PY 2025-2026 ConsolidateD NOFA
Part A – Cover Page:
Non-Profit Organization[[1]](#footnote-1)

# Part A, Section 1: General Information

|  |  |  |
| --- | --- | --- |
| Legal Name of the Organization: |  | Fictitious Name (if applicable): |
|       |  |       |
| UEI of Organization: |  | Taxpayer Identification 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 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: |
|  |  |  |

Do you have an active registration with SAM.gov? [ ]  Yes [ ]  No

# Part A, Section 2: Organizational Background

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

|  |
| --- |
|       |

Please mark any of the following classifications that apply to your organization:

|  |  |
| --- | --- |
| [ ]  Woman-Owned Business | [ ]  Small Business |
| [ ]  Minority Institution | [ ]  Minority-Owned |
| [ ]  Tribal | [ ]  Veteran-Owned |
| [ ]  Other:       |  |

# Part A, Section 3: Organizational Capacity and Management

Please provide the number of staff employed by your organization:

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) |       |

|  |
| --- |
| **Financial Management** |
| 1) | Provide the name of staff responsible for your agency’s accounting system |
|  | Name: |       |
|  | Title: |       |
|  | Phone/Email: |       |
|  |  |  |
| 2) | Has your agency operated with or managed federal funds within the past three years? [ ]  Yes [ ]  No |
|  |  |
| 3) | Has your agency been required to comply with the Single Audit requirements of the Uniform Guidance in the past two fiscal years? [ ]  Yes [ ]  No*A Single Audit is required when $1,000,000 or more in federal funds is expended in a fiscal year.* |
|  |  |
| 4) | Have your agency’s annual financial statements been audited by an independent audit firm? [ ]  Yes [ ]  No*If yes, please provide a copy of the statements for the past two years in Exhibit 2.* |
|  |  |
| 5) | If the answer to Questions 3 or 4 were ‘Yes’, please explain any findings or questioned costs.      |
|  |  |
| 6) | Does your financial system:1. Provide for the control and accountability of grant funds, property, and other assets? [ ]  Yes [ ]  No
2. Separately track revenue and expenditures for the grant funds?

[ ]  Yes [ ]  No |
| 7) | Does your payroll system separately track staff time by grant and/or activity? [ ]  Yes [ ]  No |
|  |  |
| 8) | Are all payments properly documented with evidence or receipt of goods or performance of services? [ ]  Yes [ ]  No |
|  |  |
| 9) | Are all bank accounts reconciled monthly? [ ]  Yes [ ]  No |
|  |  |
| 10) | Has your agency had any significant changes in key personnel within the past 12 months? (e.g. Controller, Exec. Director, Program Manager, Accounting Manager, etc.) [ ]  Yes [ ]  No*If yes, please explain*      |
|  |  |
| 11) | Has your agency implemented new or substantially changed systems related to grant management or accounting systems in the past 12 months?[ ]  Yes [ ]  No*If yes, please explain*      |
|  |  |
| 12) | Does your agency have policies that address the following? |
| Ethics/Professional Conduct | [ ]  Yes [ ]  No |
| Pay Rates and Benefits | [ ]  Yes [ ]  No |
| Discrimination | [ ]  Yes [ ]  No |
| Purchasing/Procurement | [ ]  Yes [ ]  No |
| Property and Equipment | [ ]  Yes [ ]  No |
| Segregation of Duties | [ ]  Yes [ ]  No |
| Time and Effort Reporting | [ ]  Yes [ ]  No |
| Record Retention | [ ]  Yes [ ]  No |
|  |  |
| 13) | Does your agency certify that you have a current business license with the City of Fresno? [ ]  Yes [ ]  No |
|  |  |
| 14) | Does your agency certify that they are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency? [ ]  Yes [ ]  No |

|  |
| --- |
| **Authorized 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.1. Board Chair, President, or Vice President
2. 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. |
| **Authorized 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/#administrative-order>

# Part A, Section 4: 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*  |
|        |  |  $       |

* **Owner-Occupied Home Repair**

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

* **Public and Community Services**

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

* **Fair Housing**

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

* **Public Infrastructure & Facility Improvements**

|  |  |  |
| --- | --- | --- |
|  *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** – Organization’s U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter (Required)

[ ]  **Part A, Exhibit 2** – Most Recent Audited Financial Statement (an IRS 990, *Return of Organization Exempt from Income Tax*, 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 3** – Copies of results of audits, examinations, or monitoring procedures performed during the last two fiscal years on any direct federal award received by the organization

[ ]  **Part A, Exhibit 4** – Indirect Cost Rate Agreement with Federal Cognizant Agency (Required if applicant seeks to charge an indirect cost rate greater than 15 percent of modified total direct costs)

[ ]  **Part A, Exhibit 5** – List of all awards to the organization from City of Fresno during the past two years

[ ]  **Part A, Exhibit 6** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) (Required of Out-of-State Corporations only)

[ ]  **Part A, Exhibit 7** – List of Directors and Officers by Corporate Title and Name (Required)

[ ]  **Part A, Exhibit 8** –Organization’s Articles of Incorporation (Required)

[ ]  **Part A, Exhibit 9** –Bylaws of the Organization (Required)

[ ]  **Part A, Exhibit 10** –Resolution of the Board of the Directors Authorizing the Application and Naming the Persons Authorized to Sign the Application (Required; the Resolution must be submitted to the City by 5 PM, February 1, 2025)

1. This document is for non-profit organizations. Units of local government, please complete Part A: Unit of Government Information [↑](#footnote-ref-1)