Admin Action Plan
St. Clair County
July 2024 Disaster

St. Clair County
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St. Clair County Cover Page

The U. S. Department of Housing and Urban Development (HUD) announced in January of 2025 that St. Clair County will receive $89,533,000 in Community Development Block Grant Disaster Recovery (CDBG-DR) funds for the 2024 flood disaster. St. Clair County is the recipient of HUD's Community Development Block Grant – Disaster Recovery (CDBG-DR) funds. The CDBG-DR funding is designed to address the needs that remain after all other assistance has been exhausted. This Admin Action Plan details how a portion of the 5% administrative funds will be allocated/utilized prior to HUD approval of the DR-Action Plan.

I. General Information for Admin Action Plan Submission

Grantee Name:	St. Clair County
Date Plan Submitted:	1/17/2025
Total Grant Amount:	89,533,000.00
Total Amount of PACs Budgeted:	4,476,650.00
Grantee Contact (Name):	Christina Anderson
Grantee Contact (Email/Phone):	Christina.Anderson@co.st-clair.il.us 618-825-3218
HUD Contact (Name):	Denise Lozano
HUD Contact (Email/Phone):	Denise.Lozano@hud.gov 312-913-8026

II. Proposed Allocation of Funds

Program Administration Activity/Activities	Criteria for Eligibility (e.g., 24 CFR 570.206(a))	Budget/Allocation
General management, oversight and coordination- **Pre Action Plan**	24 CFR 570.206 (a)	$46,500.00
General Management, oversight and coordination- **Post Action Plan**		$4,430,150.00
	Total	$4,476,650.00

III. Publication of the Admin Action Plan

The publication of the CDBG-DR Admin Action Plan for the July 2024 disaster is located on the St. Clair County website (link below)

https://www.co.st-clair.il.us/departments/intergovernmental-grants/community-development
Tab (CDBG DR 2024)

IV. Standard Form 424 (SF-424)

Standard Form 424 is attached.

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).

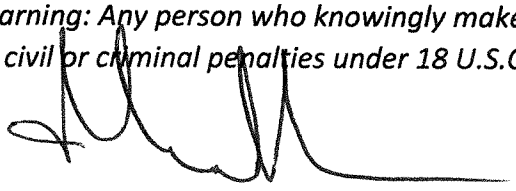
h. **Excessive Force**: The grantee certifies that it has adopted and is enforcing the following policies, and, in addition, state grantees must certify that they will require local governments that receive their grant funds to certify that they have adopted and are enforcing:
(1) A policy prohibiting 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.

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.

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.



1/22/25

Signature of Certifying Official (Date)

Mark A. Kern

Printed Name of Certifying Official

OMB Number: 4040-0004
Expiration Date: 11/30/2025

Application for Federal Assistance SF-424

* 1. Type of Submission:
- [ ] Preapplication
- [x] Application
- [ ] Changed/Corrected Application

* 2. Type of Application:
- [x] New
- [ ] Continuation
- [ ] Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received: 01/22/2025

4. Applicant Identifier:

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: St. Clair County Intergovernmental Grants Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 37-6001924

* c. UEI: LVFLAFNTPFN9

d. Address:

* Street1: 19 Public Square, Suite 200
Street2:
* City: Belleville
County/Parish: St. Clair
* State: IL: Illinois
Province:
* Country: USA: UNITED STATES
* Zip / Postal Code: 62220-1695

e. Organizational Unit:

Department Name: Intergovernmental Grants

Division Name: Community Development

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

Prefix: Ms.
* First Name: Christina
Middle Name: R
* Last Name: Anderson
Suffix:

Title: Community Development Program Coordinator

Organizational Affiliation: St. Clair County Intergovernmental Grants Department

* Telephone Number: 618-825-3218
Fax Number: 618-825-3214

* Email: Christina.Anderson@co.st-clair.il.us

Application for Federal Assistance SF-424

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

B: County 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 and Urban Development

11. Assistance Listing Number:

14.218

Assistance Listing Title:

CDBG Development Block Grants

*** 12. Funding Opportunity Number:**

B-UU-17-0002 CDBG-DR

* Title:

Federal Program: Community Development Block Grant Program - Disaster Recovery

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:**

St. Clair County CDBG-DR Admin Action Plan

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: 12 * b. Program/Project: 12

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

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: 01/21/2025 * b. End Date: 01/21/2031

18. Estimated Funding ($):

* a. Federal	89,533,000.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	89,533,000.00

*** 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 01/22/2025.

☐ 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 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: Mr. * First Name: Mark

Middle Name: A.

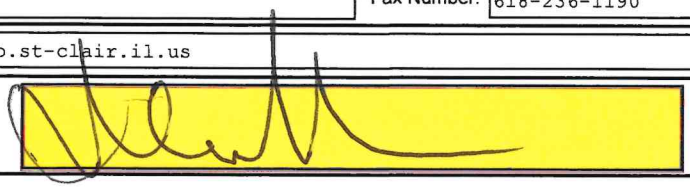
* Last Name: Kern

Suffix:

* Title: Chairman, St. Clair County Board

* Telephone Number: 618-277-6790 Fax Number: 618-236-1190

* Email: Richard.Stubblefield@co.st-clair.il.us

* Signature of Authorized Representative:  * Date Signed: 1/22/25