Appendix G: Application for Federal Assistance
Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0345-0042), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure nondiscrimination during the useful life of the project.

4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.

5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.

6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4726-4763) relating to prescribed standards of merit systems for programs funded under one of the 10 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

10. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicap; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§299 pp.3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).


18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

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<tr>
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SF-424D (Rev. 7-97) Back
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As the duly authorized representative of the applicant, I certify that the applicant:

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7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

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**SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL**

Gee Heimann

**APPLICANT ORGANIZATION**
Montana Department of Public Health and Human Services

**DATE SUBMITTED**
04/30/2021
Application for Federal Assistance SF-424

1. Type of Submission:
   - [ ] Preapplication
   - [X] Application
   - [ ] Changed/Corrected Application

2. Type of Application:
   - [X] New
   - [ ] Continuation
   - [ ] Revision
   - [ ] Other (Specify):

3. Date Received:
   04/30/2021

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: State of Montana

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      81-0302402

   c. Organizational DUNS:
      8097905796000

   d. Address:
      - Street1: 301 South Park Avenue
      - Street2: Montana Department of Commerce - PO Box 200523
      - City: Helena
      - County/Parish: Lewis & Clark
      - State: MT: Montana
      - Province: USA: UNITED STATES
      - Zip / Postal Code: 59620-0523

   e. Organizational Unit:
      - Department Name: Montana Department of Commerce
      - Division Name: Community Development Division

   f. Name and contact information of person to be contacted on matters involving this application:
      - Prefix: Ms.
      - * First Name: Cheryl
      - Middle Name: 
      - * Last Name: Cohen
      - Suffix: 
      - Title: Interim Administrator

Organizational Affiliation:
- Department of Commerce, Community Development Division

* Telephone Number: 406-841-2770
* Fax Number: 406-861-2771
* Email: cheryl.cohen@mt.gov
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:
   U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:
   14-228
   CFDA Title:
   Community Development Block Grant

* 12. Funding Opportunity Number:

* Title:
   HUD Montana Non-Entitlement for Community Development Block Grant Program

13. Competition Identification Number:

Title:

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

* 15. Descriptive Title of Applicant's Project:
   State of Montana Community Development Block Grant Program

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   a. Applicant: MT
   * b. Program/Project: MT

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

17. Proposed Project:
   a. Start Date: 04/01/2020
   * b. End Date: 03/31/2021

18. Estimated Funding ($):
   a. Federal: 6,682,297.00
   b. Applicant: 
   c. State: 
   d. Local: 
   e. Other: 
   f. Program Income: 
   g. TOTAL: 6,682,297.00

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 [X] 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: Mr.
* First Name: Scott
Middle Name: 
* Last Name: Osterman
SUFFIX: 

* Title: Director, Montana Department of Commerce

* Telephone Number: 406-841-2770
Fax Number: 406-841-2771

* Email: DCCDDDeq.gov

* Signature of Authorized Representative: 

* Date Signed: 4/9/2021
Application for Federal Assistance SF-424

1. Type of Submission:
   - ☒ Application
   - ☐ Preapplication
   - ☐ Changed/Corrected Application

2. Type of Application:
   - ☒ New
   - ☐ Continuation
   - ☐ Revision
   - * Other (Specify):

3. Date Received:
   06/30/2021

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: State of Montana

   b. Employer/Taxpayer Identification Number (EIN/TIN):
      81-0302402

   c. Organizational DUNS:
      0516593520806

   d. Address:
      - Street1: PO Box 202925
      - Street2: Montana Department of Public Health & Human Services
      - City: Helena
      - County/Parish: Lewis & Clark
      - State: MT: Montana
      - Province:
      - Country: USA: UNITED STATES
      - Zip / Postal Code: 59620-2925

   e. Organizational Unit:
      - Department Name: Public Health & Human Services
      - Division Name: Human & Community Services

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

   Prefix: Mr.
   * First Name: 1) Gene; 2) Sara
   * Last Name: 1) Hormanso; 2) Loewen
   Suffix:
   Title: 1) Administrator; 2) Bureau Chief

Organizational Affiliation:
DPHHS - Human & Community Services Division

* Telephone Number: 406-447-4267
* Fax Number: 406-444-2547
* Email: 1) qhormanson@mt.gov; 2) sara.loewen@mt.gov
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<thead>
<tr>
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<td><strong>9. Type of Applicant 1: Select Applicant Type:</strong></td>
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<tr>
<td>A: State Government</td>
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<td><strong>Type of Applicant 2: Select Applicant Type:</strong></td>
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<td><strong>Type of Applicant 3: Select Applicant Type:</strong></td>
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<td>* Other (specify):</td>
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<td><strong>10. Name of Federal Agency:</strong></td>
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<td>U.S. Department of Housing and Urban Development</td>
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<td><strong>11. Catalog of Federal Domestic Assistance Number:</strong></td>
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<td>14-231</td>
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<td><strong>CFDA Title:</strong></td>
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<td>Emergency Solutions Grant</td>
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<td><strong>12. Funding Opportunity Number:</strong></td>
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<td><strong>Title:</strong></td>
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<tr>
<td>HUD Montana Non-Entitlement for Emergency Solutions Grant Program</td>
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<tr>
<td><strong>13. Competition Identification Number:</strong></td>
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<td><strong>Title:</strong></td>
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<td><strong>14. Areas Affected by Project (Cities, Counties, States, etc.):</strong></td>
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<td><strong>15. Descriptive Title of Applicant’s Project:</strong></td>
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<tr>
<td>State of Montana Emergency Solutions Grant Program</td>
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<tr>
<td>Attach supporting documents as specified in agency instructions.</td>
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</table>
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant MT
   * b. Program/Project MT

