



**HOME-ARP Non-Profit Capacity Building
Application for Funding**

HOME-ARP
Nonprofit Capacity Building Funding Application
City of Columbia Community Development

Instructions:

Please review the HOME-ARP Nonprofit Capacity Building Program Guide, [CPD Notice 21-10](#), and related materials before applying for a HOME-ARP Nonprofit Operating and Capacity Building (NOCB) grant.

Eligible applicants for HOME-ARP Nonprofit Capacity Building are not-for-profit organizations which will be reasonably expected to carry out HOME-ARP-assisted Non-Congregate 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).

Please fill out the following information about your agency:	
1. Name of the Applicant Agency <i>*Referred to as the "Applicant" throughout this document</i>	
2. Mailing Address for Purchase Order and Reimbursement (PO Box or Street Address) Payable To:	
3. Physical Address of Primary Office	
4. UEI Number	

	Include copy of SAM.gov documentation of no debarment with application.
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7. Applicant's HUD-recognized Continuum of Care (CoC) and Local Homeless Coalition (if applicable)	<p>CoC:</p> <p>Local Homeless Coalition (if applicable):</p>
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8. Primary Point of Contact for the HOME-ARP Nonprofit Capacity Building Grant	
a. Name	
b. Title	
c. Email	
d. Phone Number	

9. Official Authorized to Sign Application and Grant Agreement	
a. Name	
b. Title	
c. Email	
d. Phone Number	
e. Signature and Date (Digital Signatures Accepted)	

General Questions

Please fill out the following information:

10. Total HOME-ARP Nonprofit Capacity Building Request	HOME-ARP Nonprofit Capacity Building Assistance	\$
11. Which eligible HOME-ARP Capacity Building costs will be covered with this grant? (Check all that apply)	<input type="checkbox"/> Employee Training/Staff Development <input type="checkbox"/> Equipment Upgrade <input type="checkbox"/> Technical Assistance/Consultants <input type="checkbox"/> Employee Salaries – New Position (General Admin) <input type="checkbox"/> Communications <input type="checkbox"/> Taxes <input type="checkbox"/> Insurance <input type="checkbox"/> Equipment <input type="checkbox"/> Materials <input type="checkbox"/> Supplies	

Nonprofit Capacity Building Assistance Narrative Questions

Directions:

Please respond to each question. Additional narrative attachments are not allowed.

12. If applying for Nonprofit Capacity Building assistance, please describe the increased capacity specifically, and justify how that will support the awarded HOME-ARP project.

13. Describe the primary HOME-ARP project's feasibility if the Applicant is not awarded Nonprofit Operating and/or Capacity Building f

Project Name: _____

Applicant Name: _____

CONFLICT OF INTEREST ACKNOWLEDGEMENT

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members? Yes No

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by HUD and City of Columbia. Please review the [HOME-ARP Notice](#) and HOME regulations at, [24 CFR Part 92](#).

I (Chief Executive Officer)

Name and title

Hereby certify that the information set forth in this application/proposal is, to the best of my knowledge, true and correct. I realize that City of Columbia will be relying upon this information and the representations herein as part of their decision-making process in the awarding of funds. Should any information change from that originally submitted, I agree to promptly City of Columbia. I understand that erroneous, misleading, or false information can adversely impact funding decisions.

Signature

Date

2 CFR 200 Certification

Subrecipients under the Federal award must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting reports. I certify that the following information in this application is accurate and valid as of 10/1/2024.

"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 provisions 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" Each such certification must be maintained pursuant to the requirements of § 200.334. This paragraph applies to all tiers of subrecipients.

Signature of Authorized Applicant Representative

Date

All applications and copies must be received by 12:00PM on June 27, 2025; those received after the deadline will not be reviewed nor considered for funding.

Please submit to:

The City of Columbia Community
Development
1401 Main Street, 4th Floor Columbia, South
Carolina

29201 Email Address:

HousingLoanPrograms@columbiasc.gov