

HOME

QUESTION NUMBER	CONTENT	COMMENT / NOTES
GENERAL INFORMATION		
1	ORGANIZATION NAME AND ADDRESS	
2	CONTACT INFORMATION	
3	501 (C) (3) OR 501 (C) (4) -	YES OR NO / DOCUMENTATION REQUIRED (IF APPLICABLE)
3 a	IS YOUR AGENCY A CHDO	YES OR NO / PROVIDE MOST RECENT LETTER OF CERTIFICATION (IF APPLICABLE)
4	CURRENTLY REGISTERED WITH SAM	YES OR NO
5	YEARS ORGANIZATION HAS BEEN IN EXISTANCE	
5 a	YEARS PROJECT HAS BEEN IN EXISTANCE	
6	PROJECT NAME	
6 a	PROJECT LOCATION	STREET ADDRESS, CITY, STATE, ZIP
7	HOME AMOUNT REQUESTED VIA THIS PROPOSAL	DOLLAR AMOUNT
7 a	HOME PERCENT OF TOTAL PROJECT COST	PERCENTAGE - THIS IS THE AMOUNT REQUESTED (QUESTION 7) DIVIDED BY THE TOTAL BUDGET FOR THE PROJECT (QUESTION 28 & 29)
PROJECT INFORMATION		
8	WILL YOU PARTNER WITH ANOTHER ENTITY	YES OR NO
9	DO YOU HAVE SITE CONTROL AND PROPER ZONING	YES, NO OR NA
10	CLIENTS IDENTIFIED	YES, NO OR NA
11	HOW WILL FUNDS BE USED	CHECK APPROPRIATE ITEM(S)
12	NEEDS AND PRIORITY LEVEL	SELECT CATEGORY WHICH APPLIES TO PROJECT- SEE EXHIBIT A FOR LIST FROM 2015-2019 CONPLAN SURVEY
13	PROJECT SUMMARY	BRIEFLY DESCRIBE THE PROPOSED PROJECT. INCLUDE THE NEED OR PROBLEM TO BE ADDRESSED IN RELATION TO THE COMMUNITY DEVELOPMENT AND HOUSING NEEDS SURVEY, AS WELL AS THE POPULATION TO BE SERVED OR THE AREA TO BENEFIT. DESCRIBE THE WORK TO BE PERFORMED, INCLUDING THE ACTIVITIES TO BE UNDERTAKEN OR THE SERVICES TO BE PROVIDED, THE GOALS AND OBJECTIVES, METHOD OF APPROACH AND THE IMPLEMENTATION SCHEDULE. ALSO, INCLUDE THE DAYS AND HOURS OF OPERATION FOR THIS PROJECT.
13 a	INCOME VERIFICATION	DESCRIBE HOW PARTICIPANTS ARE INCOME QUALIFIED.
14	PROJECTED OUTPUTS	ACCOMPLISHMENTS AND EXPENDITURES WITH TOTALS AT BOTTOM OF EA COLUMN
FINANCIAL INFORMATION		
15	FINANCIAL TRACKING SYSTEM	
16	PROFESSIONAL CERTIFICATIONS FOR OPERATIONS	YES OR NO / IF YES, EXPLANATION REQUIRED
17	WILL ORGANIZATION SPEND MORE THAN \$750,000 OF FEDERAL FUNDS	YES OR NO
18	AUDIT INFORMATION	DATE OF LAST AUDIT AND DETAILS IF NECESSARY- COPY OF MOST RECENT FULL AUDIT TO SUBMIT WITH PROPOSAL
19	ACCOMPLISHMENT DATA FROM PREVIOUS HOME FUNDS ALLOCATED	
20	HISTORY OF ALL HOME FUNDED PROJECTS	
20 a	REMAINING HOME FUNDS	STATUS AND EXPLANATION
21	NUMBER OF YEARS RECEIVING HOME FUNDS	
22	NUMBER OF YEARS RECEIVING HOME FUNDS FOR THIS PROJECT ONLY	THIS PROJECT ONLY
23	TOTAL 2019 BUDGET FOR THIS PROJECT	BUDGET FROM ALL SOURCES AND LIST OF ALL FUNDS OPEN WITH CITY/ALL PROJECTS
24	TOTAL 2019 BUDGET FOR ENTIRE ORGANIZATION	FROM ALL SOURCES
24 a	LETTERS OF SUPPORT	PROVIDE DOCUMENTATION
24 b	OTHER FUNDING SOURCES CONTINGENT ON THIS AWARD	
25	FEES FOR THIS PROJECT	YES OR NO
26	MATCH REQUIREMENTS	ANSWER ALL QUESTIONS IN PROPOSAL / PROVIDE SOURCE DOCUMENTATION OF MATCH
27	POSITIONS AND SALARIES OF INDIVIDUALS WORKING ON PROJECT	CORRESPONDING RESUMES SHOULD BE PROVIDED
28	HOME SOURCES	LIST ALL CURRENT AND POTENTIAL FUNDING SOURCES AND STATUS OF REQUESTS WITH TOTALS
29	HOME USES	LIST ALL CURRENT, REQUESTED AND COMPLETE PROJECT BUDGETS LINE ITEMS TO BE REIMBURSED WITH TOTALS AT BOTTOM OF EACH COLUMN
BOARD OF DIRECTORS INFORMATION		
30	FUND RAISING AND CURRENT CAPITAL CAMPAIGNS	
31	BOARD MEMBERS CONTACT INFORMATION	CONTACT INFORMATION AND OFFICER ROLES / LIST OF BOARD MEMBER NAMES AND POSITIONS AND A COPY OF POLICY AND PROCEDURES FOR BOARD MEMBER PARTICIPATION TO BE SUBMITTED WITH PROPOSAL
32	ROLE OF BOARD MEMBERS IN DIRECTING OPERATIONS	
VERIFICATION PAGE		
		SIGNATURE PAGES

DOCUMENTATION TO BE PROVIDED