



**COMMUNITY PLANNING  
&  
DEVELOPMENT  
GRANTS**

**FY 2026 FUNDING APPLICATION**

HOME Investments Partnerships Program  
(HOME)

Funding Application Deadline

**May 28, 2026**

## **HOME Investment Partnerships Program Funding Application Summary**

The Office of Community & Neighborhood Services (CNS) uses this final application to determine applicant eligibility, the eligibility of its proposed activity, and the financial supports for prospective activities under the U.S Department of Housing and Urban Development’s HOME Investment Partnerships Program.

The Office of Community & Neighborhood Services will use **ONLY** the information provided within this application and submitted supporting documents to evaluate applicant and activity eligibility, and financial leverage.

If the applicant and/or proposed activity is ineligible under the Community Planning & Development guidelines, the applicant is encouraged to apply for HOME funds for the next program year.

**ONLY** eligible activities that closely align with our local and federal standards and priorities as determined by the Office of Community & Neighborhood Services will receive consideration for funding.

# Application Instructions

1. The applicant may type within this form, or the applicant may print the application and hand-write its information and answers. Please use blue or black ink. Please take care to ensure the legibility of the form.
2. The applicant **must** sign and date the application. Unsigned and/or undated applications are not reviewed and are automatically disqualified.
3. **OPTIONAL:** The applicant may submit its own budget documents/accounting forms for the tables in Section 4: Financial Management. This includes:
  - a. Funding Sources and Matching Funds- TABLE- Sources of Funding and Financial Contributions;
  - b. Collaborations and In-Kind Contributions- TABLE- Community Collaborations and In-kind Contributions;
  - c. If the applicant elects to submit its own forms, the forms must be submitted at the same time, in the same format, and in the same manner as the rest of the final application.
4. Unless specified, additional forms and documents are **PROHIBITED**.
5. This final application may be submitted in three ways:
  - a. **Electronic**  
Email [cnservices@tuscaloosa.com](mailto:cnservices@tuscaloosa.com). Attach the Final Application and supporting documentation as a PDF document to the submission email.
  - b. **Hand delivery**  
Office of Community & Neighborhood Services  
City of Tuscaloosa  
2201 University Boulevard  
Tuscaloosa, AL 35401  
  
The Office of Community and Neighborhood Services is located on the 2<sup>nd</sup> floor of the City of Tuscaloosa City Hall- Annex 1. CNS is open Monday-Friday from 8:00 am -5:00 pm.
  - c. **Mail**  
Office of Community & Neighborhood Services  
City of Tuscaloosa  
2201 University Boulevard  
Tuscaloosa, AL 35401  
  
The final application packet must be received in office by the funding application deadline: May 28, 2026. CNS is not responsible for missing and/or lost application packets.

## HOME INVESTMENT PARTNERSHIPS PROGRAM APPLICATION SUMMARY

Complete the following sections to provide a succinct, yet detailed overview of the proposed activity for HOME Investment Partnerships Program funding.

### Organization & Activity Information

Organization Name	
Activity Name	

### Funding Request Amount

\$
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### Activity Summary

In the space below, provide a description of the proposed activity. For new construction activities, detail the scope of the work to be performed, provide the address(es) of the project site(s), identify the type of units and any distinguishing features, number of units, and cost per unit. If the activity is tenant based rental assistance, summarize how the program will work, including the number of staff dedicated to the administration of the program, the target populations, anticipated number of beneficiaries (households) to be assisted for the proposed activity.

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## SECTION 1: ORGANIZATIONAL ELIGIBILITY, CAPACITY, & PAST PERFORMANCE

The following section focuses on the applicant organization. These questions will help the Office of Community and Neighborhood Services determine if the organization meets the HOME organizational & operational standards to receive and successfully implement a federal funding award.

