ATTACHMENT C APPLICANT INFORMATION AND CERTIFICATION SHEET

 **RFA #7365**

 **Homeownership Support Services**

 **Application**

(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 Organization [ ]  Housing Authority [ ]  Local Government [ ]  Federally Recognized Indian Tribe

1. **Does Applicant sponsor and manage homeownership programs?**

***Select “Yes” or “No”.***

**[ ]** Yes – Applicant sponsors and manages Low-Income homeownership programs

[ ]  No – Applicant does not

1. **Does Applicant serve Low-Income homeowners?**

**[ ]** Yes – Applicant serves Low-Income homeowners

[ ]  No – Applicant does not

1. **Funding Request *- Enter desired amount of funds requested. Total maximum funding request is not to exceed $300,000.00 per Eligible Organization in all four (4) categories per the RFA requirements.***
* Applicant is requesting $ for technology and software. Technology expenses exceeding $2,500 in total, require preauthorization with supporting documents from Agency.

Click here to enter list of purchased or to be purchased items in this category. Please include the cost and/or estimated cost of items to be purchased

* Applicant is requesting $ for Operational Capacity Building Support.

Click here to enter list of purchased or to be purchased items in this category. Please include the cost and/or estimated cost of items to be purchased.

* Applicant is requesting $      for additional expenses related to the COVID-19 pandemic.

Click here to enter list of purchased or to be purchased items in this category. Please include the cost and/ or estimated cost of items to be purchased.

* Applicant is requesting $for expansion to Unserved and Underserved populations.

Click here to enter list of purchased or to be purchased items in this category. Please include the cost and/or estimated cost of items to be purchased.

**Eligible and approved goods or services must be purchased and received between March 1, 2022, and June 30, 2023.**

1. **Certification:**

**Applicant:** I hereby certify and affirm that I have reviewed the RFA material, any addenda, and understand only specific RFA activities (eligible and approved purchases or services) are authorized upon acceptance of an Agency-approved Application (in whole, part, or as negotiated and approved by Agency) and executed Agreement. An authorized representative may sign the 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: \_\_\_\_\_\_\_\_\_