

FY21 & FY22 Action Plan

Recovery Housing Program (RHP)

Grantee: North Carolina

FY21 Grant: B-21-RH-37-0001

FY22 Grant: To Be Assigned

FY 21 Grant Award Amount: \$ 778,974.00

FY 22 Grant Award Amount: \$ 806,625.00

Total Budget: \$1,585,599.00

Funding Sources

No Funding Sources Found

Narratives

Program Summary:

In response to the opioid epidemic that has plagued many parts of the nation, a pilot program, the Recovery Housing Program (RHP), has been authorized through Section 8071 of the "Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act", also referred to as the "SUPPORT for Patients and Communities Act" (SUPPORT Act). The SUPPORT Act requires funds appropriated through the pilot program RHP to be treated as Community Development Block Grant (CDBG) funds under the privity of the U.S. Department of Housing and Urban Development (HUD), as modified by Federal Register Notice (FR-6225-N-01) with the intent to expedite and facilitate the use of RHP funds.

RHP, pilot program, provides formula grant funds to states and the District of Columbia to assist individuals in recovery from a substance use disorder (SUD) with stable, transitional housing while on the path to self-sufficiency. The assistance is limited, per individual, to a period of not more than 2 years or until the individual secures permanent housing, whichever is earlier. RHP grantees are mandated to utilize eligible activities to distribute funds by giving priority to entities (entitlement, non-entitlement, or non-profit) with the greatest need and ability to deliver effective assistance in a timely manner. Coordination with other federal substance abused-related assisted partners is strongly encouraged by the program.



RHP eligible activities include:

- Public facilities and improvements;
- Acquisition and disposition of real property;
- Payment of lease, rent, and utilities
- Rehabilitation, reconstruction, and construction of both single family, multifamily, and public housing;
- Clearance and demolition;
- Relocation; and/or
- Administration and technical assistance

In February of 2020, the first cycle of RHP funds were allocated to 25 grantees (24 states and the District of Columbia). HUD was directed to allocate RHP funds only to state with age adjusted rate of drug overdose death above the national overdose mortality rate based on 2016 findings (19.8 per 100,000), which was 21% higher than the rate in 2015 (16.3), according to the Centers for Disease Control and Prevention (CDC). Fiscal year 2020 allocation excluded the State of North Carolina from receiving RHP funds. Even though, data from NC Opioid and Prescription Drug Abuse Advisory Committee (OPDAAC), a group of more than 150 stakeholders, reported that North Carolina experienced a dramatic increase in the rate of death caused by an overdose of opioid prescription drugs. Also, this increase at the time was running parallel with the ever-increasing rate of prescription of opioid painkillers in the United States.

Mid-year of 2021, a second cycle of RHP funds were allocated to 27 grantees (26 states and the District of Columbia), this cycle included an allocation of \$778,974 to the State of North Carolina. Then, May of 2022, a third cycle of RHP funds were allocated to 25 grantees (24 states and the District of Columbia), this cycle included another allocation of \$806,625 to the State of North Carolina. North Carolina allocation was attributed to the state's age adjusted rate of drug overdose death rising closer to the national overdose mortality rate. In North Carolina, an estimated 79% of drug overdose deaths involved opioids in 2018; a total of 1,783 fatalities and a rate of 17.9. The CDC reported heroin-involved deaths and those involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) remained stable with a respective 619 (a rate of 6.3) and 1,272 (a rate of 13.0) in 2018. It was also reported that in 2018 North Carolina providers wrote 61.5 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 prescriptions for every 100 persons.

In developing the RHP Action Plan, the North Carolina Department of Commerce Rural Economic Development Division (REDD) obtained information that the origin of the opioid crisis began within the 423 counties in the Appalachian region located in the eastern part of the United States. Thirty-one of the 423 counties in the Appalachian region are located within the State of North Carolina. As reported by the National Association of Counties (NACo) and the Appalachian Regional Commission (ARC), the



nation’s substance use disorder crisis disproportionately impacts Appalachian counties, which findings indicates at the turn of the millennium the opioid overdose death rate was roughly equal to that of the rest of the U.S.; by 2019. However, the death rate for opioid overdoses in Appalachian counties was 41 percent higher than that of non-Appalachian counties. The national overdose rate is 21.6% per 100,000 individuals, just in the Appalachian region located within the State of North Carolina 29 of the 31 counties are over the national overdose rate of 21.6%, according to NORC at the University of Chicago and the Appalachian Region Commission (ARC) <https://overdosemappingtool.norc.org/>. Even more alarming is many of these counties overdose rate are twice that of the national overdose rate.