### Organizational Information

Organization Name			
Organization Address			
Organization Contact			
Contact Title			
Telephone		Website	
Email Address			

### Organizational Eligibility

Does the applicant organization have 501(c)(3) tax-exempt status? Yes  No

*\*Provide a copy of the 501(c) (3) designation letter for the Internal Revenue Service (IRS) in Document Review\**

If yes, how many years has the applicant organization had 501(c)(3) status?

Does the applicant organization have a Federal Employer Identification Number (FEIN)? Yes  No

Provide the applicant organization's Federal Employer Identification Number (FEIN)

Does the applicant organization have a Unique Entity Identifier? Yes  No

Provide the applicant organization's Unique Entity Identifier

Does the applicant organization have an active registration in the U.S. System for Award Management? Yes  No

*\*Provide proof of active registration with the U.S. System for Award Management in Document Review\**

Provide the SAM.gov registration expiration date

### Organization Type

Select the option (s) that describes the applicant organization's type. More than one option may be selected.

Faith-based organization*	<input type="checkbox"/>
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\*A faith-based organization may provide social services, but is restricted from using funds for worship, religious activities, religious instruction and/or proselytization

Non- profit developer	<input type="checkbox"/>
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For- profit developer	<input type="checkbox"/>
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City of Tuscaloosa approved Community Housing Development Organization (CHDO)*	<input type="checkbox"/>
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\*Must be a current CHDO approved by the City of Tuscaloosa\*

Member, Tuscaloosa County Continuum of Care (CoC), West Alabama Coalition for the Homeless (WACH)	<input type="checkbox"/>
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### Organization History

How many years has the applicant organization been in operation?

YEAR	MONTH

Write the number of years and months under the year and month column. If the applicant organization has operated for less than one (1) year, write zero (0) in the years column and the number of months in the month column. If completed less than a full month, round down. Do not round up.

### Organizational Leadership

#### Administration Staff-Organizational Leadership

Executive Director Information & Experience	Name			
	Telephone		Email	
	Years in Position		Years Experience with HOME	
	Years in Organization		Number of similar projects completed	

\*Resume attached as part of Document Review

Financial Officer Information & Experience	Name			
	Telephone		Email	
	Years in Position		Years Experience with HOME	
	Years in Organization		Number of similar projects completed	

\*Resume attached as part of Document Review

### Organizational Oversight

#### Board of Directors

Does the applicant organization have an active Board of Directors? \* Yes  No

\*An active Board of Directors is defined as having a quorum at 75% of board meetings during the previous 12 months

Number of Board of Directors

Number of vacant Board of Directors positions

Number of meetings per year

Date of most recent Board of Directors meeting

#### Board of Directors Composition

Number of board members who live or work within Tuscaloosa City Limits

Does the Board of Directors require membership from a former or current member of the applicant organization's target/client community? (For instance, if the targeted community is low-to-moderate income persons, answer yes if the Board includes an identified low-to moderate income persons as a board member.) Yes  No



**Activity/ Project Management**

In the spaces below, identify the principal staff and personnel working directly on the activity. If the key personnel are not an employee of the applicant organization, detail the employment relationship in the space provided below.

**Key Personnel- Attach Resumes for each person as part of Document Review**

Name	<input type="text"/>	Position	<input type="text"/>
Years in Current Position	<input type="text"/>	Years experience with HOME	<input type="text"/>
Years in Organization	<input type="text"/>	Number of similar projects completed	<input type="text"/>
	<input type="text"/>		<input type="text"/>

Description of Direct Activity to be performed- Activity Related Job Duties

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Name	<input type="text"/>	Position	<input type="text"/>
Years in Current Position	<input type="text"/>	Years experience with HOME	<input type="text"/>
Years in Organization	<input type="text"/>	Number of similar projects completed	<input type="text"/>

Description of Direct Activity to be performed- Activity Related Job Duties

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Name	<input type="text"/>	Position	<input type="text"/>
Years in Current Position	<input type="text"/>	Years experience with HOME	<input type="text"/>
Years in Organization	<input type="text"/>	Number of similar projects completed	<input type="text"/>

