

## Certification of Consistency with the Consolidated Plan Procedures

The U.S. Department of Housing and Urban Development (HUD) makes numerous grants available on an annual basis. When applying for federal funding, there are instances in which a signed HUD Form-2991 Certification of Consistency with the Consolidated Plan is required by HUD. This form establishes that a proposed activity listed within the grant application is consistent with the goals and objectives of the City of El Paso's Consolidated Plan. The City of El Paso will certify that an application is consistent with its Consolidated Plan by verifying the projects plan shows need, the proposed activities are consistent with the jurisdiction's strategic plan, and the location of the proposed activities is consistent with the geographic areas specified in the plan.

### When & What to Submit:

Submit the following no less than thirty (30) calendar days before the date needed:

1. Certification of Consistency with the Consolidated Plan Form HUD-2991 with the top 4 blanks completed:
  - a. Applicant name— list the name of the entity applying for the federal funds.
  - b. Project Name— list the project name as it appears in the HUD grant application.
  - c. Location(s) of the activity.\* For multiple locations, provide all addresses within the geographic area of/within the city of El Paso that will participate in the federal program (except for domestic violence or human trafficking shelters, or shelters for minors, please type "site confidential"). Please do not list the corporate office, rather the location where services are to be provided.
  - d. Name of the federal program to which the grant application will be submitted.

The HUD 2991 form is/can be found here: <https://www.hud.gov/sites/dfiles/OCHCO/documents/2991.PDF>

2. The Department of Community & Human Development (DCHD) Certificate of Consistency form must be filled out in its entirety, and contain the following:
  - a. Program and/or project descriptions should at a minimum address the following\*:
    - Description of the services to be provided under each listed program, to include:
      - Detail of services
      - Eligibility requirements
      - Populations to be served
      - Timeframe of assistance available to clients for each listed activity
  - b. How do these programs and services align with the City's 2020-2025 Consolidated Plan?
    - What section of the 2020-2025 Consolidated Plan was taken into consideration when developing the projects?
    - In what way was the Consolidated Plan taken into consideration when developing the program/project?"
  - c. What are the outcomes for each of the programs listed (persons, households served, etc.)?
  - d. What is the funding amount for each activity listed, if different activities are being funded?
  - e. How much of that funding goes towards direct client assistance payments, salaries, and admin costs for each program?

### Completing the Request:

DCHD staff will:

1. Review the documents provided
  - a. Verify the applications provided are consistent with what was provided in the DCHD Certificate of Consistency form.
    - This will be done by comparing the details on the application to the details on the DCHD Certificate of Consistency form.
    - Verify that the information on the DCHD Certificate of Consistency form is aligned with the Jurisdiction's Con Plan, utilizing the details provided on the DCHD Certificate of Consistency form.
  - b. Advise the requestor if there are any questions. To save time, if there are minor errors, Consolidated Planning Unit staff may make minor corrections.
  - c. Complete the bottom half of the HUD Form 2991.
  - d. Submit the request packet to the City Manager's office or its representative to request signature on the form, providing the due date. (Note: Signatures are electronic during public health crisis.)
  - e. When the signed form is received, return it to the requestor by their preferred method.

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\* The proposed program must be operated within the City of El Paso. Services provided outside the city must be certified by the appropriate jurisdiction, i.e., a different city or the County of El Paso.

**City of El Paso**  
**Department of Community and Human Development**  
**Request for Certification of Consistency**

The City requires a minimum of 30 days to review and respond to Request for Certificate of Consistency. Additional questions may be ask of the requester and require a responds within 2 days.

Date by which Certificate of Consistency is needed: \_\_\_\_\_

What is the name of the state/federal funding program that requires a Certification of Consistency? \_\_\_\_\_

Is this proposal for a new or existing service? (check all that apply)    New \_\_\_\_\_    Expansion \_\_\_\_\_    Renewal \_\_\_\_\_    Renovation \_\_\_\_\_

How is the proposed program consistent with the City's Consolidated Plan and goals? Make direct reference to the latest approved Consolidated Plan.

Target Service Area(s) :	Case Management–Housing-focused _____	Transportation _____	Child Care _____
	Case Management–other _____	Outreach _____	Navigation _____
	Employment/Training _____	Advocacy _____	Legal _____
	Housing _____	Prevention _____	Supplies _____
		Utilities _____	Emergency Shelter _____

Please provide the requested information for the program seeking the Certification of Consistency. If the proposed program consists of multiple projects, information on all projects need to be submitted (please use second page if needed).

- Attach **all** the project application(s) submitted to your agency, along with the scorecards and/or rubrics used to make your determination, if you are pass-through agency.
- Provide a copy of your agency's Policies and Procedure.

Name of project: \_\_\_\_\_

Name & address of applicant agency: \_\_\_\_\_

Contact person & title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_ Project location (if different from above): \_\_\_\_\_

Project description: (Elaborate how this project serves a need described in the Consolidated Plan and the community, if it is not, please described how it fills a gap).

Target Population: check all that apply)                      individuals \_\_\_\_\_    families \_\_\_\_\_    youth \_\_\_\_\_

# of persons to be served \_\_\_\_\_                      # of households to be served \_\_\_\_\_

Please provide any other information that will help the City of El Paso consider your overall program (to include all the projects).

I hereby certify that any conflict of interest, whether real or perceived, has been addressed per the granting agency's established policies and procedures.

I certify that this project aligns with the City of El Paso Consolidated Plan for the pertinent year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

Name of project:

Name & address of applicant agency:

Contact person & title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Project location (if different from above):

Project description: (Elaborate how this project serves a need described in the Consolidated Plan and the community, if it is not, please described how it fills a gap).

Target Population: check all that apply) individuals \_\_\_\_ families \_\_\_\_ youth \_\_\_\_  
# of persons to be served \_\_\_\_\_ # of households to be served \_\_\_\_\_

Name of project:

Name & address of applicant agency:

Contact person & title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Project location (if different from above):

Project description: (Elaborate how this project serves a need described in the Consolidated Plan and the community, if it is not, please described how it fills a gap).

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# of persons to be served \_\_\_\_\_ # of households to be served \_\_\_\_\_