**Please complete this form and submit with documentation by October 23, 2022.**

Legal Name of Agency

Agency Address

Agency Phone Number

Project Description

Project Address

Category (circle one) Public Improvement Housing

Agency DUNS Number

Project Manager

Project Manager Contact Information

|  |  |
| --- | --- |
| Telephone |  |
| Email |  |

Plans & Specifications Complete (circle one) Yes No

Cost Estimate Complete (circle one) Yes No

Names of Current Agency:

|  |  |
| --- | --- |
| Board Chair/President |  |
| Secretary |  |
| Treasurer |  |

**Required Documentation**

\_\_\_\_\_ Board Resolution - on letterhead containing award letter language

\_\_\_\_\_ Certificate of Insurance – including required coverage and provisions

\_\_\_\_\_ Title Insurance – if required

\_\_\_\_\_ Budget – in compliance with award letter procedures

\_\_\_\_\_ Scope of Work - plans and specifications (as developed)

\_\_\_\_\_ Payroll Certification – compliance with State and Federal tax withholding

for year ending March 31, 2019

\_\_\_\_\_ Accessibility Self-Assessment – in compliance with award letter

\_\_\_\_\_ Current Audit/Financial Statement – due six months after close of fiscal year

\_\_\_\_\_ Copy of agency procurement policy in compliance with 2 CFR Part 200

**If an audit has been submitted for a different CDBG Yr. 48 grant, indicate which grant (name of program/project). AN AGENCY WITH MULTIPLE CDBG YR 48 PROJECTS ONLY NEEDS TO PROVIDE ONE CURRENT AUDIT.**

Submitted by (Print Name)

Signature

Title

(Executive Director or CEO)

Address

Phone Number

Submission Date