

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
OFFICE OF FAIR HOUSING AND EQUAL OPPORTUNITY

SECTION 3 PROGRAM COORDINATION and IMPLEMENTATION NOFA

CERTIFICATION of POSITION SUSTAINABILITY

Public reporting burden for the collection of information is estimated to average two hours per response. This includes the time for collecting, reviewing, and reporting the data. The information will be used for the Section 3 Coordination and Implementation NOFA. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. This information will allow HUD to determine eligibility for the Section 3 Implementation and Coordination NOFA. This information does not lend itself to confidentiality.

Instructions: Applicants for funds under the Section 3 Coordination and Implementation NOFA must provide the requested contact information for their agency and identify the geographic area/community that the Section 3 Coordinator will serve. **Part I:** The applicant shall select the most appropriate statement that describes their ability to fund the Section 3 Coordinator position beyond the year (i.e., 12-month period) that funds are provided, if selected for funding under this NOFA. The authorized representative must sign the certification statement.

Applicant/Agency Name: _____

Applicant/Agency Address: _____

City/State: _____

Zip Code + 4: _____ + _____

Geographic Area/Community to be Served: _____

I. APPLICANT POSITION SUSTAINABILITY CERTIFICATION STATEMENT

If selected for funding under HUD's Section 3 Coordination and Implementation NOFA I _____, certify as the authorized representative for the primary applicant of funds under HUD's Section 3 Coordination and Implementation NOFA that my agency shall sustain the Section 3 Coordinator for the timeframe identified below:

- A period **exceeding one year** beyond the terms of the grant.
- A period of **one year** beyond the terms of the grant.
- A period of **less than one year** beyond the terms of the grant.
- Do not have the capacity** to sustain its Section 3 Coordinator beyond the terms of the grant.

*If selected, my agency will be required to provide evidence to support this statement.

Signature of Authorized Representative

Date

Print/Type the Name and Title of the Authorized Representative