



Endorsement

Policy Period 05/01/2022 to 05/01/2023  
 Effective Date 05/01/2022  
 Policy Number 35336064  
 Insured NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC. DBA NATIONAL  
 Name of Company FEDERAL INSURANCE COMPANY  
 Date Issued APRIL 15, 2019

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

Who Is An Insured

Additional Insured - Scheduled Person Or Organization

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.



**Liability Endorsement**  
(continued)

Under Conditions, the following provision is added to the condition titled Other Insurance.

**Conditions**

**Other Insurance –  
Primary, Noncontributory  
Insurance – Scheduled  
Person Or Organization**

If you are obligated, pursuant to a contract or agreement, to provide the person or organization shown in the Schedule with primary insurance such as is afforded by this policy, then in such case this insurance is primary and we will not seek contribution from insurance available to such person or organization.

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**Schedule**

PERSONS OR ORGANIZATIONS THAT YOU ARE OBLIGATED, PURSUANT TO WRITTEN CONTRACT OR AGREEMENT BETWEEN YOU AND SUCH PERSON OR ORGANIZATION, TO PROVIDE WITH SUCH INSURANCE AS IS AFFORDED BY THIS POLICY; BUT THEY ARE INSURED ONLY IF AND TO THE MINIMUM EXTENT THAT SUCH CONTRACT OR AGREEMENT REQUIRES THE PERSON OR ORGANIZATION TO BE AFFORDED STATUS AS AN INSURED. HOWEVER, NO PERSON OR ORGANIZATION IS AN INSURED UNDER THIS PROVISION WHO IS MORE SPECIFICALLY DESCRIBED UNDER ANY OTHER PROVISION OF THE WHO IS AN INSURED SECTION OF THIS POLICY (REGARDLESS OF ANY LIMITATION APPLICABLE THERETO).

All other terms and conditions remain unchanged.

Authorized Representative



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## Conditions

### *Other Insurance (continued)*

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not negotiated specifically to apply in excess of the Limits Of Insurance shown in the Declarations of this insurance.

#### *Method of Sharing*

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this method each insurer contributes equal amounts until it has paid its applicable limits of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limits of insurance to the total applicable limits of insurance of all insurers.

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### *Premium Audit*

We will compute all premiums for this insurance in accordance with our rules and rates.

In accordance with the Estimated Premiums section of the Premium Summary, premiums shown with an asterisk (\*) are estimated premiums and are subject to audit.

In addition to or in lieu of such designation in the Premium Summary, premiums may be designated as estimated premiums elsewhere in this policy. In that case, these premiums will also be subject to audit, and the second paragraph of the Estimated Premiums section of the Premium Summary will apply.

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### *Separation Of Insureds*

Except with respect to the Limits Of Insurance, and any rights or duties specifically assigned in this insurance to the first named **insured**, this insurance applies:

- as if each named **insured** were the only named **insured**; and
- separately to each **insured** against whom claim is made or **suit** is brought.

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### *Transfer Or Waiver Of Rights Of Recovery Against Others*

We will waive the right of recovery we would otherwise have had against another person or organization, for loss to which this insurance applies, provided the **insured** has waived their rights of recovery against such person or organization in a contract or agreement that is executed before such loss.

To the extent that the **insured's** rights to recover all or part of any payment made under this insurance have not been waived, those rights are transferred to us. The **insured** must do nothing after loss to impair them. At our request, the **insured** will bring **suit** or transfer those rights to us and help us enforce them.

This condition does not apply to **medical expenses**.

**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY**

**WC 124  
(4-84)**

WC 00 03 13

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on **05/01/2022** at 12:01 A. M. standard time, forms a part of  
(DATE)

Policy No. **71656165** of the **CHUBB INDEMNITY INSURANCE COMPANY**  
(NAME OF INSURANCE COMPANY)

issued to **NATIONAL COUNCIL FOR COMMUNITY  
DEVELOPMENT INC DBA NATIONAL DEVELOPMENT**

Endorsement No. \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.\*

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

**Schedule**

**AS REQUIRED BY WRITTEN CONTRACT**



## **Appendix F**

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### **CERTIFICATION REGARDING DEBARMENT**

## Certification Regarding Debarment, Suspension and Ineligibility

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

PRINTED NAME: Daniel Marsh III

TITLE: President & CEO

UEI NUMBER: X3J4ZFLNKKM9

DocuSigned by:

*Daniel Marsh III*

SIGNATURE: 8BD7FDCE0F18498...

TELEPHONE NUMBER: 800-501-7489

ADDRESS: 1111 Superior Ave East, Suite 1114, Cleveland, OH 44114

DATE: 12/6/2022

If the bidder is unable to certify to all of the statements in this certification, such bidder should attach an explanation to this proposal.

# DEBARMENT CERTIFICATION CHECKLIST

**\*\*FOR UCP USE ONLY\*\***

VENDOR/AGENCY NAME: National Council for Community Development.