Description of Direct Activity to be performed- Activity Related Job Duties

Name  Position

Years in Current Position  Years experience with HOME

Years in Organization  Number of similar projects completed

Description of Direct Activity to be performed- Activity Related Job Duties

Name  Position

Years in Current Position  Years experience with HOME

Years in Organization  Number of similar projects completed

Description of Direct Activity to be performed- Activity Related Job Duties

**Federal Grant Experience**

Is the applicant organization a current or former grantee, subgrantee, subrecipient, and/or developer of any of the Community Planning and Development Grants from the US Department of Housing and Urban Development?

Yes  No

Please check each Community Planning and Development Grant the applicant organization has received in past **ten (10)** years. For each grant, check if the applicant organization is a current or former recipient. In the funding years column, write each of the funding years that the applicant organization has received the grant. An applicant is considered a current recipient if it is currently under a FY 2025 or later grant award.

**Example:** ABC Nonprofit received CDBG funding for three (3) consecutive years: FY 2017, 2018, and 2019. In FY 2020 and 2021, ABC Nonprofit **did not** receive an award. However, ABC Nonprofit was awarded FY 2022 and FY 2023. ABC Nonprofit has received a total of five (5) years of CDBG funding.

In the table, ABC Nonprofit, would find the Community Development Block Grant (CDBG) Row. Under this row, ABC Nonprofit would check the “Current Recipient” column and input and write 2017, 2018, 2019, 2022, and 2023 in the “Funding Years” column.

Grant	Awarding Agency/ Organization	Current Recipient	Former Recipient	Funding Years
Community Development Block Grant (CDBG)				
HOME Investment Partnerships Program (HOME)				
Emergency Solutions Grant (ESG)				
Homeless Management Information Systems (HMIS)				
Continuum of Care (CoC)				
Housing Opportunities for Persons with AIDS Program (HOPWA)				

In the space provided, explain any gaps in funding for each grant, if applicable. If reasons for a gap in funding are unknown, write unknown for the applicable grant.

Affordable Housing Experience

Briefly narrate the applicant organization's history as it pertains to affordable housing construction, rehabilitation, financing, property management, and rental assistance programs

Briefly highlight the applicant organization's experience and major accomplishments in providing services to LMI residents and/or communities. Provide dates of services and population served.

In the space below, list all housing projects of similar size, scope, or complexity as the proposed activity that the applicant organization **has completed** in the **past five (5)** years. Include the project's name, address, type and number of units, total budget, cost per unit, proposed completion date, actual schedule of completion, and current occupancy rates. In addition, define and describe the applicant organization's past and current role(s) in the project (developer, consultant, contractor, sub-recipient, property manager, etc.) Write "N/A" if the applicant organization has not completed any housing projects in the past five (5) years.

List any housing projects that the applicant organization is *currently* working on, including name, location, type and number of units, total budget, cost per unit, activity schedule, and anticipated time of completion, if any. Define the applicant's current and future roles in the project (developer, subrecipient, contractor, etc.).

Indicate all other opportunities (projects, programs, etc.) that the applicant organization plans to pursue, plan, or implement during the same performance period (September 1, 2026- August 31, 2034) as the proposed activity. For each opportunity, provide the following: project description, total budget, anticipated or actual schedule of completion. Identify and explain the internal controls and measures the applicant organization has in place to ensure timely completion of this application's activity.

## SECTION 2: ACTIVITY MANAGEMENT & IMPLEMENTATION

The following section focuses on the applicant organization’s activity. These questions will help the Office of Community and Neighborhood Services determine if the activity incorporates activity management and implementation best practices seen in federally funded programs, projects, and activities.

