

CITY OF SALEM  
~ ONE-YEAR ACTION PLAN ~  
(YEAR 2 OF 5 OF THE 5-YEAR CONSOLIDATED PLAN)  
JULY 1, 2016 – JUNE 30, 2017  
FISCAL YEAR 2017  
(HUD 2016 FUNDS)

CORRECTION

On July 7, 2016, the following corrections have been made to the Action Plan originally submitted on May 11, 2016, as a result of an increase in Salem's HOME allocation by \$124:

- Pages 3 and 16 – change “...an estimated \$101,172 in HOME funds...” to “...an estimated \$101,296 in HOME funds...” and change “...estimates of funding to be available are \$1,208,929.” to “...estimates of funding to be available are \$1,209,053.”
- Page 5 – Housing Rehabilitation Loan Program – Change proposed funding from \$43,137 HOME to \$43,257 HOME
- Page 6 – Rehabilitation Administration – Change proposed funding from \$3,035 HOME to \$3,039 HOME.
- Page 29, 4<sup>th</sup> paragraph – change “...an estimated \$101,172 in HOME funds...” to “...an estimated \$101,296 in HOME funds...” and change “...unspent administration dollars.” to “...unspent/unprogrammed dollars.”
- Page 31, Program “Other” – change 101,172 to 101,296 (2 places)
- Page 41 – change “The HOME allocation is \$101,172, which is \$16,560 more than last year.” to “The HOME allocation is \$101,296, which is \$16,684 more than last year.”
- Page 42 – AP-38 – Project #1 – change HOME funding from \$46,172 to \$46,296”
- Page 61 – Amend chart by changing HOME funds from \$101,172 to \$101,296, change the federal subtotal from \$1,208,9295 to \$1,209,053, and change the total from \$14,346,154 to \$14,346,278.
- Appendix 2 – SF424 – Please see attached replacement SF424

### Application for Federal Assistance SF-424

\* 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. Applicant Identifier:

04-6001413

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: City of Salem, Massachusetts

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

04-6001413

\* c. Organizational DUNS:

1567710240000

d. Address:

\* Street1: 120 Washington Street

Street2:

\* City: Salem

County/Parish:

\* State:

MA: Massachusetts

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 01970-3545

e. Organizational Unit:

Department Name:

Planning & Community Develop.

Division Name:

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

Prefix:

Ms.

\* First Name:

Lynn

Middle Name:

\* Last Name:

Duncan

Suffix:

Title: Director

Organizational Affiliation:

City of Salem, Department of Planning & Community Developmen

\* Telephone Number: 978-619-5685

Fax Number: 970-740-0404

\* Email: lduncan@salem.com

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

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 & Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

14-218

CFDA Title:

Community Development Block Grant

**\* 12. Funding Opportunity Number:**

14-218

\* Title:

CDBG Program

**13. Competition Identification Number:**

Title:

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

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Community Development Block Grant Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

6th MA

\* b. Program/Project

6th MA

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

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

07/01/2016

\* b. End Date:

06/30/2017

**18. Estimated Funding (\$):**

* a. Federal	995,257.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	101,296.00
* f. Program Income	112,500.00
* g. TOTAL	1,209,053.00

**\* 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 in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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:

Kimberley

Middle Name:

\* Last Name:

Driscoll

Suffix:

\* Title:

Mayor

\* Telephone Number:

978-619-5600

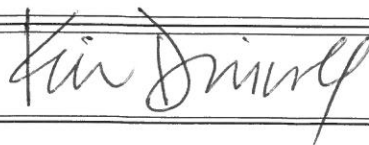
Fax Number:

978-744-9327

\* Email:

mayor@salem.com

\* Signature of Authorized Representative:



\* Date Signed:

07/07/2016