PY 2023-2024 ConsolidateD NOFA
Part A – Cover Page:
Unit of Government

# Part A, Section 1: General Information

|  |  |  |
| --- | --- | --- |
| Legal Name of the Unit of Government: |  |  |
|       |  |  |
| DUNS Number: |  | Federal Tax ID Number: |
|       |  |       |
| Office Location: |  | Organization Website Address: |
|       |  |       |
| Director: |  | E-mail Address: |
|       |  |       |
| Manager: |  | E-mail Address: |
|       |  |       |
| Financial Officer: |  | E-mail Address: |
|       |  |       |
| Principal Contact Person: |  | Principal Contact’s Title: |  | Principal Contact’s Physical Address (Street Address, Suite, City, State, ZIP): |
|       |  |        |  |       |
| Primary Phone #: |  | Alternative Phone #: |  | E-mail Address: |
|        |  |        |  |       |
|  |  |  |  |  |
| Name of Authorized Signatory: |  | Title of Authorized Signatory: |
|  |  |  |
| Signature of Authorized Official:  |  | Date of Signature: |
|  |  |  |

# Part A, Section 2: Organizational Capacity and Management

Please provide key personnel information for HUD-funded projects:

|  |  |  |
| --- | --- | --- |
| **Staff Name** | **Title** | **Years of Experience** |
| 1) |       |       |       |
| 2) |       |       |       |
| 3) |       |       |       |
| 4) |       |       |       |
| 5) |       |       |       |

|  |
| --- |
| **Financial Management** |
| Were any management letters issued as a result of the last audit? If yes, explain. |
|       |
| Provide the name of staff responsible for your agency’s accounting system |
| Name: |       |
| Title: |       |
| Phone/Email: |       |

# Part A, Section 3: Summary of Attached Applications:

Provide number and total dollar amount of applications by Application Type

* **Homeless and Homelessness Prevention Programs**

|  |  |  |
| --- | --- | --- |
|  *Number of Applications* |  |  *Total Dollar Amount Requested*  |
|        |  |  $       |

* **Public and Community Services**

|  |  |  |
| --- | --- | --- |
|  *Number of Applications* |  |  *Total Dollar Amount Requested*  |
|        |  |  $       |

* **Public Infrastructure and City-Owned Facilities**

|  |  |  |
| --- | --- | --- |
|  *Number of Applications* |  |  *Total Dollar Amount Requested*  |
|        |  |  $       |

* **Fair Housing**

|  |  |  |
| --- | --- | --- |
|  *Number of Applications* |  |  *Total Dollar Amount Requested*  |
|        |  |  $       |

**=**

**GRAND TOTAL**

|  |  |  |
| --- | --- | --- |
|  *Number of Applications* |  |  *Total Dollar Amount Requested*  |
|  0 |  |  $ 0.00 |

# Required Attachments to Part A

Select all attachments included.

[ ]  **Part A, Exhibit 1** – List of Directors and Officers by Corporate Title and Name (Required)

[ ]  **Part A, Exhibit 2** – Most Recent Audited Financial Statement (Required)

[ ]  **Part A, Exhibit 3** – Indirect Cost Rate Agreement with Federal Cognizant Agency (Required if applicant seeks to charge an indirect cost rate greater than 10 percent of modified total direct costs)