Substance Abuse Advisory Council (SAAC) to address the disproportionate impact substance use disorder continues to have on the Appalachian region’s workforce in comparison to the rest of the country. The ARC’s Substance Abuse Advisory Council is a volunteer advisory group made up of 23 leaders from law enforcement, recovery services, health, economic development, private industry, education, state government and other sectors.

As another strategy the ARC, in April of 2021, implemented the INvestments Supporting Partnerships In Recovery Ecosystems (INSPIRE) Initiative — a \$10 million initiative to create or expand a recovery ecosystem that would lead to workforce entry or re-entry. The intent of successful projects is to support the post-treatment to employment continuum, which could include investments in healthcare networks that support substance use disorder recovery professionals, recovery-focused job training programs, as well as initiatives designed to coordinate, or link, recovery services and training that support the recovery ecosystem, among others.

Resources:

Although, the State of North Carolina has not directly set aside program funds from the state’s regular Community Development Block Grant (CDBG) program for RHP projects. CDBG funds including other federal, state, or local resources will be considered with RHP projects, given preference to housing needs, that meet CDBG and RHP programs eligibility requirements, have long-term impacts on LMI individuals and families and individuals in recovery from a substance use disorder, and help address other federal, state, and local priorities, such as fair housing choice and sustainability. RHP funds will be used in accordance with all program requirements including 2 CFR Part 200. All costs charged to the RHP grant will be reasonable and necessary. FY21 & FY22 RHP Action Plan:

Expected Amount Available Year 1 (FY2021)

Annual Allocation: \$ 778,974
Program Income: \$ 0.00
Prior Year Allocation: \$ 0.00
Total: \$ 778,974

Breakdown

*Program Funds: \$ 740,026
**TA (3%) is included in Program Funds*
State Administration (5%): \$ 38,948
Total: \$ 778,974



Expected Amount Available Year 2 (FY2022)

Annual Allocation: \$ 806,625
Program Income: \$ 0.00
Prior Year Allocation: \$ 778,974 shown within Grand Total
Total: \$ 806,625

Breakdown

*Program Funds: \$ 766,294
*TA (3%) is included in Program Funds
State Administration (5%): \$ 40,331
Total: \$ 806,625

Grand Total of Expected Amount Available Year 1 (2021) and Year 2 (2022): \$1,585,599.00

Per RHP Implementation Notice, and Federal Register Notice (FR-6225-N-01), the State of North Carolina is not required to provide administrative matching funds.

Estimated Amount Available from Other Sources: \$ 822,123

Potential leverage amount from ARC's INSPIRE Initiative for projects and activities are not under RHP privity but complements RHP mandated goals and objectives. These are stand-alone funds being invested in the region regardless of RHP – no interagency memorandum of understanding has been entered into binding ARC to support RHP.

The State of North Carolina will comply with RHP expenditure requirements and deadlines, including to expend at least 30% of the state's RHP funds within one year from the date HUD signs the RHP grant agreement, to expend 100% of the RHP funds before the end of the period of performance on September 1, 2027, and to limit administrative costs to 5% of the RHP grant. Unless, otherwise, waived or extended under the authorization of HUD.

Although, the state has targeted RHP funds to, the hardest hit region, the Appalachian counties in the State of North Carolina. The state recognizes that each community within the Appalachian region counties have unique housing, economic, and social needs that are interconnected in some way. Therefore, in an effort to maximize RHP funds and empower the most economically distressed communities within the Appalachian region the state is committed to taking into account designated Opportunity Zones in the distribution of RHP funds. Based on the U.S. Treasury Department Designations and 2011-2015 ACS Data, there are 55 designated Opportunity Zones within the State of North Carolina's Appalachian region with 223,934 LMI North Carolinians residing within these designated Opportunity Zones <https://www.arc.gov/opportunity-zones/>.

