PY 2024-2025 ConsolidateD NOFA  
Part A – Cover Page:  
Unit of Government

# Part A, Section 1: General Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal Name of the Unit of Government: | | |  |  |
|  | | |  |  |
| UEI 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)