

**Name of Attachment:** Attachment I: Standard Forms

**Name of Applicant:** Jefferson Parish Government (JP)

**Name of File that Contains the Attachment:** Attachment\_I

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2510-0011 (exp. 12/31/2015)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

**Applicant/Recipient Information** Indicate whether this is an Initial Report  or an Update Report

1. Applicant/Recipient Name, Address, and Phone (include area code): Jefferson Parish Government P.O. Box 9	2. Social Security Number or Employer ID Number:
3. HUD Program Name National Disaster Resilience Competition	4. Amount of HUD Assistance Requested/Received 0.00
5. State the name and location (street address, City and State) of the project or activity: Jefferson Parish, Louisiana	

## 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). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

- 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
- 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 %)

(Note: Use Additional pages if necessary.)

## 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) 3/24/15
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X

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Jefferson Parish Government

Project Name: National Disaster Resilience Competition

Location of the Project: Jefferson Parish, LA

\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: CDBG-NDR

Name of Certifying Jurisdiction: Jefferson Parish Government

Certifying Official of the Jurisdiction Name: John Young

Title: Parish President

Signature: 

Date: 3/24/15

## 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: Jefferson Parish National Disaster Resilience Competition Phase 1 Submission

### Select Forms to Complete

#### Mandatory

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

[HUD Facsimile Transmittal](#)

#### Optional

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

[Attachments](#)

[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:

- Preapplication
- Application
- Changed/Corrected Application

\* 2. Type of Application:

- New
- Continuation
- Revision

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

\* Other (Specify):

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name:

Jefferson Parish Government

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

72-6013920

\* c. Organizational DUNS:

0726304860000

**d. Address:**

\* Street1:

P.O. Box 9

Street2:

\* City:

Gretna

County/Parish:

\* State:

LA: Louisiana

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

70053-0000

**e. Organizational Unit:**

Department Name:

Division Name:

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

Prefix:

\* First Name:

Michelle

Middle Name:

\* Last Name:

Gonzales

Suffix:

Title:

Director of Floodplain Management and Hazard

Organizational Affiliation:

\* Telephone Number:

504-736-6732

Fax Number:

\* Email:

mgonzales@jeffparish.net

**Application for Federal Assistance SF-424**

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

B: County 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:**

Jefferson Parish National Disaster Resilience Competition Phase 1 Application

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="1.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* 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="1.00"/>

**\* 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:  3/24/15

**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

1426883183 - 7929

Name of Document Transmitting: National Disaster Resilience Competition Application

**1. Applicant Information:**

Legal Name: Jefferson Parish Government

Address:

Street1: P.O. Box 9

Street2:

City: Gretna

County:

State: LA: Louisiana

Zip Code: 70053-0000

Country: USA: UNITED STATES

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

Organizational DUNS: 0726304860000

CFDA No.: 14.272

Title: National Resilient Disaster Recovery Competition

Program Component:

**3. Facsimile Contact Information:**

Department:

Division:

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

Prefix: First Name: Michelle

Middle Name:

Last Name: Gonzales

Suffix:

Phone Number: 504-736-6732

Fax Number:

5. Email: mgonzales@jeffparish.net

**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?

2

Form HUD-96011 (10/12/2004)