**ATTACHMENT C – APPLICATION
(Fillable Form)**

**APPLICANT INFORMATION**

Applicant’s legal name:

Address:       City, state, zip:

State of incorporation:       Entity type (LLC, Inc., etc.):

Authorized representative:

Email:       Phone:

Oregon Secretary of State business registry number (if applicable):

**ELIGIBILITY**

1. **Select Applicant’s eligible organization type(s):**

[ ]  Homeownership Center [ ]  Non-profit Corporation [ ]  Housing Authority [ ]  Local Government

[ ]  Federally recognized Indian Tribe that owns land in Oregon

1. **Does Applicant both sponsor and manage a homeowner education program for owners of manufactured homes with incomes at or below area median income?**

[ ]  Yes

[ ]  No

1. **Does Applicant currently operate a homeownership counseling program that is targeted towards owners of manufactured homes that has been in place for at least 6 months?**

[ ]  Yes

[ ]  No

**PROGRAM READINESS**

Note: Eligible goods or services must be purchased **and received** during the Grant period.

1. **Describe Applicant’s ability and capacity to provide services described in Section 2.3 of the RFA. Describe your program and include whether Applicant is currently providing the service. (70 points possible)**
	1. In-person or web conference group education workshops, to educate owners of manufactured homes on the manufactured housing home buying process.

* 1. In-person or web conference group financial literacy workshops, to educate owners of manufactured homes on budget management, debt elimination, savings, and retirement planning.

* 1. One-on-one counseling with owners of manufactured homes to assess mortgage readiness, determine affordability, and provide manufactured housing home buying information, with customized action plans.

* 1. One-on-one financial literacy counseling with owners of manufactured homes to address barriers to mortgage readiness or to learn budgeting skills.

* 1. One-on-one default and post-purchase counseling with owners of manufactured homes to assess individual situations for retaining or maintaining current living environment, and ways to plan for emergencies and reduce home maintenance costs.

* 1. Other related services (optional).

1. **Describe how Applicant meets the Program requirements described in Section 2.3 of the RFA. (30 points possible)**
2. Follow Agency’s Statewide Housing Plan with regards to diversity, equity, and inclusion.

1. Have a language access plan sufficient to support people with limited proficiency speaking or writing English.

1. Have policies and procedures in place for recovering records destroyed by natural or man-made disasters.

1. Maintain and retain Program records to comply with state and federal law, including handling and disposing of Personal Identifiable Information.

**APPLICANT CERTIFICATION**

1. Applicant understands and accepts the requirements of this RFA. By submitting an Application, Applicant agrees to be bound by the Grant terms and conditions in Attachment A and as modified by any Addenda, except for those terms and conditions that Agency has reserved for negotiation, as identified in the RFA.
2. Applicant acknowledges receipt of any and all Addenda to this RFA.
3. If awarded a Grant, Applicant agrees to perform the activities and meet the performance standards set forth in the final negotiated Grant.
4. I have knowledge regarding Applicant’s payment of taxes and by signing below I hereby certify that, to the best of my knowledge, Applicant is not in violation of any tax laws of the State or a political subdivision of the State, including, without limitation, ORS 305.620 and ORS chapters 316, 317 and 318.
5. Applicant certifies that, to the best of its knowledge, there exists no actual or potential conflict between the business or economic interests of Applicant, its employees, or its agents, on the one hand, and the business or economic interests of the State, on the other hand, arising out of, or relating in any way to, the subject matter of the RFA. If any changes occur with respect to Applicant’s status regarding conflict of interest, Applicant shall promptly notify the State in writing.
6. Applicant certifies that all contents of the Application (including any other forms or documentation, if required under this RFA) and this Certification are truthful and accurate and have been prepared independently from all other Applicants, and without collusion, fraud, or other dishonesty.
7. Applicant understands that any statement or representation it makes, in response to this RFA, if determined to be false or fraudulent, a misrepresentation, or inaccurate because of the omission of material information could result in a "claim" {as defined by the Oregon False Claims Act, ORS 180.750(1)}, made under a Grant being a "false claim" {ORS 180.750(2)} subject to the Oregon False Claims Act, ORS 180.750 to 180.785, and to any liabilities or penalties associated with the making of a false claim under that Act.
8. Applicant acknowledges these certifications are in addition to any certifications required in the Grant at the time of Grant execution.

Authorized Representative Signature Date

Printed Name Title