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

**[ ] I agree with all narratives on the 2019 eSnaps application & have completed Attachment 5B the *Detailed Budget***

**-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):**

|  |  |
| --- | --- |
| **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. Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Provider Representative Name**

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

**Date**