

Grant Application Package

Opportunity Title:	National Disaster Resilience Competition
Offering Agency:	US Department of Housing and Urban Development
CFDA Number:	14.272
CFDA Description:	National Resilient Disaster Recovery Competition
Opportunity Number:	FR-5800-N-29
Competition ID:	FR-5800-N-29
Opportunity Open Date:	09/17/2014
Opportunity Close Date:	03/27/2015
Agency Contact:	Jennifer Hylton Jennifer.M.Hylton@hud.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: SAFR Connecticut Connections

Select Forms to Complete

Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[HUD Facsimile Transmittal](#)

Optional

[Attachments](#)

[Disclosure of Lobbying Activities \(SF-LLL\)](#)

[HUD Applicant-Recipient Disclosure Report](#)

Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="Completed by Grants.gov upon submission."/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="32-0410548"/>	* c. Organizational DUNS: <input type="text" value="0788478980000"/>
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d. Address:

* Street1:
Street2:
* City:
County/Parish:
* State:
Province:
* Country:
* Zip / Postal Code:

e. Organizational Unit:

Department Name: <input type="text" value="Department of Housing"/>	Division Name: <input type="text" value="Policy, Research and Housing"/>
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f. Name and contact information of person to be contacted on matters involving this application:

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

Title:

Organizational Affiliation:

* Telephone Number: Fax Number:

* Email:

Application for Federal Assistance SF-424

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

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

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

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.272

CFDA Title:

National Resilient Disaster Recovery Competition

*** 12. Funding Opportunity Number:**

FR-5800-N-29

* Title:

National Disaster Resilience Competition

13. Competition Identification Number:

FR-5800-N-29

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

SAFR Connecticut Connections: Building up a resilient development and transportation network to support vulnerable communities.

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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="150,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="500,000.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="150,500,000.00"/>

*** 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:

Facsimile Transmittal

**U. S. Department of Housing
and Urban Development**
Office of Department Grants
Management and Oversight

OMB Number: 2535-0118
Expiration Date: 12/01/2016

1427126384 - 3878

Name of Document Transmitting: SAFR Connecticut Connections

1. Applicant Information:

Legal Name: State of Connecticut Department of Housing

Address:

Street1: 505 Hudson Street

Street2:

City: Hartford

County:

State: CT: Connecticut

Zip Code: 06106-7106

Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

Organizational DUNS: 0788478980000 CFDA No.: 14.272

Title: National Resilient Disaster Recovery Competition

Program Component:

3. Facsimile Contact Information:

Department: Department of Housing

Division: Policy, Research and Housing

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: Mr. First Name: Michael

Middle Name: C.

Last Name: Santoro

Suffix:

Phone Number: 860-270-8171

Fax Number:

5. Email: michael.santoro@ct.gov

6. What is your Transmittal? (Check one box per fax)

a. Certification b. Document c. Match/Leverage Letter d. Other

7. How many pages (including cover) are being faxed? 225

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input checked="" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:
 Prime SubAwardee

* Name: Connecticut Department of Housing
* Street 1: 505 Hudson Street Street 2: _____
* City: Hartford State: CT: Connecticut Zip: 06106
Congressional District, if known: _____

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: U.S. Dept of Hsg and Urban Development	7. * Federal Program Name/Description: National Resilient Disaster Recovery Competition CFDA Number, if applicable: 14.272
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8. Federal Action Number, if known: _____	9. Award Amount, if known: \$ _____
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10. a. Name and Address of Lobbying Registrant:

Prefix _____ * First Name NONE Middle Name _____
* Last Name None Suffix _____
* Street 1 _____ Street 2 _____
* City _____ State _____ Zip _____

b. Individual Performing Services (including address if different from No. 10a)

Prefix _____ * First Name None Middle Name _____
* Last Name None Suffix _____
* Street 1 _____ Street 2 _____
* City _____ State _____ Zip _____

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature: Completed on submission to Grants.gov
* Name: Prefix Ms. * First Name Evonne Middle Name M.
* Last Name Klein Suffix _____
Title: Commissioner Telephone No.: _____ Date: Completed on submission to Grants.gov

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Number: 2510-0011
Expiration Date: 12/31/2015

Applicant/Recipient Information

* Duns Number: 0788478980000

* Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code):

* Applicant Name:

State of Connecticut Department of Housing

* Street1: 505 Hudson Street

Street2:

* City: Hartford

County:

* State: CT: Connecticut

* Zip Code: 06106-7106

* Country: USA: UNITED STATES

* Phone: 860-270-8171

2. Social Security Number or Employer ID Number: 32-0410548

* 3. HUD Program Name:

National Resilient Disaster Recovery Competition

* 4. Amount of HUD Assistance Requested/Received: \$ 150,000,000.00

5. State the name and location (street address, City and State) of the project or activity:

* Project Name: SAFR Connecticut Connections

* Street1: 505 Hudson Street

Street2:

* City: Hartford

County:

* State: CT: Connecticut

* Zip Code: 06106

* Country: USA: UNITED STATES

Part I Threshold Determinations

* 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).

Yes No

* 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR Sec. 4.9

Yes No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.

However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

Department/State/Local Agency Name:

* Government Agency Name:

Government Agency Address:

* Street1:

Street2:

* City:

County:

* State:

* Zip Code:

* Country:

* Type of Assistance:

* Amount Requested/Provided: \$

* Expected Uses of the Funds:

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Part III Interested Parties. You must decide.

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	* Social Security No. or Employee ID No.	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> %

(Note: Use Additional pages if necessary.)

Add Attachment

Delete Attachment

View Attachment

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that this information is true and complete.

* Signature:

* Date: (mm/dd/yyyy)

Completed Upon Submission to Grants.gov

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	ExhibitAExecutiveSummary.pdf	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	ExhibitBThresholdRequirements	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	ExhibitCCapacity.pdf	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	ExhibitDNeed.pdf	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	ExhibitESoundnessofApproach.y	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	ExhibitFLeverage.pdf	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	ExhibitGLongTermCommitment.pd	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	AttAPartnerDocumentation.pdf	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	AttBLeverageDocumentation.pdf	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	AttCApplicationCertification.	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	AttDConsultationSummary.pdf	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	AttEMapsAndDrawings.pdf	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	AttHCrosswalk.pdf	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	AttIMIDURNChecklist.pdf	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment