HOME-ARP SUPPORTIVE SERVICES NOFA PART A – COVER PAGE: NON-PROFIT ORGANIZATION

Part A, Section 1: General Information Legal Name of the Organization: Fictitious Name (if applicable): **UEI** Number of Organization: Federal Tax ID Number: Date of Incorporation: Date of 501(c)(3) Determination: Mailing Address of Organization: Organization Website Address: Name of President (or Chair of the Board): E-mail Address: Name of Chief Executive or Executive Director: E-mail Address: Name of the Secretary: E-mail Address: Name of Treasurer (or Chief Financial Officer): E-mail Address: Principal Contact's Physical Principal Contact Address (Street Address, Suite, Principal Contact's Title: City, State, ZIP): Person: Primary Phone #: Alternative Phone #: E-mail Address: Name of Authorized Signatory: Title of Authorized Signatory:

Date of Signature:

Signature of Authorized Official:

Part A, Section 2: Mission Statement

Please provide the organization's mission statement within the below space:

Part A, Section 3: Organizational Capacity and Management

Please provide key personnel information for HUD-funded projects:

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

Board of Directors

How often does your Board of Directors regularly meet?

List current Board of Directors below:

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

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Fina	ncial Management			
1)	Has an audit been performed on the proposing organization's accounting procedures within the last two years?			
	☐ Yes ☐ No If yes, name auditor:	e of		
2)	Is the agency audited every year?	☐ Yes ☐ No		
3)	Were any management letters issued explain.	as a result of the last audit? If yes,		
4)	Provide the name of staff responsible Name: Title: Phone/Email:	for your agency's accounting system		
Auth	norized Signatories			
If your organization is selected for funding, signatures from persons bearing titles from each of the two lines below will be required by your organization.				
 Board Chair, President, or Vice President Treasurer, Secretary, or Assistant Secretary 				
If you will be unable to provide the two requested signatures or intend to otherwise deviate from the standard signature authority, please indicate the names and titles of the authorized signatories below and provide the names and titles of the person(s) authorized to execute agreements on behalf of your organization in your board-certified resolution.				
Auth	norized Signatory Name	Authorized Signatory Title		
1)				
2)				
☐ Board Resolution providing for the signature authority of persons to sign agreements on behalf of the entity is attached (required before a subrecipient agreement will be executed).				
To view the City's policy regarding signature authority, including a sample signature page and sample certification, view Administrative Order 4-1 at: https://www.fresno.gov/personnel/human-resources-support/#tab-2				

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Required Attachments to Part A Select all attachments included.

Part A, Exhibit 1 – Organization's U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter (Required)
Part A, Exhibit 2 – Organization's Articles of Incorporation (Required)
Part A, Exhibit 3 – Bylaws of the Organization (Required)
Part A, Exhibit 4 – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) (Required of Out-of-State Corporations only)
Part A, Exhibit 5 – List of Directors and Officers by Corporate Title and Name (Required)
Part A, Exhibit 6 – Most Recent Audited Financial Statement (an IRS 990, <i>Return of Organization Exempt from Income Tax</i> , may be submitted in lieu of an audit whenever the organization lacks an audit due it not exceeding California and Federal audit thresholds).
Part A, Exhibit 7 – 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)
Part A, Exhibit 8 – Resolution of the Board of the Directors Authorizing the Application and Naming the Persons Authorized to Sign the Application