



**HOME-ARP Supportive Services
Application for Funding**

AGENCY INFORMATION

Organization or Agency Legal Name:

Street Address:

City: _____ State: _____ Zip Code: _____

Universal Entity ID (UEI):

FEIN Number:

Primary Contact: _____ **Title:** _____

Telephone No: _____ Email: _____

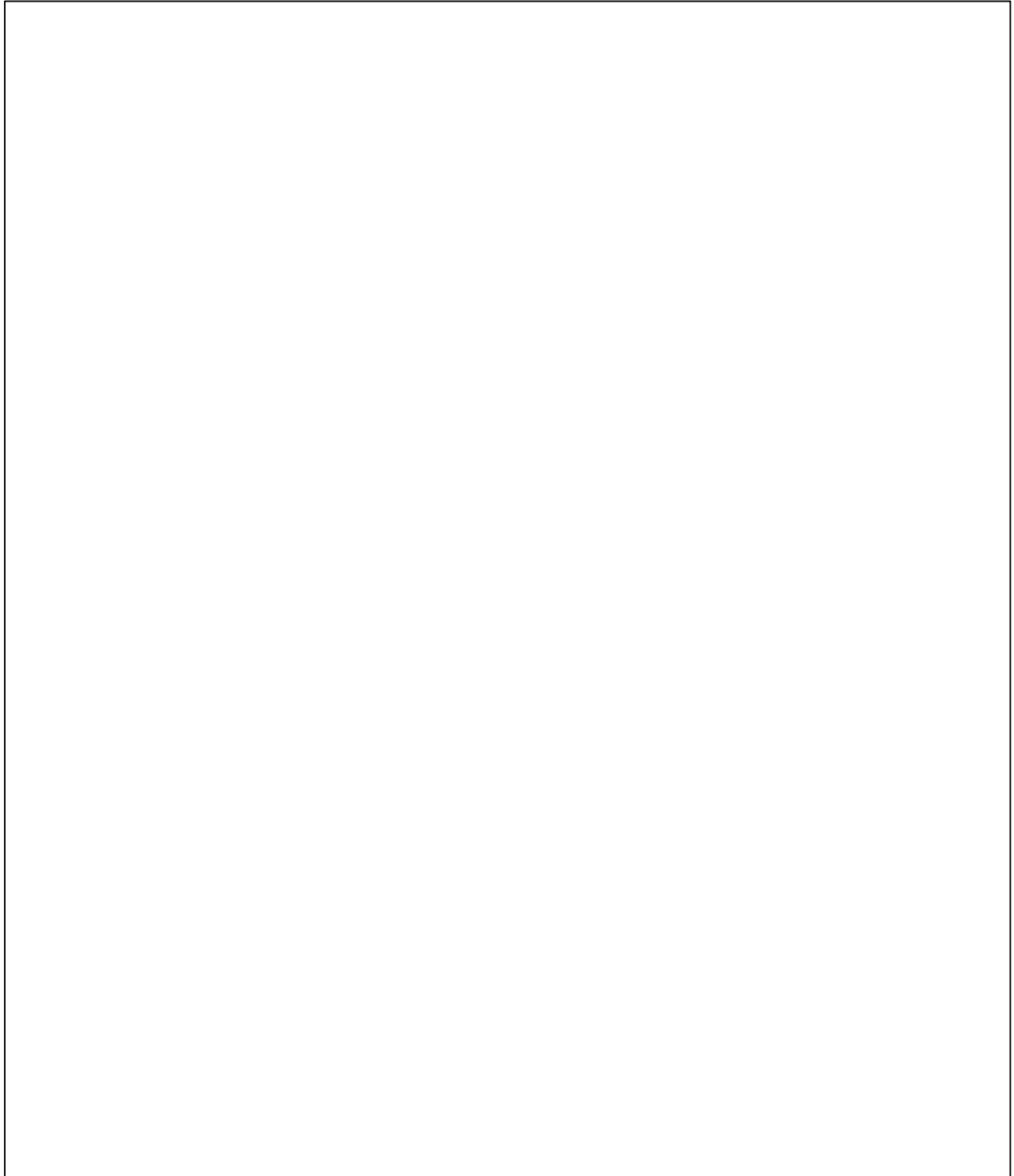
President/Executive Director:

