**Skagit County HOME Consortium**

**NOFA Application Cover Sheet**

Name of organization applying for funds: Click or tap here to enter text.

Type of organization:  Nonprofit  For Profit  Government  Other

* If your organization has a nonprofit status, please provide a copy of your current IRS 501(c)3 status letter with your application.
* Provide a current list of your organization’s board members with your application.

Business Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Federal ID#: Click or tap here to enter text.

DUNS# Click or tap here to enter text.

Applicants must be registered with sam.gov enable verification that the applicant is not listed as a debarred, suspended, or ineligible contractor. Please provide the sam.gov registration number: Click or tap here to enter text.

Project/Program Address (add Parcel # for development projects only): Click or tap here to enter text.

Funding Request

|  |  |
| --- | --- |
| CHDO Development | Requested Funds: Click or tap here to enter text. |
| General Housing Development | Requested Funds: Click or tap here to enter text. |

Leverage Summary

Summarize below sources of project leverage. If leverage is not yet secured, please provide an estimated date for securing funds.

|  |  |  |
| --- | --- | --- |
| Leverage Source | Amount | Secured/Unsecured (Date) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**REQUIRED ATTACHMENTS:**

Please include the following documentation as an attachment:

Fiscal Documentation

* Complete audit reports for prior two years
  + Include OMB Circular A 133 supplement
  + Any audit findings, corrective action plan, management letter, and agency response
* Nonprofit Organizations: IRA Form 990, prior two years

Board Authorization

* Board resolution or minutes authorizing submittal of development application
* Designation of person(s) authorized to execute agreements on behalf of the organization

Site Appraisal

* Explanatory statement if not available

Site Control Documentation

Phase I Environmental Site Assessment

Combined Funders Application Components

CHDO Certification (if applying for CHDO Development Funds)

**Applicant Certification**

**I certify that the information presented in this application is a true and accurate representation of my organizations willingness and ability to carry out the activity(s) for which I am requesting funding. I understand that intentionally providing false information will disqualify my funding application.**

Print name of person authorized to sign application:

Signature of authorized person:

Title of authorized person:

Date:

**Conflict of Interest Certification**

**I certify that the applicant organization, including employees, agents, consultants, officers, and board members, is in compliance with Conflict of Interest requirements as detailed in 24 CFR 85.36 and 24 CFR 84.42, and the Skagit County Consortium HOME Investment Partnership Program Policies and Procedures Manual.**

Print name of person authorized to sign application:

Signature of authorized person:

Title of authorized person:

Date: