ATTACHMENT 6

**NOFA RFA Renewal Project Application**

**Project Applicant Information:**

* 1. Name of Organization:
  2. Organization Type

Units of Local Government Non-profit 501(c)(3)

Other: Describe

* 1. EIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person for this application (the provider may list more than one contact person):**

* 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  2. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Name:**

**Federal Award Identifier (first six characters): F L \_\_\_ \_\_\_ \_\_\_ \_\_\_ (i.e. FL0244)**

**1. Component Type of Submission:** [ ]SH [ ]TH:RRH [ ]PSH [ ] RRH [ ] SSO-SO

**2. Have you received capital funding (acquisition, rehab or new construction) and**

**are currently on a Restricted Covenant?**

[ ]YES **If "YES", enter the date the restricted covenant expires :**\_\_\_/\_\_\_/\_\_\_\_\_\_\_.

[ ] NO Attach current restrictive covenant to your application.

**3**. **Will this renewal project be part of a new application for a Renewal Expansion Grant?**

[ ]YES **If "YES", you must submit a new project application for the expansion component of the application**.

[ ] NO

**4**. **Will this renewal project be part of a consolidation project application?**

[ ]YES **If "YES", you must submit a new project application for the consolidation project application**.

[ ] NO

**5. Does the project propose to allocate funds according to an indirect cost rate?**

[ ]YES **If YES:**

[ ] This rate been approved by the federal government and I have attached evidence of the federally approved indirect cost rate

-OR-

[ ] I will be using a 10% de minimis rate

[ ] NO

**6. I have reviewed the 2019 eSnaps application, check one of the options below.**

**[ ] I** **agree with all narratives on the 2019 eSnaps application**

**-OR-**

**[ ] I have provided edits to one or more narrative sections on the 2018 eSnaps application.**

**Please indicate the question number and provide narrative edits below (limit edits to any one question to 2000 characters). Additionally, if the project will implement any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented by revising your response to section 3B:**

|  |  |
| --- | --- |
| **Question Number** | **Edits** |
|  |  |
|  |  |
|  |  |
|  |  |

**7. Does the project ensure that participants are not screened out based on the following items? Select all that apply:**

**[ ] Having too little or little income**

**[ ] Active or history of substance use**

**[ ] Having a criminal record with exceptions for state-mandated restrictions**

**[ ] History of victimization** (e.g. domestic violence, sexual assault, childhood abuse)

**[ ] None of the above = Housing First**

**8. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply:**

**[ ] Failure to participate in supportive services**

**[ ] Failure to make progress on service plan**

**[ ] Loss of income or failure to improve income**

**[ ] Any other activity not covered in a lease agreement typically found for**

**unassisted persons in the project’s geographic area**

**[ ] None of the above = Housing First**

**9. I have reviewed the 2019 HUD Announcement of Awards for Tier 1 projects, check one of the options below.**

**[ ] I agree with the HUD announcement of awards and will not be submiting Attachment 7 the *Detailed Budget for Renewal Projects***

**[ ] I am making changes to the program budget due to volunteer reallocation & will complete Attachment 7 the *Detailed Budget for Renewal Projects***

**10. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Representative Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**