
Public Reporting Burden Statement: This collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §§ 3729, 3802; 24 CFR § 28.10(b)(iii)). (Complete the fields below.)

Applicant Name:

Name of the Federal Program to which the applicant is applying:

Rural Partners Network Community Network(s) which the proposed activities/projects will benefit:

Include below the full name of Rural Partner Network Community Network(s) from the [All Community Networks list on rural.gov](#).

The application meets which of the following criteria (please select one):

- The proposed activities/projects will occur solely within the boundaries of the Rural Partners Network Community Network(s) listed above.
- The proposed activities/projects will occur within the boundaries of the Rural Partners Network Community Network(s) listed above and other communities.
- The proposed activities/projects will occur outside the boundaries of the Rural Partners Network Community Network(s) listed above, but substantial and direct benefits will accrue within the Rural Partners Network Community Network(s) listed above.

Note: Projects that substantially and directly benefit Rural Partners Network Community Network(s) residents, but which do not consist of activities delivered within Rural Partners Network Community Network boundaries may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the expected total HUD award amount that would result in a direct benefit within the Rural Partners Network Community Network(s) listed above:

- 76% - 100%
- 51% - 75%
- 26% - 50%
- 11% - 25%
- 1% - 10%

Provide a narrative and/or reference the section in the application that explains how the project will support public and private investment in rural communities, specifically the designated Rural Partners Network Community Network(s) (1,000-word limit):

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- | | |
|--|---|
| <input type="checkbox"/> Access to Capital | <input type="checkbox"/> Community Infrastructure |
| <input type="checkbox"/> Asset Building | <input type="checkbox"/> "Above ground" infrastructure — streets, sidewalks, lighting |
| <input type="checkbox"/> Business Assistance | <input type="checkbox"/> "Below ground" infrastructure — water, sewer, gas, electric |
| <input type="checkbox"/> Community Capacity Building | <input type="checkbox"/> Commercial or Retail Development |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Hospitals or other Health Care Facilities Housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Low Income Housing Tax Credit (LIHTC) or other rent restricted housing |
| <input type="checkbox"/> Healthy Food Access | <input type="checkbox"/> Market rate housing |
| <input type="checkbox"/> Health | <input type="checkbox"/> Industrial development |
| <input type="checkbox"/> Human Services and Family Support | <input type="checkbox"/> Schools or other educational facilities |
| <input type="checkbox"/> Other Business Development | |
| <input type="checkbox"/> Public Safety | |
| <input type="checkbox"/> Workforce Development | |

Check this box if the applicant is the Rural Partners Network Community Network. Leave this box unchecked if the applicant is not the Rural Partners Network Community Network Authorized Official.

Authorized Official signature, if the applicant is not the Rural Partners Network Community Network Authorized Official:

I/We certify that:

- (1) We have completed the “Certification of Consistency with Rural Partners Network Community Network Goals and Implementation” with consultation and approval from the Rural Partners Network (RPN) Community Network Authorized Official
- (2) We are engaged in activities, that in consultation with the RPN Community Network host entity, further the purposes of the RPN initiative; and
- (3) Our proposed activities either directly reflect the goals of the RPN initiative or will result in the delivery of services that are consistent with the goals of the RPN initiative; and
- (4) We have committed to maintaining an ongoing relationship with the RPN Community Network the RPN Community Network Authorized Official, and the RPN Community Network Authorized Officials organization.”

Provide this completed form and request that the RPN Community Network Authorized Official provides a signed and dated letter that references the name of the Federal program and, if available, the number of the Federal program which the applicant is applying for, with the following Certification statement:

I/We certify that _____ (Applicant name):

- (1) Has completed the “Certification of Consistency with Rural Partners Network Community Network Goals and Implementation” and I/we approve the content of the form; and
- (2) The organization is/will be engaged in activities that further the purposes of the Rural Partners Network (RPN) initiative; and
- (3) The organization’s proposed activities either directly reflect the goals of the RPN initiative or will result in the delivery of services that are consistent with the goals of the RPN initiative.

RPN Official signing the letter:

First Name: _____ Last Name: _____
Title: _____ Organization: _____
Signature: _____ Date: _____

Authorized Official signature, if the applicant is the Rural Partners Network Community Network:

I/We certify that:

- (1) I have completed the “Certification of Consistency with Rural Partners Network Community Network Goals and Implementation” and approve the content of the form;
- (2) My organization is engaged in activities that further the purposes of the Rural Partners Network (RPN) initiative; and
- (3) Our proposed activities either directly reflect the goals of the RPN initiative or will result in the delivery of services that are consistent with the goals of the RPN initiative.

Note: If you are unable to have this form digitally signed by the Authorized Official via Grants.gov, then, fill in the information above excluding the signature and attach to the application a signed letter that includes the certification statement above, references the name of the Federal program, and if available, references the number of the Federal program.

Name (First Name, Middle Initial, Last Name): _____

Title: _____ Organization: _____

Signature: _____ Date: _____