UNIQUE IDENTIFYING NUMBER: X3J4ZFLNKKM9

DATE VERIFIED ON SAM.GOV: 12-5-2022

EXCLUSIONS: \_\_\_\_\_ YES  NO

NAME OF UCP COORDINATOR: Steven de la Garza, Home Manager

PRINT VERIFICATION REPORT AND ATTACH:  YES \_\_\_\_\_ NO

ASSISTANT DIRECTOR APPROVAL: [Signature]

DATE SUBMITTED TO FINANCE: 12.6.2022

FINANCE MANAGER ACCEPTANCE: [Signature]

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### Entity Registration

#### Core Data

Business Information

Entity Types

Financial Information

Points of Contact

Assertions

Reps and Certs

Exclusions

Responsibility / Qualification

## NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT, INC.

Unique Entity ID

**X3J4ZFLNKKM9**

CAGE/NCAGE

**1MV62**

*Registration Status*

*Expiration Date*

Active Registration

Apr 20, 2023

Purpose of Registration

**All Awards**



# NDC HOUSING AND ECONOMIC DEVELOPMENT CORPORATION

Unique Entity ID <b>JNYGJRNAL78</b>	CAGE / NCAGE <b>8CC67</b>	Purpose of Registration <b>Federal Assistance Awards Only</b>
Registration Status <b>Active Registration</b>	Expiration Date <b>Dec 30, 2022</b>	
Physical Address <b>1111 Superior AVE E Cleveland, Ohio 44114-2522 United States</b>	Mailing Address <b>1111 Superior AVE E Suite 44114 Cleveland, Ohio 44114-2522 United States</b>	

## Business Information

Doing Business as <b>NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT</b>	Division Name <b>(blank)</b>	Division Number <b>(blank)</b>
Congressional District <b>Ohio 11</b>	State / Country of Incorporation <b>Virginia / United States</b>	URL <b>(blank)</b>

## Registration Dates

Activation Date <b>Dec 2, 2021</b>	Submission Date <b>Nov 30, 2021</b>	Initial Registration Date <b>Jul 1, 2019</b>
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## Entity Dates

Entity Start Date <b>May 6, 1988</b>	Fiscal Year End Close Date <b>Dec 31</b>
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## Immediate Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## Highest Level Owner

CAGE <b>(blank)</b>	Legal Business Name <b>(blank)</b>
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## Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

## Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

## Exclusion Summary

### Active Exclusions Records?

**No**

## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

**Yes**

## Entity Types

### Business Types

Entity Structure	Entity Type	Organization Factors
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Corporate Entity (Tax Exempt)

Business or Organization

(blank)

Profit Structure

Non-Profit Organization

Socio-Economic Types

Check the registrant's Repts & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments  
No

Debt Subject To Offset  
No

EFT Indicator  
0000

CAGE Code  
8CC67

Points of Contact

Electronic Business

✎  
Adam Ennis, CFO

1111 Superior AVE East  
Suite 1114  
Cleveland, Ohio 44114  
United States

Government Business

✎  
Adam Ennis, CFO

1111 Superior AVE East  
Suite 1114  
Cleveland, Ohio 44114  
United States

Service Classifications

NAICS Codes

Primary

NAICS Codes

NAICS Title

Disaster Response

This entity does not appear in the disaster response registry.

Physical Address

**1 Battery Park PLZ STE 710  
New York, New York  
10004-1704, United States**

Mailing Address

**325 Gold Street Suite 501  
Brooklyn, New York  
11201-1704, United States**

Version

Current Record

## BUSINESS INFORMATION

Doing Business As

**National Development Council**

URL

**(blank)**

State / Country of Incorporation

**New York, United States**

Division Name

**(blank)**

Division Number

**(blank)**

Congressional District

**New York 10**

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### Registration Dates

Activation Date

**Mar 23, 2022**

Submission Date

**Mar 21, 2022**

Initial Registration Date

**Oct 11, 2001**

## Entity Dates

Entity Start Date

**Jun 7, 1972**

Fiscal Year End Close Date

**Dec 31**

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## Immediate Owner

CAGE

**(blank)**

Legal Business Name

**(blank)**

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## Highest Level Owner

CAGE

**(blank)**

Legal Business Name

**(blank)**

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## Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to [USAspending.gov](https://USAspending.gov) for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

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## SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

## ENTITY TYPES

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### Business Types

Entity Structure

**Other**

Organization Factors

**(blank)**

Entity Type

**Business or Organization**

Profit Structure

**Non-Profit Organization**

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### Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

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### Other Entity Qualifiers

Community Development Corporation

## FINANCIAL INFORMATION

Accepts Credit Card Payments

**No**

Debt Subject To Offset ([What is this?](#))

**No**

### Account Details

---

EFT Indicator

**0000**

CAGE Code

**1MV62**

## POINTS OF CONTACT

## Electronic Business

 ★ Thomas Jackson

4101 Spring Grove Avenue  
Suite A  
Cincinnati, Ohio 45223  
United States

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## Government Business

 ★ Thomas Jackson

4101 Spring Grove Avenue  
Suite A  
Cincinnati, Ohio 45223  
United States



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**General Services Administration**

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# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

National Council for Community Development, Inc. dba National Development Council  
Cleveland, OH United States

Certificate Number:  
2022-961262

Date Filed:  
12/05/2022

Date Acknowledged:  
12/06/2022

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County, Texas

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

5022-98-2101-0000-5CON-SDLG

Consultant Services for the Preparation of a Five-Year Consolidated Plan, FY23 Annual Action Plan and Analysis of Impediments for the County of Hidalgo, City of Edinburg, City of McAllen and the City

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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National Council for Community Development, Inc. dba National Development Council  
Cleveland, OH United States

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Hidalgo County, Texas

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5022-98-2101-0000-5CON-SDLG  
Consultant Services for the Preparation of a Five-Year Consolidated Plan, FY23 Annual Action Plan and Analysis of Impediments for the County of Hidalgo, City of Edinburg, City of McAllen and the City

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Daniel Marsh III, and my date of birth is 4/20/1950.

My address is 5 Cedar St., Mashpee MA 02649 USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Barnstable County, State of MA, on the 6 day of DEC, 2022.  
(month) (year)

DocuSigned by:  
*Daniel Marsh III*  
8BD7EDCE0F18498  
Signature of authorized agent of contracting business entity (Declarant)