicant acknowledge and agree to abide by the above conflict of interest provisions.

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Displacement Minimization Certification***

By executing this certification the undersigned applicant certifies that if undertaking an activity which will involve acquisition or rehabilitation of a property occupied by a “person” other than the owner of that property (i.e., tenant, including business or non-profit organizations), that the Applicant will take all reasonable steps to prevent or minimize the displacement of that “person”.

Additionally, if displacement or relocation will occur, the applicant will officially adopt and follow an anti-displacement and relocation assistance plan, submitted to and approved by MOA prior to any displacement.

Additionally, if undertaking an activity which will involve acquisition or rehabilitation of a property occupied by a “person” other than the owner of that property (i.e., tenant, including business or non-profit organizations), the applicant certifies that it, or the seller (if applicable), has provided each tenant currently occupying the project a General Information Notice (GIN) which provides information which is equivalent in content to the sample GIN which is included as an attachment to the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

## UNIFORM RELOCATION ACT

***If your proposed project is at a site that is improved and occupied by a tenant, you must comply with the Uniform Relocation Act and complete this section of the Application.***

Regulations require that the recipient of CDBG funds (and in most cases, any other federal assistance) comply with the Uniform Relocation Act (URA), including, but not limited to, proper tenant notifications and relocation assistance. If development activity will result in business tenant relocation, you must attach a written relocation plan and fill out the tenant roll in this section.

URA requires tenant notification even if relocation will not occur. For business tenants, sample General Information Notices are included in this section, contact the MOA or consult the URA regulations for an applicable General Information Notice. For projects applying for federal funds where tenants exist prior to the application date, evidence of notification must be submitted with the application package.

Note that “tenants” may refer to any lawful occupant of the property who is not the applicant or the current owner, including businesses, non-profit organization, etc.

The Tenant Assistance, Relocation and Real Property Acquisition Handbook (1378.0) is located at:

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/administration/hudclips/handbooks/cpd/13780](http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/handbooks/cpd/13780)

### ***URA Supporting Documentation***

- A relocation plan
- Copies of all tenant notifications
- Evidence of tenant notification (such as return receipt or other signature of delivery and receipt by tenant)
- Tenant roll is attached

**Tenant Roll (Use additional pages if necessary)**

This schedule must be completed if you are acquiring or rehabilitating a project which is currently occupied by anyone other than the owner of the project, i.e., occupied by tenants. You must complete this schedule regardless of whether or not a tenant will actually be temporarily or permanently displaced.

A “General Information Notice” must have been delivered to each tenant, via certified mail, return receipt requested, or hand delivered with signature of receipt by the tenant obtained, prior to the submittal of this Application.

Evidence of delivery of each tenant’s notice must be provided in the application package to be eligible for CDBG funds.

Unit # (list numerically)	Tenant Name	Tenant Mailing Address	Existing Monthly Rental Charge	Tenant To Be Temporarily Displaced (Y/N)
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**General Information Notice (Gin): Tenant that will not be Displaced**

Dear \_\_\_\_\_:

On \_\_\_\_\_ (date), \_\_\_\_\_ (property owner) submitted an application to MOA for financial assistance to acquire and/or rehabilitate (specify proposed activity) the building which you occupy at \_\_\_\_\_ (address).

This notice is to inform you that, if the assistance is provided and the building is (specify activity), you will not be displaced. Therefore, we urge you not to move anywhere at this time. If you elect to move for reasons of your own choice, you will not be provided relocation assistance.

If the application is approved and federal assistance is provided for the (specify activity), you may be required to move temporarily so that the rehabilitation can be completed.

If federal financial assistance is provided of the proposed project, you will be protected by a federal law known as the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). One of the URA protections for nonresidential tenant (business, non-profit organizations or farms) temporarily relocated is that if your operation will be shut down for any length of time due to the rehabilitation project, at our option, you may be: 1) temporarily relocated and reimbursed for all reasonable out of pocket expenses; or 2) determined to be displaced and eligible for relocation assistance and payments as displaced person under the URA.

(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance unless such ineligibility would result in exceptional hardship to qualifying spouse, parent or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)

Again, we urge you not to move. If the project is approved, you can be sure that we will make every effort to accommodate your needs. Because federal assistance would be involved, you would be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

This letter is important and should be retained. You will be contacted soon. In the meantime, if you have any questions about our plans, please contact (name), (title), at (phone), (address).

Sincerely,

(Name and Title)



**General Information Notice: Tenant that will be displaced**

Dear \_\_\_\_\_:

On \_\_\_\_\_ (date), \_\_\_\_\_ (property owner) submitted an application to MOA for financial assistance to acquire and/or rehabilitate (specify proposed activity) the building which you occupy at \_\_\_\_\_ (address).

This notice is to inform you of your rights under federal law. If (*property owner*) and you are displaced from the project, you will be eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. However, do not move now. This is not a notice to vacate the premises. You should continue to pay your monthly rent to your landlord because failure to pay rent and meet your other obligations as a tenant may be cause for eviction and loss of relocation assistance. You are urged not to move or sign any agreement to purchase or lease a new unit before receiving formal notice of your eligibility for relocation assistance. If you move or are evicted before receiving such notice, you may not receive any assistance. Please contact us before you make any moving plans.

If you are determined to be eligible for relocation assistance in the future, you may be eligible for: 1) Relocation advisory services including help to find you a replacement location; 2) At least 90 days advance written notice of the date you will be required to move; 3) Payment for your moving and reestablishment expenses. You may also have the right to appeal the agency's determination, if you feel that your application for assistance was not properly considered. The enclosed HUD brochure, "Relocation Assistance to Displaced Businesses, Nonprofit Organizations, and Farms" provides an explanation of this assistance and other helpful information.

(NOTE: Pursuant to Public Law 105-117, aliens not lawfully present in the United States are not eligible for relocation assistance, unless such ineligibility would result in exceptional hardship to qualifying spouse, parent or child. All persons seeking relocation assistance will be required to certify that they are a United States citizen or national, or an alien lawfully present in the United States.)

Again, this is not a notice to vacate and does not establish eligibility for relocation payments or other relocation assistance. You will receive further written notice regarding the plans to (*specify activity*) as these plans are further developed. If you have any questions, please contact (*name*), (*title*), at (*phone*), (*address*).

Sincerely,

(Name and title)

Enclosure