

CHOICE NEIGHBORHOODS - IMPLEMENTATION GRANTS

One-for-One Replacement Certification

As part of your application for Choice Neighborhoods Implementation Grant funding, you, as the executive officer authorized to sign on behalf of your organization, must certify to the following. By signing this form, you are stating that to the best of your knowledge and belief, the certification is true and correct.

Lead Applicant: _____

Name of Targeted Public and/or Assisted Housing Site(s):

I certify that the One-for-One Replacement threshold requirement from the NOFO under which the agency is applying will be met.

As of grant application deadline:

Number of public and/or assisted housing units standing: _____

Number of bedrooms in the public and/or assisted housing units: _____

Name of Lead Applicant Executive Officer: _____

Title: _____

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Signature: _____ Date: _____