PY 2025-2026 ConsolidateD NOFA
Part A – Cover Page:
Unit of Government[[1]](#footnote-1)

# 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: |
|  |  |  |

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

# 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** |
| 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) | Has 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) | 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*      |
|  |  |
| 7) | 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*      |

# 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 Facility Improvements**

|  |  |  |
| --- | --- | --- |
|  *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 15 percent of modified total direct costs)

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