The state consistently evaluates publicly owned lands or properties that could be used to address housing and community development needs in North Carolina. As such, when buildable lots become available and are determined to be a viable option, the state will pursue public-private partnerships to

develop or redevelop transitional housing units. In addition, the state, if necessary, will strategically acquire land and/or property as publicly owned for either owner-occupied, lease-purchase, or rental property to provide individuals in recovery from a substance use disorder with stable, transitional housing while on the path to self-sufficiency.

Administration Summary:

HUD has granted waivers and alternative requirements to expand options in carrying out RHP activities through RHP Implementation Notice, and Federal Register Notice (FR-6225-N-01). HUD determined these flexibilities would facilitate and streamline the use of RHP funds to entities with the greatest need and the ability to deliver effective assistance in a timely manner. The waivers and alternative requirements allow grantees to act directly and carry out activities through employees, contractors, and subrecipients in all geographic areas of their jurisdictions, and to select subrecipients to administer the program on their behalf. The State of North Carolina has determined the approach for administering RHP funds and selecting activities and projects will be through a "Direct-Action" approach. The North Carolina Department of Commerce Rural Economic Development Division (REDD) is the state's CDBG Administrator and, as such, shall be the lead agency to direct RHP funds in accordance with all applicable federal, state, and local laws, regulations, guidance and policy requirements that are pertinent to the implementation of RHP and the SUPPORT Act.

For activities carried out by the State of North Carolina in entitlement areas, the provisions of 24 CFR 570.486(c) are waived to the extent necessary to allow the state, either directly or through units of general local government, to use RHP funds for activities located in entitlement areas without contribution from the entitlement jurisdiction. At its discretion, the State of North Carolina may carry out activities utilizing the state CDBG program regulations to distribute RHP funds to units of general local government, Indian tribes, tribally designated housing entities, and entitlement areas. The State of North Carolina will be responsible for submitting the Request for Release of Funds to HUD for approval.

RHP Grant Contact Information:

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Use of Funds – Method of Distribution:

The State of North Carolina will make available up to \$1,506,320.00 in RHP funds to one or more subrecipients, as grants, to help individuals within the Appalachian region of the state that have been affected by substance use disorder (SUD). Subrecipients will be solicited, evaluated, and selected for RHP activities through the process of first, releasing a Notice of Funds Availability (NOFA) — after the State of North Carolina has received its grant agreement and approval from HUD. Primary applicant for RHP must be County-Level or County's municipality designee and first priority will be given to Tier 1 & 2 counties (*especially those with overdose rates over the national average*). Subrecipient's project applications received must meet RHP criteria and can earn up to 100 points based on the elements with the Use of Funds - Criteria for Evaluation section of this plan.

Use of Funds – Activities Carried Out Directly:

REDD's staff capacity and structure will permit the State of North Carolina to act directly using one or more subrecipients (entitlement, non-entitlement, or non-profit) to carry out RHP activities within the Appalachian region of the state.

State grant administration is an allowable expense, capped at 5% of the allocation plus 5% of any RHP program income. Technical assistance (TA) is also authorized, capped at 3% of the allocation plus 3% of any RHP program income. Administrative matching funds are not required.

Breakdown of RHP Funds:

Expected Amount Available Year 1 (FY2021)

Annual Allocation: \$ 778,974
Program Income: \$ 0.00
Prior Year Allocation: \$ 0.00
Total: \$ 778,974

Breakdown

*Program Funds: \$ 740,026
*TA (3%) is included in Program Funds
State Administration (5%): \$ 38,948
Total: \$ 778,974

Expected Amount Available Year 2 (FY2022)

Annual Allocation: \$ 806,625
Program Income: \$ 0.00
Prior Year Allocation: \$ 778,974 shown within Grand Total
Total: \$ 806,625

Breakdown

*Program Funds: \$ 766,294
*TA (3%) is included in Program Funds
State Administration (5%): \$ 40,331
Total: \$ 806,625

Grand Total of Expected Amount Available Year 1 (2021) and Year 2 (2022): \$1,585,599.00



The State of North Carolina will fund one or two subrecipients through RHP for **eligible RHP activities** as described in Federal Register Notice (FR-6225-N-01), which are CDBG-eligible activities consistent with the purpose of RHP. To provide stable, temporary housing for individuals in recovery from a substance use disorder (not including administration and technical assistance).