### Activity Information

Activity Title	
Activity Address	

### Activity Scope of Work

Use the space below to write a narrative description of the proposed activity. In the description, the following details **must** be addressed:

1. Description of activity to be undertaken, work to be performed, or services to be provided
2. Proposed number of HOME-assisted Units
3. Amount of HOME assistance needed per unit
4. Total cost per unit
5. Proposed number of unduplicated households to be served
6. Identify the proposed uses of the requested HOME funds (i.e., development hard costs, soft costs, materials, salary, etc.).

Activity Scope Continued

## Unit Details

In the space below, explain how the activity's configuration and sizing of units, materials, design, and amenities will meet the needs of the target population\* **\*Attach plans and elevations for housing model units in the Document Review\***

## Construction Activity Estimates

If the proposed activity involves new construction or rehabilitation, does the activity have recent construction estimates (within last 12 months)? Does a construction contract already exist for the proposed activity? If not, what is the estimated amount of time it will take to obtain a construction estimate and construction contract? **\*Attach construction estimates and/or construction contract(s) in the Document Review\***

[Empty rectangular box for notes or information]

Need for the Activity

[Large empty rectangular box for detailed notes or information]

**New or Current Activity & Activity Length**

Is this a new activity or an additional phase of a current activity?

**For Current Activity ONLY:** If this is an additional phase of a current activity, how many phases have been completed?

**For Current Activity ONLY:** How many phases remain until activity completion (include this activity application as an uncompleted phase)?

**For NEW Activity ONLY:** Can this activity be completed in one phase (one funding cycle)? Yes  No

If not, list the estimated number of phases required to complete the activity.

Will the applicant organization seek additional HOME funds for additional phases of this activity? Yes  No

**Environmental Review & Clearance**

Has the applicant organization contacted the participating jurisdiction to obtain an appropriate level environmental review for the activity? Yes  No

Has an appropriate level environmental review been conducted for the activity? Yes  No

If yes, indicate the date of the environmental review

**Activity Locations & Site Control**

Explain as specifically as possible whether the activity area is near public transportation, grocery stores, parks, and other amenities that may add value to the activity and stabilize the community and its beneficiaries. List and describe the amenities that are near the activity area. Include the distances from the amenities to the project site(s). When describing the amenities, include the title of the amenity, amenity type, and address.  
**\*Provide a map that shows the amenities and the project site(s). in the Document Review\***

Does the activity occur in multiple locations?

Yes

No

If yes, please provide the addresses for each additional location. Please indicate if the applicant organization has site control of each address.

Additional Locations						
	Street	City	State	Zip Code	Census Tract	Site Control*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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28						
29						
30						
31						
32						
33						
34						

\*Provide proof of site control for each address such as warranty deeds, sales, or option contracts in the Document Review

If the applicant organization does not have site control of any of the addresses listed above, identify the property, and indicate the date(s) by which the organization will gain site control.

Address Number	Date of Site Control	Address Number	Date of Site Control	Address Number	Date of Site Control	Address Number	Date of Site Control
1		10		19		28	
2		11		20		29	
3		12		21		30	
4		13		22		31	
5		14		23		32	
6		15		24		33	
7		16		25		34	
8		17		26		35	
9		18		27			

Does the activity locations require additional acquisitions of right-of-way, permitting, subdivisions, etc.?

Yes

No

If yes, identify each administrative requirement that must be obtained prior to beginning the activity. For each entry, indicate if the process has not started or if it is in progress as well as the expected date of completion. If the process has not started, list the start date.

If not, identify when each process was completed.

### Service Delivery Area

Based on the Census Tracts provided for each address, select the applicable Service Delivery Area(s) for the activity. More than one service area may be selected. For all seven City Council Districts, select City-Wide.

City Council District 1		City Council District 6	
City Council District 2		City Council District 7	
City Council District 3		City- Wide	
City Council District 4		Outside Tuscaloosa City Limits	
City Council District 5			

### Activity Implementation Schedule

In the space provided, provide an outline of the activity schedule. Use month/year format to identify key dates.