Telephone No: _____ E-mail: _____

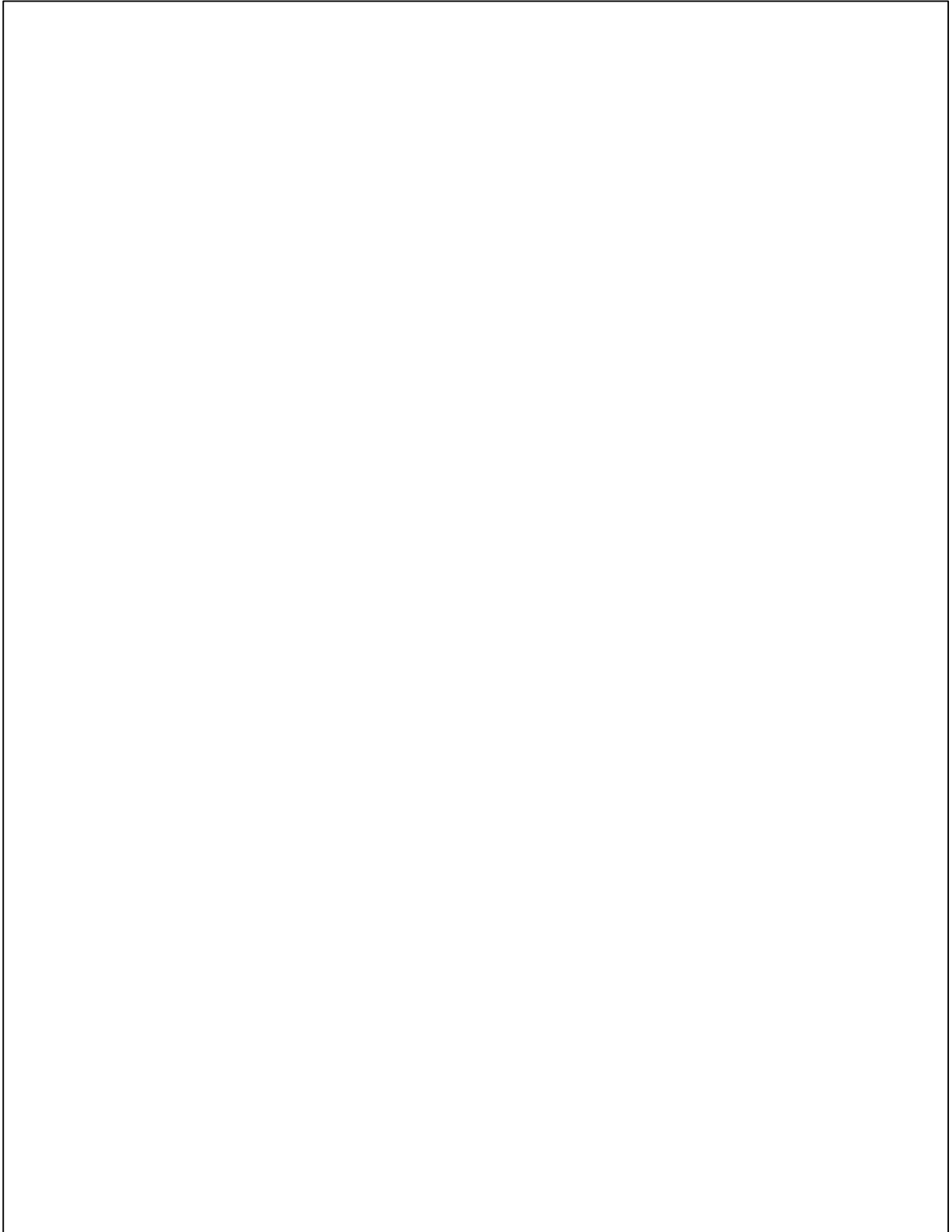
Location of proposed service/program/project (if different than
stated above): Street Address:

City: _____ State: _____ Zip Code: _____

- 1.** Describe in detail the organization's mission, types of programs and services currently offered, need or problem the program seeks to address, and how HOME-ARP Supportive Services programs will fit within its mission.



2. Briefly describe expected project goals and anticipated results with HOME-ARP Supportive Services.



3. Describe the organization's intake process to ensure individuals and families meet Qualified Population requirements.

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4. Has the organization adopted a Housing First Policy?
 - Yes
 - No

