



Admin Action Plan

Guam Housing and Urban Renewal Authority

Version: 1.0

Published: February 17, 2025

Introduction

Historically, CDBG-DR appropriations acts authorize up to five percent of a grant (plus five percent of program income generated by the grant) to be used for program administrative costs by the grantee, local governments, or subrecipients. As further outlined in [Notice CPD-2023-06](#), **program administrative costs (PACs)** are reasonable general costs, including carrying charges, of grant management that do not include staff and overhead costs directly related to carrying out other CDBG-DR eligible activities, since those costs are eligible as part of such activities.

Recent CDBG-DR appropriations acts have allowed grantees to access funding for PACs prior to the Secretary's certification of financial controls and procurement processes, and adequate procedures for proper grant management. However, appropriations acts typically require that all CDBG-DR funds be used pursuant to an action plan. For CDBG-DR grants subject to the Universal Notice, section I.B. of the Universal Notice outlines the process for submitting an Admin Action Plan (AAP) to HUD to access funds for PACs prior to the award of the full grant. If a grantee chooses to access these funds prior to the Secretary's certification, it must first prepare an Admin Action Plan that describes its proposed use of the funds.

There is no due date for the Admin Action Plan as it is optional and may be submitted any time prior to the grantee's Action Plan. HUD will review the Admin Action Plan (or substantial amendment to the plan) within 15 calendar days from the date of receipt and determine whether to approve the Admin Action Plan per the criteria identified in the Universal Notice. The Admin Action plan covers reasonable expenses necessary administer CDBG-DR during the performance period. The performance period for CDBG-DR is six (6) years from HUD's signature on the initial grant agreement.

Table of Contents

Cover Page	1
Introduction	2
Table of Contents	3
I. General Information for Action Plan Submission	3
II. Proposed Allocation of Funds	3-4
III. Publication of Admin Action Plan	5
IV. Standard Form 424	5
V. Certifications	5-7

I. General Information for Admin Action Plan Submission

Grantee Name:	Guam
Date Plan Submitted:	2/17/2025
Total Grant Amount:	\$500,825,000
Total Amount of PACs Budgeted:	\$25,041,250
Grantee Contact (Name):	Lourdes Aflague Leon Guerrero
Grantee Contact (Email/Phone):	governor@guam.gov / 671-472-8931
HUD Contact (Name):	T. Scott Prowse
HUD Contact (Email/Phone):	Timothy.S.Prowse@hud.gov /703-537-6400

II. Proposed Allocation of Funds

Program Administration Activity/Activities	Criteria for Eligibility (e.g., 24 CFR 570.206(a))	Budget/Allocation
<p>General management, oversight and coordination. Reasonable costs of overall program management, coordination, monitoring, and evaluation. Such costs include, but are not necessarily limited to, necessary expenditures for the following:</p>	24 CFR 570.206	

GHURA Admin Action Plan for CDBG-DR Subject to the Universal Notice

(1) Salaries, wages, and related costs of the recipient's staff, the staff of local public agencies, or other staff engaged in program administration.	24 CFR 570.206(a)(1)	\$12,000,000
(2) Travel costs incurred for official business in carrying out the program	24 CFR 570.206(a)(2)	\$500,000
(3) Administrative services performed under third party contracts or agreements, including such services as general legal services, accounting services, and audit services; and	24 CFR 570.206(a)(3)	\$1,500,000
(4) Other costs for goods and services required for administration of the program, including such goods and services as rental or purchase of equipment, insurance, utilities, office supplies, and rental and maintenance (but not purchase) of office space.	24 CFR 570.206(a)(4)	\$6,041,250
Payment of reasonable administrative costs related to the planning and execution of community development and housing activities, including the provision of information and resources to residents of areas in which community development and housing activities are to be concentrated with respect to the planning and execution of such activities.	24 CFR 570.206(g) Section 105(a)(13) of the HCDA	\$5,000,000
Total		\$25,041,250

III. Publication of the Admin Action Plan

GHURA CDBG-DR website: <https://www.guamcdbgdr.org>

Guam Public Notices Portal: https://notices.guam.gov/notices?public=1#notices_start

Press Release: February 18th, 2025

IV. Standard Form 424 (SF-424)

Completed SF-424 attached	<input type="checkbox"/>
----------------------------------	--------------------------

V. Certifications

Certification in Appendix A of the Universal Notice include the following:

- a. **Compliance with Anti-discrimination Laws:** 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.
- b. **Affirmatively Further Fair Housing:** The grantee certifies that it will affirmatively further fair housing.
- c. **Anti-Lobbying:** The grantee certifies its compliance with restrictions on lobbying required by 24 CFR 87, together with disclosure forms, if required by part 87.
- d. **Authority of Grantee:** The grantee certifies that the Admin Action Plan for disaster recovery 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 CDBG-DR funds, possess(es) the legal authority to carry out the program for which it is seeking funding, in accordance with applicable HUD regulations as modified by waivers and alternative requirements.
- e. **Consistency with the Action Plan:** The grantee certifies that activities to be undertaken with CDBG-DR funds are consistent with its Admin Action Plan.
- f. **Citizen Participation:** The grantee certifies that it is following a detailed citizen participation plan that satisfies the requirements of 24 CFR 91.115 or 91.105 (except as provided for in waivers and alternative requirements). Also, each local government receiving assistance from a state grantee must follow a detailed citizen participation plan that satisfies the requirements of 24 CFR 570.486 (except as provided for in waivers and alternative requirements).