Start Date

End Date

### Activity Outputs, Evaluation, & Monitoring

Use the space below to identify the activity outputs and evaluation tools the applicant organization will use to track and monitor the progress of the activity. Include how often evaluation will occur.

### Section 3, MBE, WBE, & DBE Compliance

Describe the applicant organization's efforts to comply with HUD's Section 3 requirements and compliance with required MBE, WBE, and DBE initiatives\* [Attach Section 3 Plan in Document Review\\*](#)

### Labor Standards, Davis Bacon and Related Acts

Describe the applicant organization's experience with projects that are governed by Federal Labor Standards and Davis Bacon and Related Acts.

Are Davis Bacon Wage Rates applicable to this activity?

Yes

No

**Provision of Participant Information to Office of Community and Neighborhood Services**

According to 24 CFR 121.2, subrecipients, developers, subgrantees, are required to furnish participant data to the Office of Community and Neighborhood Services. This information includes but is not limited to such data concerning the race, color, religion, sex, national origin, age, handicap, and family characteristics of persons and households who are applicants for, participants in, beneficiaries or potential beneficiaries of those programs as determined by the Secretary of the US Department of Housing and Urban Development.

Is the applicant organization willing to provide participant information to the Office of Community and Neighborhood Services?

**Yes**

**No**

If yes, please describe the data collection methods used to collect this participant information.

If not, please details the reasons why the applicant organization will not provide the participant data.

**Targeted Population**

Please select the main population, if any, that your activity will serve. Select one.

Elderly	
Persons with Disabilities	
Abused and Neglected Youth	
Survivors of Domestic Violence	
Low-to- Moderate Income Persons	
General Population/No specialized populations	

## Eligible Beneficiaries- New Construction

In the space below, answer the following questions about the New Construction eligible beneficiaries and the applicant organization's new construction program and application process. **\*Provide Policy and Procedure for New Construction Acquisition- Homebuyer Purchase Program in Document Review\***

1. Has the applicant organization identified eligible buyers for its new construction homes? If yes, provide the number of identified eligible buyers.
2. Have any of the eligible buyers been approved to purchase a home? If yes, how many?
3. What number of eligible buyers have completed Pre- Purchase Counseling from a HUD Certified Housing Counseling Agency?
4. If there are no identified eligible buyers, when will the applicant organization begin its application or intake process?
5. Describe the eligibility requirements, intake, and application process for purchase.
6. How soon after construction will the home become occupied?

## Affirmative Marketing & Outreach

Briefly describe your agency's affirmative marketing programming used to attract prospective buyers and/or tenants of all minority and majority groups. Also, describe how this activity will be promoted to non-English speakers and visually, hearing, and/or physically impaired\*

\*Attach Affirmative Marketing Plan to the Document Review

## Collaboration

### Community Partnerships

Describe the collaborative efforts with other nonprofits, for-profit organizations, and/or governmental agencies. Identify each collaborator's role in the various partnerships. Include what, if any in-kind or financial support the collaborators will provide towards the implementation of the activity

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### SECTION 3: ACTIVITY ELIGIBILITY

The following section focuses on activity eligibility. These questions will help the Office of Community and Neighborhood Services determine if the activity is likely to be an eligible activity and meets additional as required by the HOME Investments Partnerships Program. The answers in the section also illustrate the applicant organizations’ understanding of the fundamentals of HOME.

#### Eligible Activity

Select the Eligible Activity option that best describes the activity. Select one.

