



HUMAN SERVICES DEPARTMENT

COMMUNITY PARTNERSHIPS DIVISION

115 S Andrews Avenue, Room A360 • Fort Lauderdale, Florida 33301 • 954-357-8647 • FAX 954-357-8204

Broward County CoC
US HUD requirements

The contracting individual or entity (governmental or otherwise) shall indicate by an "X" that they read and understood each of the US HUD requirements listed below.

I, \_\_\_\_\_, being first duly sworn state:
Affiant

The full legal name and business address of the person(s) or entity contracting or transacting business with Broward County are (Post Office addresses are not acceptable):

Federal Employer Identification Number (If none, Social Security)

Name of Entity, Individual(s), Partners, or Corporation

Doing Business As (if same as above, leave blank)

Street Address City State Zip Code

- 1. \_\_\_\_\_ SF-424 Application for Federal Assistance.
2. \_\_\_\_\_ SF-424 Supplement, Survey on Ensuring Equal Opportunities for Application require for nonprofit applicants only where completion and submission of this survey is voluntary.
3. \_\_\_\_\_ Documentation of Applicant and Subrecipient Eligibility.
4. \_\_\_\_\_ Applicant Certifications.
5. \_\_\_\_\_ Form HUD -2880 Applicant/Recipient Disclosure/Update Report. Must be attached for each project and must include the correct amount of HUD assistance requested.
6. \_\_\_\_\_ SF-LLL, Disclosure of Lobbying Activities (if applicable).

7. \_\_\_\_\_ Form HUD -50070, Certification for Drug Free Workplace.
8. \_\_\_\_\_ Disclosure of Lobbying Activities.
9. \_\_\_\_\_ Applicant Code of Conduct. All project applicants must ensure their organization has a Code of Conduct that complies with the requirements of 2 CFR part 200 and is on file with HUD at <https://www.hud.gov/program-offices/spm/gmomgmt/grantsinfo/conduct>.

I have carefully read this entire two (2) page document entitled, "US HUD Requirements" and have indicated by an "X" to acknowledge that the agency must abide by these requirements if funded by US HUD.

By: \_\_\_\_\_ (Date)  
 \_\_\_\_\_ (Signature of Affiant)

SUBSCRIBED AND SWORN TO (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_ by  
 \_\_\_\_\_.

Who is personally, known to me or has presented \_\_\_\_\_ as  
 \_\_\_\_\_ (Type of Identification)  
 identification.

\_\_\_\_\_  
 (Signature of Notary) (Serial Number)

\_\_\_\_\_  
 (Print or Stamp of Notary) (Expiration Date)

Notary Public – Stamp State of \_\_\_\_\_  
 (State)

Notary Seal