Attachment 4

Miami-Dade County Continuum of Care

Application for Rental Assistance Fiscal Agent

Project Application

MDCHT Continuum of Care

* Please email Manny Sarria at Manuel.Sarria@miamidade.gov with any questions about the application
* Submit your responses in their original format via email by the deadline with the following naming convention:

Agency name –Program name

Example: Housing United-Home Again

* The CoC reserves the right not to review late or incomplete applications or projects that do not meet threshold.
1. **Project Applicant Information**
	1. Name of Organization:
	2. Address:
	3. Organization Type

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

 State Government Tribe Other: Describe

* 1. EIN Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. DUNS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Is a Sub-Recipient Organization included in this application: Yes (attach MOU) No
2. Describe your experience, and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application. Please highlight:
	1. Your experience with the 14 solicited activities in section II. on page 3 of the RFA document,
	2. Any planned or completed training on HOTMA and NSPIRE for your organization,
	3. Your organizations experience transitioning a large rental assistance portfolio, please describe your approach,
	4. Describe documentation or systems used by your organization to manage rental assistance portfolios.
3. Describe the basic organization and management structure of the applicant and subrecipients (if any).
4. Provide a description that addresses the entire scope of the proposed project.
5. Have you ever received a federal grant, either directly from a federal agency or through a State/local agency? 🞎 Yes 🞎 No

If yes, please describe the grant sources (for example: CoC, ESG, SSVF…)

1. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients? If so please provide an explanation of the findings and agency response.
2. Contact Person
	1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Describe your originations plan to implement the fiscal agent responsibilities with existing Supportive Service providers.
4. Project Milestones:

|  |  |
| --- | --- |
| **Event** | **Date** |
| New project staff hired?  |  |
| Project expenses begin?  |  |
| First landlords enrollment in project?  |  |
| Participants files are created?  |  |
| Fiscal agent responsibilities are at 100% capacity?  |  |

1. Will it be feasible for the project to be under grant agreement by September 30, 2025?

🞎 No 🞎 Yes

1. Does this project propose to allocate Admin funds according to an indirect cost rate?

🞎 No 🞎 Yes

1. If yes, has this rate been approved by your cognizant agency? 🞎 No 🞎 Yes (if “Yes” attach federal letter)
2. Provide a narrative explaining the budget (Attachment 5).