New Construction- Single Family Homes	<input type="checkbox"/>	Acquisition of Real Property	<input type="checkbox"/>
New Construction- Multi Family Housing	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Reconstruction- Single Family Homes	<input type="checkbox"/>	Relocation	<input type="checkbox"/>
Reconstruction – Multi-Family Housing	<input type="checkbox"/>	Tenant Based Rental Assistance	<input type="checkbox"/>
Rehabilitation- Single Family Homes	<input type="checkbox"/>	CHDO Operating Expenses* Must be a current CHDO and must apply to City of Tuscaloosa	<input type="checkbox"/>
Rehabilitation- Multi-Family Housing	<input type="checkbox"/>	Site Improvements	<input type="checkbox"/>
Homebuyer Acquisition	<input type="checkbox"/>	Conversion	<input type="checkbox"/>

#### Eligible Costs

Select the National Goal that the activity will meet. Select one.

Construction Hard Costs	<input type="checkbox"/>	Acquisition Cost- Homebuyer	<input type="checkbox"/>
Rehabilitation Hard Costs	<input type="checkbox"/>	Soft Costs- Financing	<input type="checkbox"/>
Refinancing Costs- Single Family Homes	<input type="checkbox"/>	Soft Costs- Development	<input type="checkbox"/>
Refinancing Costs- Multi-Family Housing	<input type="checkbox"/>	Soft Costs- Financing & Development	<input type="checkbox"/>
Acquisition Costs- Real Property	<input type="checkbox"/>		<input type="checkbox"/>

HOME Objective		Activity Outcome	
Identify ONE HOME Objective that the activity most closely matches.		Identify ONE Activity Outcome that the activity most closely matches	
Provide safe, decent & affordable housing to lower-income households		Availability/Accessibility	
Leverage public-private partnerships		Affordability	
Create suitable living environments		Sustainability	

### Strategic Action Plan Priorities

Select the Strategic Plan Priority that the activity will meet. Select one.

Increase or Maintain Affordable Housing Units	
Increase Communities Access to Affordable Housing Units	
Develop and Sustain LMI Persons, Families, Youth, Seniors, and/or other vulnerable populations	
Equitable Access to Public Infrastructure & Facilities for underserved people	
Increase Access to Employment Training & Educational Opportunities	

### Core Beliefs

Select the City of Tuscaloosa Core Belief that the activity will meet. Select one.

Citizen Safety	
Neighborhood Protection- Economic Growth, Strategic Infrastructure	
Educational, Economic, and/or Recreational opportunity in underserved area	

## SECTION 4: FINANCIAL MANAGEMENT

The following section focuses on the financial aspects of the activity. These questions will help the Office of Community and Neighborhood Services determine if the activity is adequately funded, if there are sufficient collaborations to justify the project, and if funding request is reasonable.

### HOME Funding Request

HOME Funding Request:

HOME- Assistance per Unit

Is HOME the primary source of cash funding for the proposed activity? Yes  No

If HOME is 51% of the total funding for the activity, then HOME is the primary funding source.

What is the minimum HOME funding needed to implement this activity?

### Partial Award

Indicate if the applicant organization will accept at partial award of funds

Yes  No

By selecting "NO", the applicant organization states that it will NOT accept less than the HOME funding requested in this application. The application will only be evaluated for an award based on the full amount requested. If CNS is unable to award the applicant organization's full funding request, CNS **will not** award any HOME funds to the applicant organization.

If yes, what is the minimum funding amount the applicant organization will accept?

\$

### Compliance History

In the last five years has the applicant organization defaulted on a loan or been in non-compliance of a grant or any type of funding source?

Yes

No

If yes, detail the dates and conditions of each default or noncompliance

### Financial Management

Describe the applicant organization's 1) financial reporting system/accounting procedures, 2) record-keeping system, 3) internal controls in place aimed at minimizing opportunities for fraud, waste, and mismanagement\*

*\*Attach Financial Management policies and procedures, including procurement Policies in the Document Review*

Explain how the applicant organization will segregate HOME funds from other agency funds for purposes of identification, tracking, and reporting

**Program Income**

Does the applicant organization assess fees for the activity?                      Yes          No    

If yes, identify each of the fees that will be assessed

Does the applicant organization intend to request to retain the activity proceeds? Yes  No

If yes, identify the percentage and itemize what the proceeds will be used for.

