**FORM 2 – APPLICANT’S ORGANIZATIONAL OVERVIEW**

**APPLICANT INFORMATION:**

Applicant’s Legal Name: Enter Name

Applicant’s Mailing Address, including Zip+4: Enter Name

Applicant’s Website: Enter Website Address

Applicant’s Federal TIN/SSN: Enter FTIN/SSN

Applicant’s UEI Number: Enter UEI Number

Applicant’s Fiscal Year Start Date: Select Start Date End Date: Select End Date

Executive Director/President’s Name: Enter Name

Executive Director/President’s Email: Enter Email

Board Chair/President’s Name: Enter Name

Board Chair/President’s Email: Enter Name

Program Contact’s Name: Enter Name

Program Contact’s Title: Enter Title

Program Contact’s Email: Enter Email

Program Contact’s Phone: Enter Phone

**PROGRAM TYPE** – check **all** that apply:

Emergency Shelter

Transitional Housing

Street Outreach

Homelessness Prevention

Rapid Rehousing

HMIS/Data Collection

**BED TYPE (for shelters only)** – select *one*: Select Type

**POPULATION SERVED** – select *all* that apply:

Single adult males

Single adult females

Couples with children

Couples without children

Adult males with children

Adult females with children

Unaccompanied young males

Unaccompanied young female

**Counties Your Agency Serves in this Continuum of Care Region:**

Enter ***all*** counties your agency serves ***in this Region***. Do NOT include counties outside of this Region, as the submission of this application is an acknowledgement that the agency will not request reimbursement for clients in counties outside of the Continuum of Care (CoC). If the agency serves counties in multiple CoC regions, another application must be submitted for each CoC Region (see next question) to provide NHAP billable services to the agency’s entire population):Enter Counties Served

**Continuum of Care Region:**

Select CoC Region

Note: If services will be provided in more than one Region, a **separate** application must be completed for each Region:

**Summary of Federal Grants Experience:**

Provide a description of the Applicant’s previous experience with receiving federal funds. This shall include, but not be limited to, experience receiving federal funds as a recipient or a subrecipient. Applicants should describe and demonstrate knowledge of the Uniform Grant Guidance or the HHS Grants Guidance (as applicable), as well as any specific experience with the particular federal program and funding source that funds this Request For Application.

**Summary of Programmatic Experience:**

Provide a description of the Applicant’s experience with the type of programming or work contained in the Project Description, or other relevant work.

**Personnel and Management:**

Identify individuals employed by Applicant, on its Board of Directors, or otherwise affiliated with Applicant, who have a demonstrated knowledge or experience with federal grants, the Uniform Grant Guidance or the HHS Grants Guidance, programmatic experience, or other relevant experience.

**Agreements Terminated or Costs Disallowed:**

Provide a summary of any agreements executed within the last five (5) years with federal awarding agencies or pass-through entities (either as grant agreements, cooperative agreements, subawards, or contracts) that:

* Were terminated for cause; or
* Where Specific Conditions were placed on Applicant (see 2 CFR § 200.207 or 45 CFR § 75.207).

Note: If an Applicant has been disbarred by the United States Federal government, it is not eligible to receive funding under this RFA.