 **RFA #6007**

**Grant Application**

(Fillable form)

Applicant’s Organization Name:

Applicant Address:

Contact Name:

Contact Email:

Contact Phone:

Tax ID:

Secretary of State Business Registry:

(If Not Applicable: Explain or put N/A)

COBID Certified No. and Type(s):

(If Not Applicable: put N/A)

1. **Eligible Organization Information *Mark the applicable boxes.***
2. **Eligible Organization.**

**Select Applicant’s Eligible Organization Entity Type *(refer to Section 2.2. of the RFA)*:**

Housing Authority  Non-Profit

1. **Is the Applicant an Eligible Organization? *If “Yes”, provide the details below in 1.c.***

Yes - I am an owner or operator of one (1) or more projects within Agency’s Affordable Rental Housing (“ARH”) portfolio as defined in Section 2.2 of the RFA under Eligible Organization.

No – I am not an Eligible Organization.

**c. Provide Eligible Organization Details.** Describe how Applicant is an Eligible Organization. Indicate if Applicant is an Owner or Operator. Indicate which project(s) are under Agency’s ARH portfolio that serve low to very low households. For each project, provide the property name and owner name and/or management company name. You may submit this information as an attachment.

1. **Select Applicant’s Eligible Organization Type *(refer to Section 2.2. of the RFA)*:**

Culturally Specific Organization  Small Organization  Rural Organization

1. **Provide the information and any required supporting documents that informs the eligibility of the selected Eligible Organization Type.**

Culturally Specific Organization. Please provide the required supporting documents and information for each characteristic in Section 2.2, Culturally Specific Organization definition. Verification of ALL characteristics (a-e) under this definition is required to meet this Eligible Organization Type.

(a) Majority of members and/or clients are from a particular community of color.

**Provide demographic information or similar supporting documentation supporting the above (a) with the Application.**

(b) Organizational environment is culturally focused and the community being served recognizes it as a culturally-specific entity that provides culturally and linguistically responsive services.

**Provide a letter of support from the community being served describing the above (b) prior to Grant execution.**

(c) Majority of staff are from the community being served, and the majority of the leadership (defined to collectively include board members and management positions) are from the community being served.

**Provide demographic information or similar supporting documentation supporting the above (c) with the Application.**

(d) The entity has a track record of successful community engagement and involvement with the community being served.

**Provide an annual report or similar supporting documentation supporting the above (d) with the Application.**

(e) The community being served recognizes the entity as advancing the best interests of the community and engaging in policy advocacy on behalf of the community being served.

**Provide a letter of support from the community being served describing the above (e) prior to Grant execution.**

Small Organization. Provide identify each number of staff and their role as further defined in Section 2.2. Do not include resident services staff or maintenance staff in the count. Combine your onsite and office staff dedicated to the listed work to calculate your staff total. If your organization contracts for any of the listed services, do not include them in your total staff count. In addition, staff that serve dual roles should not be counted more than once.

Staff organization (please indicate the number of staff members in the applicable roles below):

Property management =

Portfolio management =

Asset management =

Compliance =

**Total =**       *(Total must be 10 dedicated staff or less)*

Rural Organization. Provide the address of your main office(s) or multicounty services areas. Refer to Section 2.2.

Main office address or multicounty service areas:

1. **Funding Request *- Enter desired amount of funds requested. Not to exceed $20,000 per Application.***

Applicant is requesting **$****\_\_\_\_\_** of COVID-19 remote operations funds.

1. **Compensation Method *– Select the desired compensation method for an approved-agreement. The agreement must be executed before Agency can distribute any funds.*** Proof of purchase (paid invoice or receipts) is required prior to any reimbursement payment by Agency. The compensation method will be determined by Agency with Applicant’s feedback from this Application.

**Reimbursement** **of qualifying expenses paid.** **100% reimbursement of eligible items.**

**Reimbursement of** **qualifying expenses. Partial payments.**

**Reservation of funds without release of initial payment.** Include a quote or solicitation for work or items to be completed.

1. **Expenses Requested - *Enter the COVID-19 remote operational expenses Applicant wishes to apply for funding. See Section 2.3 for requirements. Provide the following information:***

* ***Include information that supports the desired compensation method selected above in Section 5 of this Attachment A.***

***Describe how Applicant would employ GHAP assistance to build its capacity to develop, preserve, and operate housing serving low income and very low-income populations as it relates to the operational impact caused by COVID-19.***

* ***For each expense, include the breakdown of the requested resource and use.***
* ***For incurred expenses, provide a paid invoice or receipts.***
* ***For planned expenses, provide a quote.***

***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 specific RFA activities are authorized upon acceptance of an Agency-approved Application and executed Agreement.

**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: \_\_\_\_\_\_\_\_\_