

Application for Federal Assistance SF-424

Version 02

<p>*1. Type of Submission</p> <p><input type="checkbox"/> Preapplication</p> <p><input type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>*2. Type of Application</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>*If Revision, select appropriate letter(s):</p> <p>* Other (Specify)</p>
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*3. Date Received:	4. Application Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):	*c. Organizational DUNS:
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d. Address:

*Street 1:
 Street 2:
 *City:
 County:
 *State:
 Province:
 Country: *Zip/ Postal Code:

e. Organizational Unit:

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

Prefix:	First Name:
Middle Name:	
*Last Name:	
Suffix:	
Title:	

Organizational Affiliation:

*Telephone Number:	Fax Number:
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*Email:

~~SF-424 to be completed by UCP upon approval of application~~

for funding and prior to Judge's signature

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9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:
- Select One -

Type of Applicant 3: Select Applicant Type:
- Select One -

*Other (specify):

*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

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

*15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

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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

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$0.00

***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.)**

Yes

No

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:

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***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 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 (0348-0043), 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.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.		
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.		
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions: <ul style="list-style-type: none"> a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website. b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444. c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US). e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the 	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
		18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
		19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	assistance activity, if applicable.		State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State																								
	f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.	20.	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. If yes, include an explanation on the continuation sheet.																								
9.	Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.	21.	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)																								
	<table border="0"> <tr> <td>A. State Government</td> <td>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>B. County Government</td> <td>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</td> </tr> <tr> <td>C. City or Township Government</td> <td>O. Private Institution of Higher Education</td> </tr> <tr> <td>D. Special District Government</td> <td>P. Individual</td> </tr> <tr> <td>E. Regional Organization</td> <td>Q. For-Profit Organization (Other than Small Business)</td> </tr> <tr> <td>F. U.S. Territory or Possession</td> <td>R. Small Business</td> </tr> <tr> <td>G. Independent School District</td> <td>S. Hispanic-serving Institution</td> </tr> <tr> <td>H. Public/State Controlled Institution of Higher Education</td> <td>T. Historically Black Colleges and Universities (HBCUs)</td> </tr> <tr> <td>I. Indian/Native American Tribal Government (Federally Recognized)</td> <td>U. Tribally Controlled Colleges and Universities (TCCUs)</td> </tr> <tr> <td>J. Indian/Native American Tribal Government (Other than Federally Recognized)</td> <td>V. Alaska Native and Native Hawaiian Serving Institutions</td> </tr> <tr> <td>K. Indian/Native American Tribally Designated Organization</td> <td>W. Non-domestic (non-US) Entity</td> </tr> <tr> <td>L. Public/Indian Housing Authority</td> <td>X. Other (specify)</td> </tr> </table>	A. State Government	M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	B. County Government	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)	C. City or Township Government	O. Private Institution of Higher Education	D. Special District Government	P. Individual	E. Regional Organization	Q. For-Profit Organization (Other than Small Business)	F. U.S. Territory or Possession	R. Small Business	G. Independent School District	S. Hispanic-serving Institution	H. Public/State Controlled Institution of Higher Education	T. Historically Black Colleges and Universities (HBCUs)	I. Indian/Native American Tribal Government (Federally Recognized)	U. Tribally Controlled Colleges and Universities (TCCUs)	J. Indian/Native American Tribal Government (Other than Federally Recognized)	V. Alaska Native and Native Hawaiian Serving Institutions	K. Indian/Native American Tribally Designated Organization	W. Non-domestic (non-US) Entity	L. Public/Indian Housing Authority	X. Other (specify)		
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Executive Summary

ES-05 Executive Summary

1. Introduction

The U.S. Department of Housing and Urban Development (HUD) requires local jurisdictions to prepare a Consolidated Plan and Strategy in order to receive federal funds through the Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), and Emergency Solutions Grants (ESG) Programs.

The Consolidated Plan and Strategy serves the following functions:






1. A planning document for local jurisdictions, which builds upon a participator process at the grassroots level;
2. An application for federal funds under HUD's formula grant programs;
3. A strategy to be followed in carrying out HUD programs for 3-5 years; and
4. An action plan that provides a basis for assessing performance.