- g. **Use of Funds:** The grantee certifies that it is complying with each of the following criteria:
- (1) Purpose of the Funds. Funds will be used solely for necessary expenses related to disaster relief, long-term recovery, restoration of infrastructure and housing, economic revitalization, and mitigation in the most impacted and distressed areas for which the President declared a major disaster pursuant to the Stafford Act (42 U.S.C. 5121 *et seq.*).
 - (2) Maximum Feasibility Priority. With respect to activities expected to be assisted with CDBG-DR funds, the Admin Action Plan has been developed so as to give the maximum feasible priority to activities that will benefit low- and moderate-income families.
 - (3) Overall benefit. The aggregate use of CDBG-DR funds shall principally benefit low- and moderate-income families in a manner that ensures that at least 70 percent (or another percentage permitted by HUD in a waiver) of the grant amount is expended for activities that benefit such persons.
 - (4) Special Assessment. The grantee will not attempt to recover any capital costs of public improvements assisted with CDBG-DR 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) the 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 under this title; 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 CDBG funds (in any form) to comply with the requirements of clause (a).
- h. **Excessive Force:** The grantee certifies that it has adopted and is enforcing the following policies, and, in addition, state grantees must certify that they will require local governments that receive their 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.
- i. **Grant Timeliness:** The grantee certifies that it (and any subrecipient or administering entity) currently has or will develop and maintain the capacity to carry out disaster recovery activities in a timely manner and that the grantee has reviewed the requirements applicable to the use of grant funds.

GHURA Admin Action Plan for CDBG-DR Subject to the Universal Notice

- j. **Environmental Requirements:** The grantee certifies that it will comply with environmental requirements at 24 CFR 55 (as applicable) and 24 CFR 58.
- k. **Compliance with Laws:** The grantee certifies that it will comply with the provisions of title I of the HCDA and with other applicable laws.

Completed certifications attached	<input type="checkbox"/>
--	--------------------------

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001, and 31 U.S.C. 3729.

 2/14/2025
Signature of Certifying Official (Date)

Lourdes A. Leon Guerrero 2/14/2025
Printed Name of Certifying Official (Date)

Application for Federal Assistance SF-424

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<input type="text"/> <input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:			
<input type="text"/>		<input type="text"/>			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
<input type="text"/>			<input type="text"/>		
State Use Only:					
6. Date Received by State:		7. State Application Identifier:			
<input type="text"/>		<input type="text"/>			
8. APPLICANT INFORMATION:					
* a. Legal Name: <input type="text" value="Guam"/>					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. UEI:		
<input type="text" value="96-0001279"/>			<input type="text" value="H8HNL7Y96VGS"/>		
* d. Address:					
* Street1:	<input type="text" value="117 Bien Venida Avenue"/>				
Street2:	<input type="text"/>				
* City:	<input type="text" value="Sinajana"/>				
County/Parish:	<input type="text"/>				
* State:	<input type="text" value="GU: Guam"/>				
Province:	<input type="text"/>				
* Country:	<input type="text" value="USA: UNITED STATES"/>				
* Zip / Postal Code:	<input type="text" value="96910-4643"/>				
* e. Organizational Unit:					
Department Name:			Division Name:		
<input type="text"/>			<input type="text"/>		
* f. Name and contact information of person to be contacted on matters involving this application:					
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Elizabeth"/>		
Middle Name:	<input type="text" value="Franquez"/>				
* Last Name:	<input type="text" value="Napoli"/>				
Suffix:	<input type="text"/>				
Title:	<input type="text" value="Executive Director"/>				
Organizational Affiliation:					
<input type="text" value="Guam Housing and Urban Renewal Authority (a GovGuam Agency)"/>					
* Telephone Number:	<input type="text" value="671-472-1442"/>	Fax Number:	<input type="text" value="671-300-7565"/>		
* Email:	<input type="text" value="efnapoli@ghura.org"/>				

Application for Federal Assistance SF-424

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

F: U.S. Territory or Possession

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. Assistance Listing Number:

14.218

Assistance Listing Title:

Community Development Block Grant Disaster Recovery (CDBG-DR)

*** 12. Funding Opportunity Number:**

n/a

* Title:

n/a

13. Competition Identification Number:

n/a

Title:

n/a

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

Add Attachment

Delete Attachment

View Attachment

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

CDBG-DR funds are for necessary expenses for Program Admin Costs (PACs) for reasonable general costs, incl. carrying charges, of grant mgmt related to Guam's award in the wake of Typhoon Mawat in 2023

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

* b. Program/Project

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

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="25,041,250.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="25,041,250.00"/>

*** 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

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 18, 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.

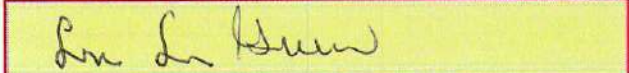
Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: 

* Date Signed: