**HUD HOME Investment Partnership Program**

**TENANT BASED RENTAL ASSISTANCE (TBRA)**

Funding Application

PART A: SUMMARY INFORMATION

*Please fill out this form completely. Note that detailed funding requirements are included in the Notice of Funding Availability (NOFA) posted concurrent with this application.*

**ORGANIZATION INFORMATION**

Organization name: Click or tap here to enter text.

Type of organization:  Nonprofit  Government  Other enter text.

* If your organization has a nonprofit status, please provide a copy of your current IRS 501(c)3 status letter with your application.
* Provide a current list of your organization’s board members with your application.

Business Address: Click or tap here to enter text.

Business Website: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Fax: Click or tap here to enter text.

Federal Employer Number (EIN)#: Click or tap here to enter text.

Federal Unique Entity Identification Number (UEID)# Click or tap here to enter text.

The UEID is assigned after registration with sam.gov through this [link](https://sam.gov/content/home), and enables verification that the applicant is not listed as a debarred, suspended, or ineligible contractor.

**APPLICATION CONTACT INFORMATION**

Name and Position: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

**BUDGET INFORMATION**

How much funding per year are you requesting from the City for this TBRA program?

$ Click here to enter text.

How much per year is the Total Annual TBRA program Budget? $ Click here to enter text.

What is the Total Annual Organizational Budget? $ Click here to enter text.

**PROGRAM PLAN AND GOALS**

Estimate the following based on the funding request detailed herein.

Households Served: Click or tap here to enter text.

Individuals Served: Click or tap here to enter text.

Estimated Expenditure Date of Requested Funds: Click or tap here to enter text.

**APPLICANT CERTIFICATION**

**I certify that the information presented in this application is a true and accurate representation of my organization’s willingness and ability to carry out the activity(s) for which I am requesting funding. I understand that intentionally providing false information will disqualify my funding application.**

Print name of person authorized to sign application: Click or tap here to enter text.

Signature of authorized person:

Title of authorized person: Click or tap here to enter text.

Date: Click or tap here to enter text.

**REQUIRED INFORMATION**

Please ensure the following documentation is part of your application:

TBRA Funding Cover Page and Application (incl IRS nonprofit letter and board members, if applicable)

Fiscal Documentation

* TBRA budget form
* Complete audit reports for prior two years (if the City does not already have these)
  + Include OMB Circular A 133 supplement
  + Any audit findings, corrective action plan, management letter, and agency response
* Nonprofit Organizations: IRS Form 990, prior two years

*Please limit your responses to no more than three pages for questions 1-8*

PART B: PROGRAM INFORMATION

1. **Agency Mission.** Please paste of copy of your agency’s mission statement below.

Click here to enter text.

1. **Agency Beneficiaries.** Who are your primary clients or beneficiaries? Please describe the demographics your organization serves, and total number of beneficiaries served per year.

Click here to enter text.

1. **Qualifications and expertise.** Briefly summarize your agency’s qualifications and expertise related to the ability to administer a federal or state rental assistance program (e.g., years of operation, accreditations, experience of staff members, experience with client income-eligibility). Please mention any recent major organizational changes. Specify experience with HUD HOME fund administration, both generally and with respect to TBRA.

Click here to enter text.

1. **Program Purpose.** Identify the community need(s) that the program addresses. What are the primary goals of the program, and measurable outcomes that will result from the services provided? What is the target population of the program?

Click here to enter text.

1. **Funding Needs.** How did you determine the amount of your grant request? Please describe the program-specific costs and operating costs that you are hoping this grant will cover, and source of anticipated matching funds.

Click here to enter text.

1. **Racial Equity and Social Justice.** What steps has your organization taken to address issues of racial equity and social justice with respect to the staff and clients involved with the implementation of the TBRA program? Which steps are complete, and which are planned or ongoing?

Click here to enter text.

1. **Program Status.** How long has this program been in operation in Bellingham? Have you made recent changes in how you offer services? If this is a new program, how far along is your agency in the planning process? What resources has your organization already invested?

Click here to enter text.

1. **Other.** Please describe anything else you would like the City to know about anticipated operations of your TBRA program, including whether you will need City staff to assist with physical inspections of TBRA units prior to tenant occupancy, and annually thereafter.

Click here to enter text.