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| **HOME-American Rescue Plan**  **Nonprofit Operating and Capacity Building Funding Application**  State of Wisconsin – Department of Administration  Division of Energy, Housing, and Community Resources | |
| **Instructions:**  Please review the HOME-ARP Nonprofit Operating and Capacity Building Program Guide, [CPD Notice 21-10](https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf), and related materials before applying for a HOME-ARP Nonprofit Operating and Capacity Building (NOCB) grant.  **Eligible applicants for HOME-ARP Nonprofit Operating and Capacity Building are not-for-profit organizations which will be reasonably expected to carry out HOME-ARP-assisted Rental Development projects within 24 months of award.**  Grants will be awarded as one (1) year agreements. Grantees may only receive one (1) award. Please reply to the following questions in full. All application materials must be submitted with complete HOME-ARP Rental Housing Development application(s). | |
| **Applicant Information** | |
| *Please fill out the following information about your agency:* | |
| 1. Name of the Applicant Agency  *\*Referred to as the “Applicant” throughout this document* |  |
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| 2. Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address)  Payable To: |  |
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| 3. Physical Address of Primary Office |  |
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| 4. UEI Number | Include copy of SAM.gov documentation of no debarment with application. |
| 5. Has the operating budget been adopted by the Applicant’s governing body and does it include total uses and sources of operating funds by line item? | Yes No  Please submit organizational operating budget with this application. |
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| 6. Type of Organization (**If Applicant is not a private nonprofit organization, the Applicant is not eligible for this funding).** |  |
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| 7. Applicant’s HUD-recognized Continuum of Care (CoC) and Local Homeless Coalition (if applicable) | CoC:  Local Homeless Coalition (if applicable): |
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| 8. Primary Point of Contact for the HOME-ARP Nonprofit Operating and/or Capacity Building Grant | |
| 1. Name |  |
| 1. Title |  |
| 1. Email |  |
| 1. Phone Number |  |
|  | |
| 9. Official Authorized to Sign Application and Grant Agreement | |
| 1. Name |  |
| 1. Title |  |
| 1. Email |  |
| 1. Phone Number |  |
| 1. Signature and Date   (Digital Signatures Accepted) |  |

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| **General Questions** | | | |
| *Please fill out the following information:* | | | |
| 10. Total HOME-ARP Nonprofit Operating and Capacity Building Request  Minimum: $50,000.00 each or  $75,000.00 for both | | HOME-ARP Nonprofit Operating Assistance | $ |
| HOME-ARP Nonprofit Capacity Building Assistance | $ |
| 11. Which eligible HOME-ARP Operating Assistance costs will be covered with this grant? (Check all that apply) | Employee General Training  Employee General Travel  Administrative Office Costs:  Rent  Utilities  Communications  Taxes  Insurance  Equipment  Materials  Supplies  ☐Employee Salaries (General Admin) | | |
| 12. Which eligible HOME-ARP Capacity Building costs will be covered with this grant? (Check all that apply) | Employee Training/Staff Development  Equipment Upgrade  Technical Assistance/Consultants  Employee Salaries – New Position (General Admin)  Communications  Taxes  Insurance  Equipment  Materials  Supplies | | |

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| |  | | --- | | **Nonprofit Operating and Capacity Building Assistance**  **Narrative Questions** | | **Directions:** | | *Please respond to each question. Additional narrative attachments are not allowed.* | |
| 1. If applying for Nonprofit Operating cost assistance, please describe the need for additional funding for the organization’s operating costs and how that will support the awarded HOME-ARP project. |
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| 1. If applying for Nonprofit Capacity Building assistance, please describe the increased capacity specifically, and justify how that will support the awarded HOME-ARP project. |
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| 1. Describe the primary HOME-ARP project’s feasibility if the Applicant is not awarded Nonprofit Operating and/or Capacity Building funding. |
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