All RHP activities must comply with the **Limited Clientele National Objective (LMC)**, as modified by FR-6225-N-01 and must support activities that benefit low- and moderate-income persons. The State of North Carolina and its subrecipients are prohibited from using RHP funds to aid in the prevention or elimination of slums or blight or for activities designed to meet urgent needs. Planning grants are not eligible for RHP funds.

Use of Funds – Eligible Subrecipients:

The definition of subrecipient at 24 CFR 570.500(c) applies when utilizing subrecipients, and the requirements of 24 CFR 570.489(g) (as modified by section II.D.vii) shall apply. For purposes of this alternative requirement, the definition of subrecipients at CFR 570.500(c) is modified to expressly include Indian tribes. Indian tribes that receive RHP funding from the state must comply with the Indian Civil Rights Act (Title II of the Civil Rights Act of 1968, 25 U.S.C. 1301 et seq).

Use of Funds – Criteria for Evaluation:

As stated within the Use of Funds - Methods of Distribution section, the State of North Carolina will solicit, evaluate, and select subrecipients for RHP activities through the process of first, releasing a Notice of Funds Availability (NOFA). Primary applicant for RHP must be County-Level or County's municipality designee and first priority will be given to Tier 1 & 2 counties (*especially those with overdose rates over the national average*).

The state's RHP will prioritize the selection of a subrecipient's with the greatest need and ability to deliver effective assistance in a timely manner – subrecipient must demonstrate the capacity to expend at least 30% of RHP funds in the first year of receiving funds. Additionally, priority will be given to subrecipients that demonstrate leveragability to ARC's Strategies and Initiatives and assists individuals in recovery from SUD with stable, transitional housing. Subrecipient's project must integrate multiple community and economic development systems, evidence-based or promising SUD models and practices, and resources in support of implementing existing community and economic development strategic plans that create pathways to self-sufficiency. For a list of evidence-based resources and guidelines from the Substance Abuse Mental Health Services Administration, visit the [Resource Center | SAMHSA](#).

Subrecipient's project applications received must meet RHP criteria (below) and can earn up to 100 points based on the following elements:

RHP Request for Application Criteria

- A. Executive Summary — **Submit required form**
- B. Statement of Needs — **Up to 25 points**
- C. Project Description — **Up to 32 points**
- D. Projected Outputs and Outcomes — **Up to 16 points**
- E. Leveragability to ARC's Strategies and Initiatives — **Up to 12 points**
- F. Budget and Budget Narrative — **Up to 5 points**
- G. Feasibility — **Up to 5 points**
- H. Organizational Capacity — **Up to 5 points**
- I. Required Forms: — **Recommended Attachments and Supporting Documentation**

Definitions – Individual in Recovery:

Recovery has been identified as a primary goal for behavioral health care. In recent years, leaders in the behavioral health field, consisting of people in recovery from mental health and substance use disorders, Rural Health Information Hub (RHlub) and SAMHSA, have explored and developed common, unified working definitions associated to recovery. Entrusting the efforts and the consultations of many stakeholders, SAMHSA and RHlub, REDD will adopt the following definition as part of RHP, for the purposes of advancing stable transitional housing for North Carolinians in recovery from substance use disorder on a path of self-sufficiency:

Individual in Recovery - An individual engaged in the process of change through which they seek to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Definitions – Substance Use Disorder:

Substance Use Disorder - The recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Anticipated Outcomes:

The State of North Carolina's overall goals and objectives will concentrate on achieving through RHP funds a cross-sector community recovery partnerships that will expanding peer recovery support networks to create a holistic approach to assist individuals in recovery from a substance use disorder with stable, transitional housing and create long-term social and economic vitality.

As stated within the Use of Funds - Activities Carried out Directly, the state will fund one or two subrecipients through RHP for **eligible RHP activities** as described in Federal Register Notice (FR-6225-N-01), which are CDBG-eligible activities consistent with the purpose of RHP. To provide stable, temporary housing for individuals in recovery from a substance use disorder (not including administration and technical assistance). The state estimates at least 40 individuals will be assisted through RHP, with a goal of 75% (30) individuals able to transition to permanent housing through RHP-assisted temporary housing.

It should be emphasized that the state expects the number of individuals assisted in RHP activities and the number of individuals able to transition to permanent housing through RHP-assisted temporary housing to change — once potential subrecipients' RHP applications received from the state's NOFA are evaluated and selected for funding. Based on information gain through the state's partner coordination on SUD needs and capacity of RHP funding in FY21 & FY22 allocations, the number of selected subrecipients would be more effective and deliver transforming results if no more than two subrecipients are selected for funding.

Expenditure Plan:

The State of North Carolina will comply with RHP expenditure requirements and deadlines, including to expend at least 30% of the state's RHP funds within one year from the date HUD signs the RHP grant agreement, to expend 100% of the RHP funds before the end of the period of performance on September 1, 2027, and to limit administrative costs to 5% of the RHP grant. Unless, otherwise, waived or extended under the authorization of HUD.

The state's staff within REDD will provide comprehensive grants management and compliance oversight to selected subrecipient(s) to ensure all activities are undertaken as approved and all predetermined expenditure schedules set forth by contractual agreement are adhered to.

Proposed Schedule to Meet Expenditure Deadlines:

- Receipt and execution of RHP grant agreement — **August, 2022 - September, 2022**
- Publishing of RHP Notice of Funding Availability (NOFA) — **October, 2022**
- Applications are due — **Mid November, 2022**
- RHP Review Committee will evaluate and score RHP applications — **December, 2022**
- Announcement of Subrecipients being awarded for RHP — **January, 2023**
- Subrecipients' grant agreements issued for execution — **January, 2023**
- Executed subrecipients' grant agreement are due and work can commence — **Mid March, 2023**
- At least 30% (\$475,680) of the state's RHP funds expended — **August, 2023**
- 25% (\$396,400) of the state's RHP funds expended — **August, 2024**
- 20% (\$317,120) of the state's RHP funds expended — **August, 2025**

- 15% (\$237,840) of the state’s RHP funds expended — **August, 2026**
- 10% (\$158,559) of the state’s RHP funds expended — **March, 2027**
- Closeout Process — **April, 2027 – July, 2027**
- 100% of the RHP funds expended and the end of the period of performance — **September 1, 2027**

The state does not anticipate the generation of program income from the RHP allocations. However, the state will ensure prior to closeouts if any gross program income is generated through RHP that all program income will be reinvested in RHP activities or the states CDBG program. The state will prohibit the establishment of revolving loans with program income generated from the use of RHP funds.

Citizen Participation Summary:

In preparation for developing the draft and final FY21 & FY22 RHP Annual Action Plan (AAP), the North Carolina Department of Commerce Rural Economic Development Division (REDD) consulted with representatives of ESG and HOPWA, public organizations, regional partners, and governmental professions within the behavioral health field that specialize in the area of substance use disorder and mental health services to discuss housing and community development needs associated to residential recovery from SUD.

Although RHP was granted a waiver/modification of CDBG Citizen Participation Requirements 24 CFR 570.486 and 24 CFR 91.505, to allow at least 15 calendar days for the RHP public comments. The State of North Carolina elected for the first public comment period, to conduct a 30-calendar day public comment period from Wednesday, April 13, 2022 to Tuesday, May 12, 2022. A public notice was published April 13, 2022 on the North Carolina Department of Commerce 's website at www.nccommerce.com and was sent out through a statewide email list serv with the draft RHP AAP attached. Prior and during the public comment period for RHP, REDD published the draft FY21 RHP AAP in a manner that affords citizens, units of general local governments, public agencies, and other interested parties a reasonable opportunity to examine its contents and to submit comments.

A virtual public hearing was held remotely through WebEx on April 20, 2022 with all persons given access to call into the meeting. Virtual public hearings are permitted in the absence of in-person public meeting, due to the national emergency declaration for the COVID-19 pandemic. There were no comments and views received on the state's RHP AAP in writing nor orally at the virtual public hearing and during the 30-calendar day public comment period. The state does not differentiate between any individual, group, and/or organization that wishes to provide input during the planning, implementation, and assessment of community needs toward the draft(s) and or final version of the FY21 RHP AAP.

The State of North Carolina elected for the second public comment period, to utilize the granted waiver/modification of CDBG Citizen Participation Requirements 24 CFR 570.486 and 24 CFR 91.505, to allow at least 15 calendar days for the RHP public comments. The 15-calendar day public comment period will be held from Friday, July 8, 2022 to Friday, July 22, 2022. A public notice is being published Friday July 8, 2022 on the North Carolina Department of Commerce's website at www.nccommerce.com and will be sent out through a statewide email list serv with the second draft RHP AAP attached. Prior and during the public comment period for RHP, REDD will publish the second draft RHP AAP, to include FY21 & FY22 allocations, in a manner that affords citizens, units of general local governments, public agencies, and other interested parties a reasonable opportunity to examine its contents and to submit comments.

The state will submit the final FY21 & FY22 RHP AAP to HUD within the Disaster Recover Grants Reporting System (DRGR) on or before August 16, 2022.

Partner Coordination:

To increase coordination, the state has several housing and community development policy bodies it has consulted with since 2021, this includes the Interagency Council for Coordinating Homeless Programs (ICCHP) and the North Carolina Housing Partnership. The state also has the NC Plan Partners which oversees the planning, implementation, and reporting for HUD CPD programs. (REDD) consulted with representatives of ESG and HOPWA, public organizations, regional partners, and governmental professions within the behavioral health field that specialize in the area of substance use disorder and mental health services to discuss housing and community development needs associated to residential recovery from SUD. Partner coordination were held with, but were not limited to representatives from NC Department of Human and Health Services (NCDHHS), Land of Sky Regional Council, Centralina Regional Council two of 16 North Carolina regional councils (authorized by the General Assembly, Substance Abuse Advisory Council (SAAC), Appalachian Regional Commission (ARC), North Carolina Housing Finance Agency Supportive Housing, North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, and Division of Public Health to name a few.

Subrecipient Management and Monitoring:

The state will comply with 24 CFR 570.489(m) relating to monitoring and management of subrecipients. Each sub-recipient that receives RHP funding will be monitored a minimum of once annually during the Program Year RHP project are undertaken. However, based on risk assessments of the subrecipients at the time of application, the sub-recipient may be subjected to additional monitoring visits during the Program Year that the subrecipient receives RHP funding. The staff of REDD will conduct the monitoring of the actual projects and applicants. Monitoring will be conducted for both a Programmatic and

Financial perspective for all aspects of the RHP and CDBG Programs. Monitoring will cover all areas the RHP and CDBG Programs (where applicable) in accordance with 24 CFR Part 570, et. Seq.; the applicable Uniform Administrative Requirements in accordance with 24 CFR 84 or 85, et. Seq.; and the applicable OMB Circulars for Non-Profits, Local and State Governments, and Institutions of Higher Education.

Activities will be monitored through site visits, file-reviews, and reporting on federal and state regulations (e.g., Davis-Bacon, Section 3, Fair Housing, etc.). Monitoring reviews, once completed, will identify both Findings and Concerns and will be presented, in writing, to the applicants within 30-calendar days of completion of the monitoring visit. Subrecipient will be expected to reply to and resolve all monitoring Findings and Concerns. Some findings and/or concerns, based on their nature (i.e., previous occurrences that cannot be corrected) cannot be resolved, but only acknowledged and procedures to prevent their reoccurrence in the future. Each subrecipient contracted to perform or deliver RHP funded programs, projects, or services will be held accountable for all the terms of each contract or sub-recipient agreement entered into.

Pre-Award/Pre-Agreement Costs:

Pre-award and pre-agreement costs incurred by the state, as the grantee of RHP, and selected subrecipients may be charged to the RHP grant. Subrecipients will be subjected to an administration cost limit to 10% of the awarded grant total. REDD will allow reimbursement of pre-award costs incurred prior to the effective date of the grant award that are essential to negotiations in anticipation of receiving the grant award. Planning grants are not eligible for RHP funds; therefore, pre-award costs associated to planning will be prohibited for reimbursement. The pre-award costs are also subject to following proper procurement regulations at 24 CFR 85.36. For eligible pre-award and administration costs, see OMB Circular 2 CFR 200.458.

