

**General Application
Part 2**

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|-----------------------------------|---------------------------------|
| DATE OF APPLICATION | DATE RECEIVED (AGENCY USE ONLY) |
| GENERAL APPLICATION PART 2 | |

SECTION A - APPLICANT

| | | | |
|------------------------------|--|--------|--|
| <u>APPLICANT INFORMATION</u> | | | |
| NAME OF APPLICANT | | | |
| CHIEF ELECTED OFFICIAL | | | |
| TYPE OF ENTITY | | | |
| FEDERAL TAX ID NUMBER | | | |
| MAILING ADDRESS | | | |
| CITY, STATE, ZIP CODE | | | |
| DUNS # | | | |
| TELEPHONE # | | FAX # | |
| CONTACT PERSON | | E-MAIL | |
| TELEPHONE # | | FAX # | |

| | | | |
|--------------------------|--|--------|--|
| <u>SUBRECIPIENT/CHDO</u> | | | |
| NAME | | | |
| TYPE OF ENTITY | | | |
| FEDERAL TAX ID | | | |
| MAILING ADDRESS | | | |
| CITY, STATE, ZIP CODE | | | |
| TELEPHONE # | | FAX # | |
| CONTACT PERSON | | E-MAIL | |
| TELEPHONE # | | FAX # | |

| | | | |
|--------------------------|--|--------|--|
| <u>GRANT MANAGER</u> | | | |
| NAME | | | |
| TYPE OF ENTITY | | | |
| FEDERAL TAX ID | | | |
| MAILING ADDRESS | | | |
| CITY, STATE, ZIP CODE | | | |
| TELEPHONE # | | FAX # | |
| CONTACT PERSON | | E-MAIL | |
| TELEPHONE # | | FAX # | |

| | | | |
|---|-------------------------------|-----------------------------|--|
| OTHER | | | |
| GENERAL PARTNER | | TELEPHONE # | |
| CONTRACTOR | | TELEPHONE # | |
| MANAGEMENT COMPANY | | TELEPHONE # | |
| GRANTWRITER/CONSULTANT | | TELEPHONE # | |
| TAX ATTORNEY | | TELEPHONE # | |
| ARCHITECT | | TELEPHONE # | |
| DEVELOPMENT TEAM AND/OR OWNERSHIP IDENTITY OF INTEREST | | | |
| Do any members of the development team or ownership entity have any direct or indirect, financial or other interest with any of the other project team members (including owners interest in construction company or subcontractors)? | | | |
| | YES* <input type="checkbox"/> | NO <input type="checkbox"/> | |
| *If yes, provide a description of the relationship _____ | | | |
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| | | | |

* Fill in all that apply *

SECTION B - PROJECT INFORMATION

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|-------------------------------|--|--------|--|
| Part I | | | |
| PROJECT IDENTIFICATION | | | |
| PROJECT NAME | | | |
| TARGETED AREA | | | |
| CITY | | | |
| COUNTY | | | |
| ZIP CODE | | | |
| TOTAL PROJECT COST | | | |
| PRIMARY CONTACT | | E-MAIL | |
| MAILING ADDRESS | | | |
| CITY, STATE, ZIP CODE | | | |
| TELEPHONE # | | FAX # | |

| | | | |
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| Part II | | | |
| CHIEF ELECTED OFFICIAL OF POLITICAL JURISDICTION IN WHICH PROJECT IS LOCATED | | | |
| NAME | | | |
| MAILING ADDRESS | | | |
| CITY, STATE, ZIP CODE | | | |
| TELEPHONE # | | FAX # | |

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| Part III |
| HEALTH AND SAFETY |
| Please define the process and standards or measures you will be using to assess the health and safety deficiencies of individual units. |

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Part IV

OVERALL PROJECT STRATEGY

Please include types of units, number of projected units, and projected households that will benefit.

ATTACH MAPS SHOWING THE TARGET AREA THE NON-COMPETITIVE FUNDS WILL BENEFIT

Part V

ANTICIPATED FUNDING SOURCE NARRATIVE

Please provide a discussion of the other funding sources that are anticipated to assist with individual project activities.