**Universal Application**

**Notice of Funding Availability – CDBG, HOME, and Other Programs**

**Part A – Cover Page**

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| --- | --- | --- | --- | --- |
| Legal Name of Agency / Organization: | | |  | Fictitious Name (if applicable): |
|  | | |  |  |
| UEI Number: | | |  | Federal Tax ID Number: |
|  | | |  |  |
| Mailing Address: | | |  | Organization Website Address: |
|  | | |  |  |
| Name of Executive Officer | | |  | E-mail Address: |
|  | | |  |  |
| Principal Contact Person: |  | Principal Contact’s Title: |  | Principal Contact’s Physical Address (Street Address, Suite, City, State, ZIP): |
|  |  |  |  |  |
| Primary Phone #: |  | Alternative Phone #: |  | E-mail Address: |
|  |  |  |  |  |
|  |  |  |  |  |
| **Print Name of Authorized Signatory:** | | |  | **Title of Authorized Signatory:** |
|  | | |  |  |
| **Signature of Authorized Signatory[[1]](#footnote-1):** | | |  | **Date of Signature:** |
|  | | |  |  |

# Part B - Agency / Organization Information

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| 1. Describe agency’s background / experience relevant to the proposed activity / project and past outcomes from comparable activities / projects (*limit 500 words)* |
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| 1. Explain hiring and/or readiness and qualifications of personnel for the proposed activity / project (*limit 500 words)* |
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| 1. Describe current and anticipating financing, other than grant request, available to support staffing, operational, and/or other reasonable expenses associated with the proposed activity / project (*limit 250 words)* |
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| 1. Describe agency’s familiarity of federal and state regulations and provisions, particularly for CDBG and HOME Programs, within Title 24 CFR Part 570 and Title 2 CFR Part 200 including, but, not limited to, a) record-keeping, b) reporting, c) uniform administrative and program management standards, d) antidiscrimination, e) financial management, f) conflict of interest, and g) procurement methods (*limit 250 words)* |
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**Part C – Funding Request by Program**

* **Community Development Block Grant (CDBG)**

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| --- | --- | --- |
| *Total Application(s)* |  | *Total Dollar Amount Requested* |
|  |  | $ |

* **HOME Investment Partnerships (HOME) Program**

|  |  |  |
| --- | --- | --- |
| *Total Application(s)* |  | *Total Dollar Amount Requested* |
|  |  | $ |

* **Manufactured Housing Opportunity and Revitalization (MORE) Program**

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| --- | --- | --- |
| *Total Application(s)* |  | *Total Dollar Amount Requested* |
|  |  | $ |

* **Homeless Housing, Assistance and Prevention (HHAP) Program**

|  |  |  |
| --- | --- | --- |
| *Total Application(s)* |  | *Total Dollar Amount Requested* |
|  |  | $ |

***GRAND TOTAL***

|  |  |  |
| --- | --- | --- |
| *Number of Applications* |  | *Total Dollar Amount Requested* |
| 0 |  | $ 0.00 |

# Part D – Supplemental Documentation

Select all attachments included.

**Attachment 1** – Organizational Chart with identification of staff (name and title) relevant to activity / project (Required)

**Attachment 2** – Most Recent Audited Financial Statement (Required)

**Attachment 3** – Indirect Cost Rate Agreement with Federal Cognizant Agency (\*Required if applicant seeks to charge an indirect cost rate greater than 10 percent of modified total direct costs)

**Attachment 4** – Job Descriptions and Resumes of staff relevant to activity / project (Required)

**Attachment 5** – Download / Copy of complete budget workbook (Required)

# Part E – Activity / Project Narrative

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| 1. What is the objective(s) of the proposed activity / project? And, explain organization’s data collection and assessment method(s) to determine progress toward objective(s) (*limit 500 words)* |
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| 1. How does the proposed activity / project align with the appropriate Program (CDBG, HOME, MORE and/or HHAP) objectives and requirements? (*limit 250 words)* |
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| 1. What strategies, practices, and/or resources will organization utilize to achieve the activity / project’s objectives? (*limit 250 words)* |
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| 1. What, if any, challenges may the activity / project encounter? And, if any, how will the organization ensure effective and timely performance? (*limit 250 words)* |
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| 1. Describe agency’s cost analysis and rationale for each line item of the proposed budget (*limit 500 words)* |
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| 1. *(\*Only for activities / projects serving people experiencing homelessness)*   Explain organization’s past and/or current partnerships with other entities in the regional Coordinated Entry System (CES) and record of compliance with CES policies, including data collection through the Homeless Management Information System and adoption of housing first and racial equity principles (*limit 500 words)* |
|  |

1. Digital or wet signature accepted. [↑](#footnote-ref-1)