Certifications

Recovery Housing Program Certifications

Each grantee must make the following certifications with its RHP Action Plan:

- (1) The grantee certifies that it has in effect and is following a residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the RHP program. The grantee certifies that it will comply with the residential anti-displacement and relocation assistance plan, relocation assistance, and one-for-one replacement housing requirements of section 104(d) of the Housing and Community Development Act of 1974, as amended (42 USC § 5304(d)) and implementing regulations at 24 CFR part 42, as applicable, except where waivers or alternative requirements are provided.

- (2) The grantee certifies its compliance with restrictions on lobbying required by 24 CFR part 87, together with disclosure forms, if required by part 87.
- (3) The grantee certifies that the RHP Action Plan is authorized under state and local law (as applicable) and that the grantee, and any entity or entities designated by the grantee, and any contractor, subrecipient, or designated public agency carrying out an activity with RHP funds, possess(es) the legal authority to carry out the program for which it is seeking funding, in accordance with applicable HUD regulations and the grant requirements. The grantee certifies that activities to be undertaken with RHP funds are consistent with its RHP Action Plan.
- (4) The grantee certifies that it will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601 *et seq.*), and implementing regulations at 49 CFR part 24, except where waivers or alternative requirements are provided.
- (5) The grantee certifies that it will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR part 75.
- (6) The grantee certifies that it is following a citizen participation plan adopted pursuant to 24 CFR 91.115 or 91.105 (as imposed in notices for its RHP grant). Also, each unit of general local government receiving RHP assistance from a state must comply with the citizen participation requirements of 24 CFR 570.486(a)(1) through (a)(7) for proposed and actual uses of RHP funding (except as provided in *Federal Register* notices providing waivers and alternative requirements for the use of RHP funds).
- (7) The grantee certifies that it is complying with each of the following criteria: (1) funds will be used solely for allowable activities to provide individuals in recovery from a substance use disorder stable, temporary housing for a period of not more than 2 years or until the individual secures permanent housing, whichever is earlier; (2) with respect to activities expected to be assisted with RHP funds, the RHP Action Plan has been developed so as to give the maximum feasible priority to activities that will benefit low- and moderate-income individuals and families; (3) the aggregate use of RHP funds shall principally benefit low- and moderate-income families in a manner that ensures the grant amount is expended for activities that benefit such persons; and (4) the grantee will not attempt to recover any capital costs of public improvements assisted with RHP grant funds, by assessing any amount against properties owned and occupied by persons of low- and moderate-income, including any fee charged or assessment made as a condition of obtaining access to such public improvements, unless: (a) RHP grant funds are used to pay the proportion of such fee or assessment that relates to the capital costs of such public improvements that are financed from revenue sources other than RHP; or (b) for purposes of assessing any amount against properties owned and occupied by persons of moderate income, the grantee certifies to the Secretary that it lacks sufficient RHP funds (in any form, including program income) to comply with the requirements of clause (a).

- (8) The grantee certifies that the grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601-3619), and implementing regulations, and that it will affirmatively further fair housing.
- (9) The grantee certifies that it has adopted and is enforcing the following policies, and, in addition, must certify that it will require local governments that receive grant funds to certify that they have adopted and are enforcing: (1) a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and (2) a policy of enforcing applicable state and local laws against physically barring entrance to or exit from a facility or location that is the subject of such nonviolent civil rights demonstrations within its jurisdiction.
- (10) The grantee certifies that the grant will be conducted and administered in conformity with the requirements of the Religious Freedom Restoration Act (42 U.S.C. 2000bb) and 24 CFR 5.109, allowing the full and fair participation of faith-based entities.
- (11) The grantee certifies that it (and any subrecipient or administering entity) currently has or will develop and maintain the capacity to carry out RHP eligible activities in a timely manner and that the grantee has reviewed the requirements of the grant.
- (12) The grantee certifies that its activities concerning lead-based paint will comply with the requirements of HUD's lead-based paint rules (Lead Disclosure; and Lead Safe Housing (24 CFR part 35)), and EPA's lead-based paint rules (e.g., Repair, Renovation and Painting; Pre-Renovation Education; and Lead Training and Certification (40 CFR part 745)).
- (13) The grantee certifies that it will comply with environmental review procedures and requirements at 24 CFR part 58.
- (14) The grantee certifies that it will comply with applicable laws.

Signature of Authorized Official

Date

Assistant Secretary, REDD Title

