ATTACHMENT A- 2022 HOAP TRAINING RESERVATION APPLICATION

 **RFA #7173**

 **Reservation Application Version 2**

(Fillable form)

Applicant Name:

Applicant Address:

Contact Name:

Contact Email:

Contact Phone:

Tax ID:

Authorized Representative:       Email:

Secretary of State Business Registry:       (If Not Applicable: Explain or put N/A)

1. **Select Applicant’s Eligible Organization type:**

**[ ]** Non-profit Corporation [ ]  Housing Authority [ ]  Local Government [ ]  Federally Recognized Indian Tribes

1. **Sponsors and manages homeownership programs for households with income at or below area median income? (ORS 458.655(2) *Select the “Yes” or “No”.***

**[ ]** Yes – Applicant sponsors and manages low-income homeownership programs [ ]  No – Applicant does not.

1. **Funding Request *- Enter desired amount of funds requested. Not to exceed $30,000.00 per Eligible Organization.***
* Applicant is requesting **$** for training funds related to Homeownership center activities
* Applicant is requesting $ for travel funds.
* Applicant is requesting $ for DEI training and Consultation services.

Agency may award Grant funds up to **$10,000.00** for:

* Training courses listed in Section 2.2 of the RFA and/or any other courses related to Homeownership Center activities.
* Travel reimbursement (see section 2.2 in RFA)

Agency may award Grant funds up to **$20,000.00** for DEI trainings and consultation services.

1. **Training Courses/ Travel and DEI consultation services. *Enter the training courses Applicant wishes to apply for funding, or indicate this is a request for a reservation of training and/or DEI funds. See Section 2.2 of the RFA for requirements. For each course include: the course name, code of course, if applicable, training provider, or ~~training date, and cost for each course~~. list DEI Consultation Service Provider. Include additional pages as needed.***

1. **Certification:**

**Applicant:** I hereby certify and affirm that I have reviewed the RFA material, any addenda, and understand only the described courses are authorized upon acceptance of an Agency-approved Application and executed Agreement. An authorized representative may sign the Contract or Agreement electronically.

**Authorized Representative** **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Director or designee**

**Printed name and title of signer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Agency Use**

Date Received: \_\_\_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_ Amount Approved: \_\_\_\_\_\_\_\_\_

Approved Date: \_\_\_\_\_\_\_\_\_\_ Approved by: \_\_\_\_\_\_\_\_\_ Reason for denial: \_\_\_\_\_\_\_\_\_

Denied: \_\_\_\_\_\_\_\_\_\_ Denied by: \_\_\_\_\_\_\_\_\_