

HOME REPAIR FUND APPLICATION FORM (REQUIRED)

GENERAL INFORMATION	
Date:	Unique Entity ID: Active SAM.gov Registration?
Entity Name:	Federal Tax ID:
Main Contact Name:	Main Contact Title:
Main Contact Email:	Main Contact Phone:
Name/Title of person authorizing submittal:	
Authorizing Official Email:	Authorizing Official Phone:
Agency Mailing Address:	
Program Address (if different than above):	
Program Title:	

Program Executive Summary: *(Please provide a brief overview of the key elements of your program proposal)*

PROGRAM NARRATIVE:

*Note: narrative responses **must** address the threshold criteria described in the NOFA.*

- I. **Program Description:** Describe the proposed program in detail, including the specific community need the program seeks to address. Wherever possible, please reference any plans, reports, data and/or past experiences that support the need for the program.

- II. **Population Served:** Describe the eligible target population for the program and the approximate number of households/ individuals who will be served by the program. Describe how your program design best addresses the needs of this population and how the program provides a direct and commensurate response to the identified need.

- III. **Organization Experience and Capacity:** Describe your organization's experience leading programs of this scope and complexity, its experience administering federal funds, and with serving the target population.
 - a. If subcontractors or consultants will be procured to administer any portion of the project, please describe.
 - b. Describe the organization's capacity for construction management.
[Construction management tasks are expected to include, but may not be limited

to, development of rehab cost estimates and bidding documents, solicitation of contractors, progress and work-in-place inspections, and review and approval of invoices.]

- c. Describe the agency’s plan for solicitation and recruitment of qualified local contractors to conduct repairs.
- d. Describe how your organization tracks client data, progress, and success in meeting project or program goals.

IV. **Agency Partnerships & Leverage:** Indicate here if this program/project will be implemented in partnership with other organizations. If so, please provide additional details, including MOUs with partners where applicable. Describe any funds that will be leveraged.

V. **Program Access:** Please describe the proposed outreach, intake, and enrollment process. Describe plans to reach and enroll communities most impacted by COVID-19 and its negative economic consequences.

a. Indicate language(s) of any outreach or enrollment materials.

b. Has the agency conducted a self-evaluation of its programs, policies, procedures, etc. to ensure compliance with regulations regarding non-discrimination based on disability or other protected class?

VI. **Financial Management:** Describe your organization’s financial management structure.

VII. **Conflict of Interest Screening:**

<i>Screening Questions:</i>	<i>Yes/No; if Yes, Explain:</i>
Are any staff or any paid vendors of the Agency an elected official?	

Are any staff or any paid vendors of the Agency related to an elected official?	
Are any staff or any paid vendors of the Agency employees of the City of Providence?	
Are any staff or any paid vendors of the Agency related to an employee of the City of Providence?	
Are there any personal and/or business relationships between a paid Vendor and any staff or affiliates of the Agency?	
Are any employees of the City of Providence on the Agency's Board of Directors?	
Are there any elected officials on the Agency's Board of Directors?	
Are there any employees of a paid vendor on the Agency's Board of Directors?	

TIMELINE & BUDGET

Timeline: Outline the timeline for program implementation. *Please note: funding will be available on or about 1/2/23, and programs must be completed by 6/30/24.*

Program/Project Budget & Narrative			
Description of Expense	Funding Requested	Leveraged Funding	Narrative/ Detail
<u>Direct Program Costs</u>			
<i>Program/Project Cost Subtotal:</i>			
<u>Indirect/Administration Costs</u>			
<i>Administration Subtotal:</i>			

Indirect/Admin Percentage:	Admin Subtotal/Total Program Cost = _____ x 100 % =		
TOTAL PROGRAM COST:			

CERTIFICATION OF APPLICANT

By signing and submitting this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I further certify that I am authorized on behalf of my agency's Board of Directors to submit this application and provide assurances on behalf of my organization. I am aware that any false, fictitious or fraudulent statements or claims may subject me to penalties.

I AGREE

SIGNED: _____

AUTHORIZED OFFICIAL