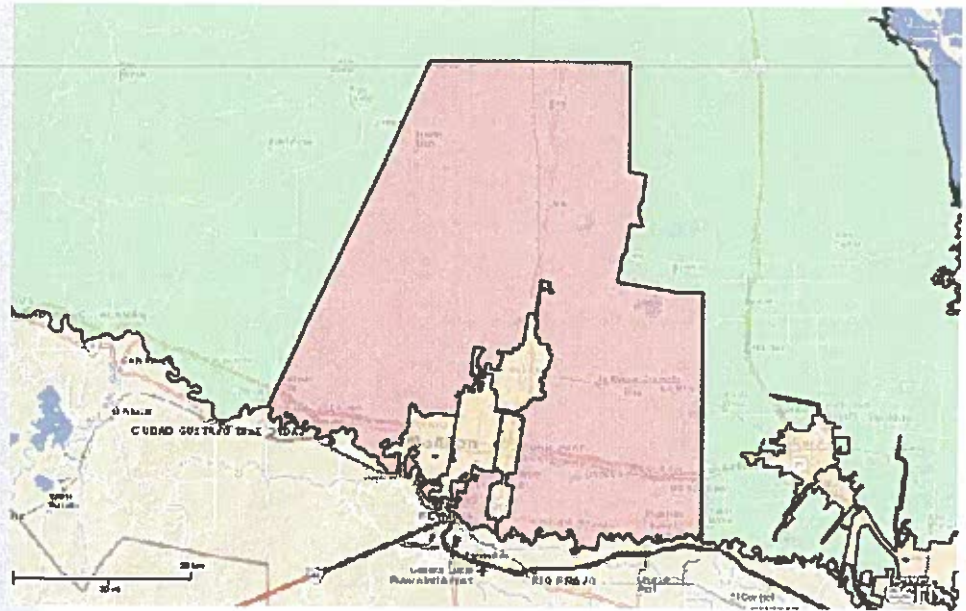
This five-year Consolidated Plan and Strategy is the result of an extensive needs assessment and community outreach process conducted by the entitlement communities in Hidalgo County including:

- Hidalgo County – Urban County Program (including the Cities of Alamo, Alton, Donna, Edcouch, Elsa, Granjeno, Hidalgo, La Joya, La Villa, Mercedes, Palmhurst, Palmview, Penitas, Progreso, Progreso Lakes, San Juan, Sullivan City, Weslaco and the unincorporated parts of the County)
- City of Edinburg
- City of McAllen
- City of Mission

While the four communities approached the consultation collectively, each community assessed their individual needs, goals, objectives and outcomes. This assessment produced independent Consolidated Plan and Strategy documents. And, as had been done under the regional Consolidated Plans, independent Action Plan and CAPER documents will be remitted by each community. No aggregated data is intended to be reported under this Consolidated Plan.

CDBG Grantee

-  State
-  MSA
-  City
-  Urban County
-  HOME Consortia



County of Hidalgo Entitlement Area

2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

Three national goals/objectives serve as the overall framework for the use of Consolidated Plan funds. The goals are (1) to provide decent housing, (2) create a suitable living environment and (3) expand economic opportunities, to principally benefit extremely low-, low-, and moderate-income individuals and families. Income categories are calculated on an annual basis by HUD. Extremely low-income households have an income of 0-30% of Area Median Income (AMI). Low-income households have an income of 30-50% AMI and Moderate income is defined as 50-80% AMI. All income levels are adjusted for family size.

Further, Consolidated Plan funded programs and projects must meet one of the following outcomes: (1) Availability/Accessibility, (2) Sustainability and (3) Affordability. These outcomes were developed by HUD in its Performance Measurement System.

Also, HUD has established a listing of Matrix Codes for projects funded with Consolidated Plan dollars. These Matrix Codes are prioritized at the local level based on the community needs assessment. Matrix Codes are categorized as either "High" or "Low" priorities. Priority designations are referenced throughout this document.

In summary, the following broadly defined activities are designated as "High" priorities:

- Housing - Construction, Counseling, Rehabilitation of Single and Multi-Unit Properties, Homeowner Assistance and Public Housing Modernization
- Infrastructure - Street Improvements, Water/Sewer Improvements, Sidewalk Construction, Flood/Drain Improvements and Repayments of Section 108 Loans
- Public Facilities - Youth Centers, Senior Centers, Homeless Facilities/Operating Costs, Neighborhood Facilities, Parks and Recreational Facilities, Fire Stations/Equipment and Health Center
- Public Services - Services for qualified individuals and families including services for seniors, youth general, handicapped persons, abused and neglected children, battered and abused spouses, and victims of domestic violence as well as transportation, health services and subsistence payments.

Additional information regarding "High" Priority activities may be viewed in the Action Plan Sections and within "SP-25 Priority Needs".

3. Evaluation of past performance

In order to ascertain whether individual (One-Year) or cumulative (Five-Year) goals were met, a Consolidated Annual Performance and Evaluation Report (CAPER) is annually composed, available for public comment and remitted to HUD for review and approval. The goals and objectives identified in the previous Consolidated Plan and Strategy (FY 2010/2011 - FY 2012/2013) were aggregated for the eight entitlement communities in South Texas. They were reported to HUD by the City of McAllen in December 2012 within the City's Consolidated Annual Performance and Evaluation Report (CAPER). The eight entitlement communities are:

- City of Brownsville
- City of Edinburg
- City of Harlingen
- City of McAllen
- City of Mission
- City of Pharr

- City of San Benito
- Hidalgo County

The final cumulative CAPER will be remitted by the City of McAllen in December 2013; nonetheless, UCP will remit its final CAPER related to the previous Consolidated Plan in September 2013.

It should be noted that many "High" priorities identified in previous Annual Action Plan continue to be high priorities within this document. These priority needs remain in different areas of the jurisdiction.

Matrix Code	Amount
Parks, Recreational Facilities 03F	\$ 1,185,326.29
Water, Sewer Improvements 03J	1,154,521.73
Housing Rehabilitation 14A	134,611.60
Street Improvements 03K	3,391,655.97
Fire Stations/Equipment 03O	274,968.43
Public Services 05	943,884.78
General Program Administration 21A	1,169,781.03
Public Facilities 03 General	6,860.62
Neighborhood Facilities 03E	177,076.67
Flood and Drainage Facilities 03I	23,150.16
Planning	63,750.00

Table 1 - FY 2011 - 2012 CDBG Expenditures

Program	Amount
New Housing	579,321.30
Homebuyer	258,082.40
Rehabilitation	1,481,325.35
General Administration	321,685.38

Table 2 - FY 2011-2012 HOME Expenditures

4. Summary of citizen participation process and consultation process

As an entitlement community, a Citizen Participation Plan (CPP) has been adopted. Adherence to its particulars is detailed within this document in the section entitled "PR-15 Citizen Participation". Of note, the CPP mandates a minimum 72-hour notification prior to holding a public hearing. In addition, this document was made available for public review for no less than 30-days as mandated by HUD. A summary of the efforts to broaden citizen participation including a listing of public hearings, comments received and reasons for not accepting are further detailed in "PR-15 Citizen Participation".

Consultations with interested parties were coordinated through staff from the four entitlement communities. Consultation tools were developed and utilized when contacting the various interested

parties/stakeholders. Listings of agencies who were contacted and results are also detailed in "PR-10 Consultation".

5. Summary of public comments

In order to solicit input, various public hearings were held throughout the County. All comments received were considered and their affect on this Consolidated Plan may be viewed in the Section entitled "PR-15 Citizen Participation". The draft of the Consolidated Plan was made available for public comment on March 28, 2013. The comment period expired on May 1, 2013

6. Summary of comments or views not accepted and the reasons for not accepting them

The jurisdiction accepted all comments; however, with limited resources, not all comments/projects can be funded. Nonetheless, all comments received contributed to project's priority designation.

7. Summary

While this document is a compilation of information obtained by the four entitlement communities, each jurisdiction developed its owned priorities and completed its own Action Plan. Of note, when feasible, source documentation and data extrapolated the entitlement communities' source documentation from the Hidalgo County boundaries/service area; however, this separation was not always possible. Where applicable, it is noted whether data is inclusive or exclusive of the Cities of Edinburg, McAllen and Mission.

The Process

PR-05 Lead & Responsible Agencies

1. Agency/entity responsible for preparing/administering the Consolidated Plan

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
Lead Agency	HIDALGO COUNTY	

Table 1 – Responsible Agencies

Narrative

The Hidalgo County - Urban County Program (UCP) assumed the lead in the development of their Consolidated Plan and Strategy document. UCP administers the housing and community development programs covered by the Consolidated Plan and Strategy including those funded by Community Development Block Grant (CDBG), HOME Investment Partnership Program (HOME) and Emergency Solutions Grant (ESG) Programs. As the lead agency, staff coordinated the development and implementation of the Consolidated Plan and Strategy with input from a broad range of stakeholders. In order to obtain input from public agencies and community organizations, consultation instruments and survey tools were distributed by staff from UCP and the three entitlement communities in Hidalgo County. In addition, each jurisdiction, in accordance with their Citizen Participation Plan, held various public hearings and solicited comments in an attempt to identify needs and gaps in the local community. Public notices were announced in the newspaper, posted on the jurisdiction’s official website and the notice of availability of the Consolidated Plan document was made available for the minimum 30-day comment period. Consultation instruments and survey tools (included in the appendices) requested information regarding housing needs, housing market analysis/substandard housing needs, public housing needs, homeless needs, non-homeless special needs, lead-based paint hazards and community development needs.

For a complete listing of agencies and responses, section PR-10 Consultation has been completed. Where applicable, staff has indicated whether or not a response was received, the type of service the agency provides and to which section of the plan the agency contributed.

Consolidated Plan Public Contact Information

County of Hidalgo Urban County Program

3304 West Alberta

Edinburg, TX 78589

ph: (956) 787-8127

fax: (956) 318-2988

email: ucp@ucp.co.hidalgo.tx.us