Describe the internal controls the applicant organization has in place to manage fees assessed to activity participants

Matching Contributions/Partnerships

HOME funded activities are required to provide, at minimum, 25% match for every HOME dollar awarded.

Identify the number of organizations that financially contribute to this activity

Identify the number of organizations that provide direct, in-kind (personnel, materials, space, equipment, etc.) contributions to this activity

**Funding Sources & Matching Funds- ATTACH a DETAILED itemized activity/project Budget in Document Review**

Use the table below to identify the sources of funding for the activity. This HOME funding request has been identified in the table. Fill in the remaining information for your HOME funding request. Select either “**Anticipated**” or “**Committed**” for each fund.

TABLE-Sources of Funding and Financial Contributions						
Funding Source	Funder Name	Funding Type	Total Funding	Anticipated	Committed	Award Date
City of Tuscaloosa	City of Tuscaloosa- HOME	Grant		X		TBD
Other Municipal Funding						
Tuscaloosa County Funding						
State of Alabama						
Federal Funding						
Philanthropic, Foundation, Private Funds						
Donations Payroll Deductions						
Special Events Fundraising						
Service Fees						
Investment Income						
Program Income						
Other						
TOTAL ANTICIPATED						
TOTAL COMMITTED						
<b>TOTAL</b>						

Community Collaborations & In-Kind Contributions

Use the table below to identify collaborations and in-kind contributions to the activity.  
 Select either "**Anticipated**" or "**Committed**" for each collaboration and/or contribution.

TABLE- Community Collaborations & In-kind Contributions					
Community Organization	Contribution Type	Financial Value of Contribution	Anticipated	Committed	Start Date
<b>TOTAL</b>					

Audit

When was your organization last audited?

What were the results of the audit? In the space provided, please describe the results of the most recent audit.

## SECTION 5: DOCUMENT REVIEW

This section is Document Review. Applicant organizations are required to submit the listed documents as attachments. The method of attachment is at the discretion of the applicant organization; however, the documents must be received/delivered to the Office of Community and Neighborhood Services by the deadline of the Funding Application.

### DOCUMENTS

- |  |                          |
|--|--------------------------|
| <p><b>1</b> Articles of Incorporation/Charter/ Bylaws</p>  | <input type="checkbox"/> |
| <p><b>2</b> Non-profit Determination Letter (from Internal Revenue Service- IRS)</p>   | <input type="checkbox"/> |
| <p><b>3</b> Business License- For profit entity</p>  | <input type="checkbox"/> |
| <p><b>4</b> Board of Director Membership Directory<br/>                 The membership directory must include a roster of the current board or other governing body of the applicant organization. The directory must include the name, telephone number, address, occupation or affiliation of each member must identify the principal officers of the governing body. Additionally, the directory must identify any vacancies at the time of application and the board member(s), if any, that is a current/former member of the target/client population.</p> | <input type="checkbox"/> |
| <p><b>5</b> Authorization to Request Funds</p>   | <input type="checkbox"/> |
| <p><b>6</b> Designation of Authorized Official</p>   | <input type="checkbox"/> |
| <p><b>7</b> Organizational Chart</p>   | <input type="checkbox"/> |
| <p><b>8</b> Verification of Unique Entity Identifier</p>   | <input type="checkbox"/> |
| <p><b>9</b> Financial Statement and/or Audit<br/>                 Applicant Organization's single audit report for its most recent fiscal year or applicant organization's financial statement for the most recent fiscal year<br/>                 In accordance with the Office of Management and Budget, the federal government requires that applicant organizations expending \$750,000 or more in federal financial assistance in a fiscal year and MUST SECURE AN AUDIT</p>   | <input type="checkbox"/> |
| <p><b>10</b> Organizational Policies and Procedures</p>  | <input type="checkbox"/> |
| <p><b>11</b> Financial Management Policy and Procedures</p>  | <input type="checkbox"/> |
| <p><b>12</b> Affirmative Marketing Plan</p>  | <input type="checkbox"/> |
| <p><b>13</b> Section 3 Plan</p>  | <input type="checkbox"/> |
| <p><b>14</b> Site Control Documents</p>  | <input type="checkbox"/> |
| <p><b>15</b> Activity Schedule<br/>                 Activity Schedule must include the start and end date as well as key milestones</p>  | <input type="checkbox"/> |
| <p><b>16</b> Activity Budget and Support Letters<br/>                 Activity budget must identify all sources of committed and/or anticipated funds. The budget must also include the cost per unit and the HOME assistance per unit. Letters of Support must be included</p>  | <input type="checkbox"/> |
| <p><b>17</b> Plans &amp; Elevation Documentations</p>  | <input type="checkbox"/> |
| <p><b>18</b> Organization Staff Resumes</p>  | <input type="checkbox"/> |
| <p><b>19</b> Amenity Map for Project Site</p>  | <input type="checkbox"/> |
| <p><b>20</b> Policy and Procedures for Housing Program/ New Construction Acquisition</p>   | <input type="checkbox"/> |
| <p><b>21</b> CHDO Application Approval, if applicable</p>  | <input type="checkbox"/> |
| <p><b>22</b> Current Certification from the Alabama Secretary of State</p>   | <input type="checkbox"/> |
| <p><b>23</b> Construction Estimates, if applicable</p>   | <input type="checkbox"/> |
| <p><b>24</b> Construction Contracts, if applicable</p>   | <input type="checkbox"/> |