5. Is the organization an active member of the Continuum of Care?
 - Yes
 - No

6. Does the organization currently use HMIS?
 - Yes
 - No

7. If a victim service provider, does the organization utilize a comparable database?
 - Yes
 - No

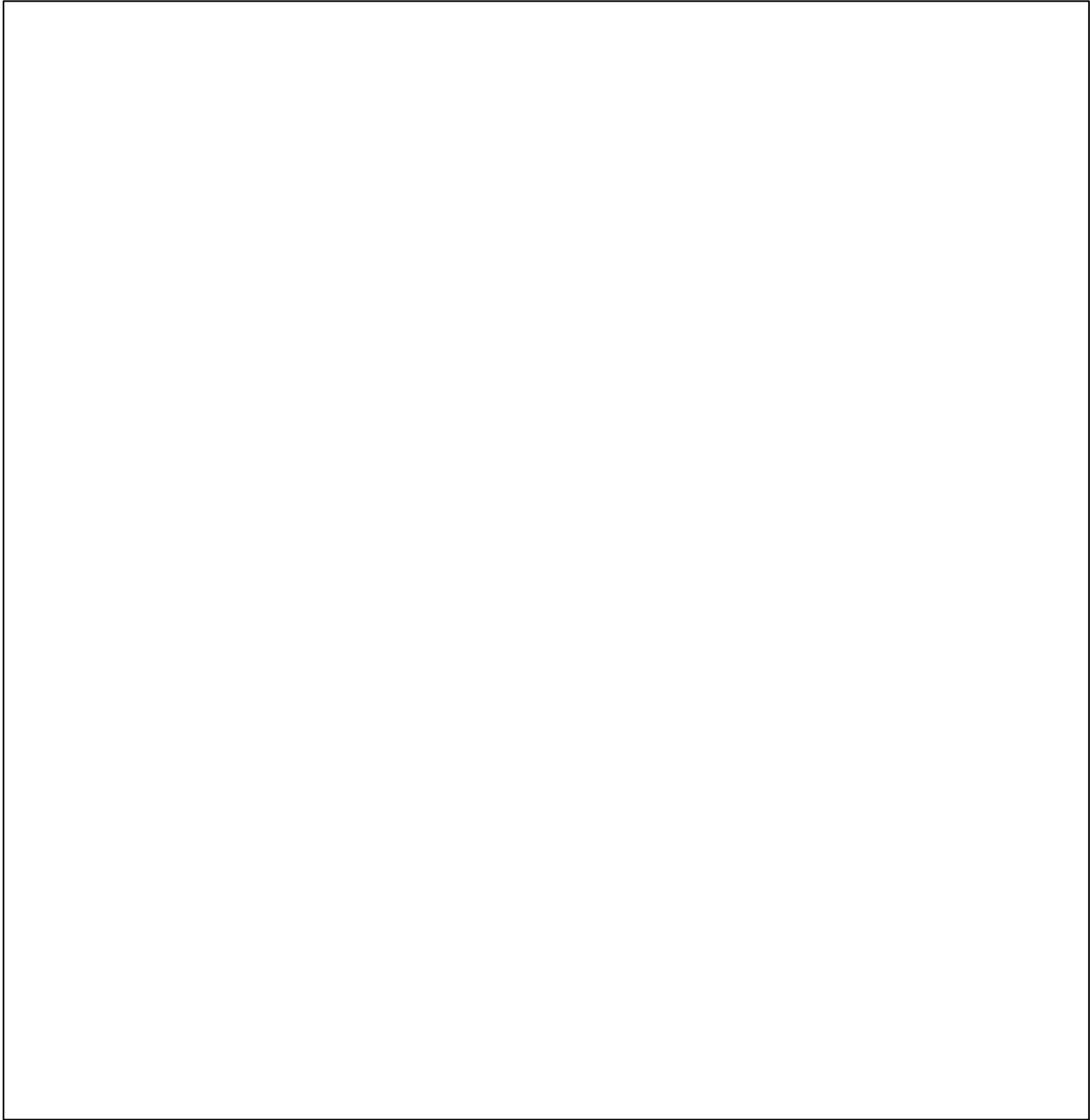
8. If HMIS or comparable database is not utilized, how will the organization track reporting requirements for households served?

9. Does this organization participate in the Continuum of Care Coordinated Entry Process?

- Yes
- No

10. Describe the Applicant's method of receiving referrals. (CE, Hotline, Walk-in, Outreach, etc.)

11. Summarize the professional expertise of project-relevant staff members responsible for implementation of this project in their ability to manage or provide program services and grant management experience. If a staff member does not have prior experience in providing the proposed service, please indicate experience and successes carrying out similar programs. Remember to attach all project-relevant staff resumes to this application.

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12. Proposed budget details for the HOME-ARP Supportive Services Activities:

	Estimated Project Cost	HOME-ARP Request	Description
Salaries:			
Services:			
Other:			
Total:			

13. Required Documents:

- a. Financial Statement: Attach proof of your organization’s financial health, such as a yearend financial statement or certified audit (if you have provided a copy of your most recent audit, please note date of submission).
- b. IRS 501(c)(3) Status Letter
- c. Form 990
- d. Unique Entity Identifier (SAM.gov Registration Confirmation)
- e. SC Secretary of State Business/Incorporation information
- f. List of Current Board Members
- g. By laws
- h. Resumes of Executive Director, Fiscal Officer, Program Administrator, Program Staff, copies of certifications, and consultant contract (if applicable).
- i. Proof of General Liability Coverage

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 submitted on _____ 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