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

17. Proposed Project:
   * a. Start Date: 04/01/2020
   * b. End Date: 05/31/2021

18. Estimated Funding ($):
   * a. Federal 732,063.00
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program Income
   * g. TOTAL 732,063.00

* 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: Mr.  * First Name: Gene
Middle Name:
* Last Name: Hermanson
Suffix:

* Title: Administrator: Montana DHHS HCSD
* Telephone Number: 406-444-6676  Fax Number: 406-444-2547
* Email: ghermanson2@mt.gov

* Signature of Authorized Representative: Gene Hermanson  * Date Signed: 4/13/21
### Application for Federal Assistance SF-424

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#### State Use Only:

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#### 8. APPLICANT INFORMATION:

**a. Legal Name:**

State of Montana

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

81-0302402

**c. Organizational DUNS:**

8097905790000

**d. Address:**

Street1: 301 South Park Avenue  
Street2: Montana Department of Commerce - PO Box 200523  
* City: Helena  
* County/Parish: Lewis & Clark  
* State: MT: Montana  
* Province:  
* Country: USA: UNITED STATES  
* Zip / Postal Code: 59620-0523

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<td>Community Development Division</td>
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: Ms.  
* First Name: Cheryl  
Middle Name:  
* Last Name: Cohen  
Suffix:  
Title: Interim Administrator

**Organizational Affiliation:**

Department of Commerce, Community Development Division

* Telephone Number: 406-841-2770  
Fax Number: 406-841-2771

* Email: cheryl.cohen@mt.gov
Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:
   - State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:
   - U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:
   - 14-239

CFDA Title:
   - HOME Investment Partnerships Program

* 12. Funding Opportunity Number:

* Title:
   - HUD Montana Non-Entitlement for HOME Investment Partnerships Program

13. Competition Identification Number:

   Title:

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

15. Descriptive Title of Applicant's Project:
   - State of Montana HOME Investment Partnerships Program

Attach supporting documents as specified in agency instructions.
Application for Federal Assistance SF-424

16. Congressional Districts Of:
   * a. Applicant: [ ] MT
   * b. Program/Project: [ ] MT

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   * b. End Date: 03/31/2021

18. Estimated Funding ($):
   * a. Federal: [ ]
   * b. Applicant: [ ]
   * c. State: [ ]
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   * e. Other: [ ]
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   * g. TOTAL: 3,135,479.00

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   □ 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: Scott
Middle Name:
* Last Name: Osterman
SUFFIX:

* Title: Director: Montana Department of Commerce
* Telephone Number: 406-841-2770  Fax Number: 406-841-2771
* Email: DOCCDDD@mt.gov

* Signature of Authorized Representative: [Signature]
* Date Signed: 04/1/2021
**Application for Federal Assistance SF-424**

<table>
<thead>
<tr>
<th>* 1. Type of Submission:</th>
<th>* 2. Type of Application:</th>
<th>* If Revision, select appropriate letter(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Preapplication</td>
<td>□ New</td>
<td></td>
</tr>
<tr>
<td>□ Application</td>
<td>□ Continuation</td>
<td></td>
</tr>
<tr>
<td>□ Changed/Corrected Application</td>
<td>□ Revision</td>
<td></td>
</tr>
</tbody>
</table>

* 3. Date Received: 04/30/2021

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: State of Montana

* b. Employer/Taxpayer Identification Number (EIN/TIN): 81-0302402

* c. Organizational DUNS: 8097905790000

d. Address:

<table>
<thead>
<tr>
<th>Street1:</th>
<th>Street2:</th>
</tr>
</thead>
<tbody>
<tr>
<td>JBP South Park Avenue</td>
<td>Montana Department of Commerce - PO Box 200523</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>County/Parish:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helena</td>
<td>Lewis &amp; Clark</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State:</th>
<th>Province:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT: Montana</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country:</th>
<th>Zip / Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA: UNITED STATES</td>
<td>59620-0523</td>
</tr>
</tbody>
</table>

e. Organizational Unit:

<table>
<thead>
<tr>
<th>Department Name:</th>
<th>Division Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Montana Department of Commerce</td>
<td>Community Development Division</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms.</td>
<td>Cheryl</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Middlename:</th>
<th>* Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cohen</td>
</tr>
</tbody>
</table>

| Suffix: | |
|---------| |

Title: Interim Administrator

Organizational Affiliation:

Department of Commerce, Community Development Division

* Telephone Number: 406-841-2770

Fax Number: 406-841-2771

* Email: cheryl.cohen@mt.gov
**Application for Federal Assistance SF-424**

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

- State Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**Other (specify):**

**10. Name of Federal Agency:**

U.S. Department of Housing and Urban Development

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

14-275

**CFDA Title:**

Housing Trust Fund Program

**12. Funding Opportunity Number:**

- Title:

  HUD Montana Non-Entitlement for Housing Trust Fund Program

**13. Competition Identification Number:**

- Title:

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

- Add Attachment  |  Delete Attachment  |  View Attachment

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

State of Montana Housing Trust Fund Program

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 MT
   * b. Program/Project MT

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

17. Proposed Project:
   * a. Start Date: 04/01/2020
   * b. End Date: 03/31/2021

18. Estimated Funding ($):
   * a. Federal 3,000,000.00
   * b. Applicant
   * c. State
   * d. Local
   * e. Other
   * f. Program income
   * g. TOTAL 3,000,000.00

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.)
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** 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: Mr.   * First Name: Scott
Middle Name:
* Last Name: Osterman
Suffix:

* Title: Director: Montana Department of Commerce

* Telephone Number: 406-841-2770   Fax Number: 406-841-2771

* Email: DOCCDD@mt.gov

* Signature of Authorized Representative: [Signature]   * Date Signed: 4/8/2021