## SECTION 6: SIGNATURE

As the official designated by the Applicant, I hereby certify that if approved by the City of Tuscaloosa HOME Investment Partnerships Program for a HOME funding allocation, that \_\_\_\_\_ assumes the responsibilities specified in the HOME regulations and certifies that:

- A. It possesses the legal authority to apply for the allocation and to execute the proposed activity;
- B. It has resolved any audit findings for the prior fiscal year to the satisfaction of the City of Tuscaloosa or any other federal agency by which a finding was made;
- C. It is not currently suspended or debarred from receiving federal funds;
- D. If a CHDO, its board composition complies with and will continue to comply with the requirements for CHDOs in the definition contained in 24 CFR Section 92.2;
- E. It will comply with all statutes and regulations governing or applicable to the HOME program;
- F. The information, statements and attachments contained in support of this application is given for the purpose of obtaining financial assistance from the City of Tuscaloosa is true and correct to the best of my knowledge and belief. Representations made in the application will be the basis of the written HOME agreement if funding is awarded. All information contained in this application is acknowledged to be public information;
- G. The applicant understands and agrees that if false information provided in this application has the effect of increasing the applicant's competitive advantage, the City of Tuscaloosa will disqualify the applicant and may hold the applicant ineligible to apply for HOME funds until any issue of restitution is resolved;
- H. If false information is discovered after the award of HOME funds, the City of Tuscaloosa may terminate the applicant's written agreement and recapture all HOME funds expended;
- I. The applicant shall not, in the provision of services, or in any other manner discriminate against any person on the basis of race, religion, sex, national origin, familial status, or handicap.
- J. The applicant agrees that verification of any of the information contained in this application may be obtained from any source named herein.
- K. The applicant will at all times indemnify and hold the City of Tuscaloosa harmless against all losses, costs, damages, expenses, and liabilities of any nature directly or indirectly resulting from, arising out of or relating to the City of Pawtucket's acceptance, consideration, approval, or disapproval of this request and the issuance or non-issuance of HOME funds herewith.

**APPLICATION CERTIFICATION**

Per 2 CFR 200.415, as amended, applicants for federal financial assistance are required to certify their application and its content. Certifications must be executed by organizational official who have the authority to legally bind the organization.  
Please sign the certification below.

"I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

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**Name/ Title**

**Signature**

**Date**