

Application for Federal Assistance SF-424 - Operating Fund Grant

* 1. Type of Submission:

- Preapplication
 Application
 Changed/Corrected Application

* 2. Type of Application:

- New
 Continuation
 Revision

*If Revision, select appropriate letter(s):

*Other (Specify):

* 3. Date Received:

4. Application Identifier:

AZ010

5a. Federal Entity Identifier

5b. Federal Award Identifier

AZ010

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. Applicant Information:

* a. Legal Name: Pinal County Housing Authority

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

866000556

* c. UEI:

GX4FM9VQD7W3

d. Address

* Street1: 970 N ELEVEN MILE CORNER Road

Street2:

* City: CASA GRANDE

County/Parish: PINAL

* State: AZ

Province:

* Country: USA

* Zip/Postal Code: 85222

e. Organizational Unit

Department Name:

Division Name:

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

Prefix:

* First Name: Anna

Middle Name:

* Last Name: Cavanaugh

Application for Federal Assistance SF-424 - Operating Fund Grant	
Title:	
Organization Affiliation:	
* Telephone Number: 5208667212	Fax Number:
* Email: anna.cavanaugh@pinal.gov	
* 9. Type of Applicant 1: Select Applicant Type: L, Public/Indian Housing	
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: 14-850	
CFDA Title: 14.850 Public and Indian Housing, Operating Fund	
*12. Funding Opportunity Number: 9999 *Title:	
13. Competition Identification Number: Title:	

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14. Areas Affected by Project (Cities, Counties, States, etc.):
***15. Descriptive Title of Applicant's Project:**

Public housing project administration and maintenance under the Operating Fund program (24CFR990)

Attach supporting documents as specified in agency instructions.

16. Congressional Districts Of:

* a. Applicant: AZ-01

* b. Program/Project

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

17. Proposed Project:

* a. Start Date: 01/01/2024

* b. End Date: 12/31/2024

18. Estimated Funding (\$):

* a. Federal 788,420

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL 788,420

*** 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

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* 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 certify the following:

1. Operating Fund Obligation letter assurance: The Operating Fund Grant Obligation Letter states that by drawdown of the funds the PHA confirms compliance with all terms and conditions of the Operating Fund Grant program, which includes but is not limited to the U.S. Housing Act of 1937, the Consolidated Annual Contributions Contract, 24 CFR 990, 2 CFR 200.

2. Public Housing Operating Fund Grant Calculation: PHA-Owned Rental Housing form HUD-52723, Section 5, Certifications:

a. Based on PHA submission of the form HUD-52723 - I/We certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)"

b. In accordance with 24 CFR 990.215, I hereby certify that Pinal County Housing Authority is in compliance with the annual income reexamination requirements and that rents and utility allowance calculations have been or will be adjusted in accordance with current HUD requirements and regulations.

c. If applicable - In accordance with § 213 of Title II of Division L of the Consolidated Appropriations Act, 2023, Pub. L. 117-328 (approved December 29, 2022) and subsequent acts containing the same provisions, I hereby certify that Pinal County Housing Authority has 400 or fewer units and is implementing asset management.

d. If applicable - In accordance with 24 CFR 990.255 through 990.290 - Compliance of Asset Management Requirements, I hereby certify that Pinal County Housing Authority has 250 units or more and is in compliance with asset management. I understand in accordance with 24 CFR 990.190(f), PHAs that are not in compliance with asset management will forfeit the asset management fee.

e. In accordance with section 235 of the Department of Housing and Urban Development Appropriations Act of, 2020, I hereby certify that Pinal County Housing Authority is in compliance with the annual contributions contract as was in effect on December 31, 2017

f. I/we certify that amount of Operating Fund Grants stated in this form is an estimate based on the Operating Fund eligibility for Pinal County Housing Authority from the previous funding year.

g. I/we acknowledge that HUD obligates Operating Funds in the beginning of the funding year based on an estimate of Operating Fund eligibility for Pinal County Housing Authority and that HUD calculates the remaining obligations on cumulative basis based on the Operating Fund Formula in accordance with 24 CFR 990 and data collected in the form HUD-52723 and HUD updates eligibility throughout the funding year.

h. I/we agree that Pinal County Housing Authority shall not draw down any excess funds when the estimated eligibility exceeds any project's actual eligibility and notify the appropriate HUD office; and that HUD offsets, de-obligates, or requires repayment of any Operating Funds for any project deemed ineligible or any project overfunded based on incorrect estimates.

3. HUD 50071 Certification of Payments to Influence Federal Transactions: Based on PHA submission of the HUD-50071 - I/We certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false

* I AGREE

Section left blank intentionally for print formatting

Authorized Representative:	
Prefix: MRS	*First Name: ROLANDA
Middle Name:	
* Last Name: CEPHAS	
Suffix:	
*Title: Excutive Director	
* Telephone Number: 5208667200	Fax Number:
* Email: rolanda.cephas@pinal.gov	
* Signature of Authorized Representative: <i>Rolanda Cephas</i>	
Electronically signed by Rolanda Cephas in HUD Secure Systems/Public Housing Portal at 10/03/2023 12:34PM EST	
* Date Signed: 10/03/2023 12:34PM	

Identification: AZ010-Pinal County Housing Authority SF-424 (ID - 51161) for CY 2024 printed by Anna Cavanaugh in HUD Secure Systems/Public Housing Portal at 06/20/2024 07:41PM EST