Factor 1 Capacity Of The Applicant And Relevant Organizational Experience

Public reporting burden for this collection of information is estimated to average 17 hours. This includes the time for collecting, reviewing, and reporting the data. This information collection is collected during the application process and is used to select grantees under a competitive selection process. Section 1011 of Title X of the Housing and Community Development Act of 1992 authorizes this collection. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

A. Key Personnel

Name and Position Title (please include the organization position titles in addition to those shown). Resumes or position descriptions are to be included in appendix.	Percent of Time Proposed for this Grant (HUD Funded or In-Kind)	Percent of Time to be spent on other LHC HUD grants	Percent of Time to be spent on other Activities
	Note: These three columns should total 100%		
A.1 Overall Project Director			
Name:			
Organization Position Title:			
Phone Number: Fax Number:			
Email:			
A.2 Day-to-Day Program Manager ☐ To be hired ☐ On staff			
Name:			
Organization Position Title:			
Phone Number: Fax Number:			
Email:			
A.3 Other ☐ To be hired ☐ On staff			
Name:			
Organization Position Title:			
Phone Number: Fax Number:			
Email:			

B. Partners

Name of the organization or entity that partners or will partner with applicant and if partner will be subgrantee/subrecipient	Description of Commitment and Status	Proposed Activities To Be Conducted by Partner	Amount of HUD Grant Funds (If Subgrant)
B.1 Name:			
Type of Organization			
Subgrantee/Subrecipient: ☐ Yes ☐ No			
☐ Current Partner ☐ Partnership to be developed			
B.2 Name:			
Type of Organization			
Subgrantee/Subrecipient: ☐ Yes ☐ No			
☐ Current Partner ☐ Partnership to be developed			
B.3 Name:			
Type of Organization			
Subgrantee/Subrecipient: ☐ Yes ☐ No			
☐ Current Partner ☐ Partnership to be developed			
B.4 Name:			
Type of Organization			
Subgrantee/Subrecipient: ☐ Yes ☐ No			
☐ Current Partner ☐ Partnership to be developed			
B.5 Name:			
Type of Organization			
Subgrantee/Subrecipient: ☐ Yes ☐ No			
☐ Current Partner ☐ Partnership to be developed			
B.6 Name:			
Type of Organization			
Subgrantee/Subrecipient: ☐ Yes ☐ No			
☐ Current Partner ☐ Partnership to be developed			
B.7 Name:			
Type of Organization			
Subgrantee/Subrecipient: ☐ Yes ☐ No			
☐ Current Partner ☐ Partnership to be developed			

Definitions:
Partner Name: Name of organization or entity that will partner with applicant in conducting program activities.
Type of Organization or Program: Health, Housing, Environmental, Community Development Department, Planning Department, Grassroots Faith-Based or Community-Based Organization, Childhood Lead Poisoning Prevention Program, Financial Institution, Job Training and Economic Opportunity Organization, etc.
Description of Commitment: Memorandum of Understanding/Agreement, Contract, Subgrantees, Letter, etc.
Proposed Activities to be Conducted by Partner: The type of activities that will be conducted by the grant partner in support of program efforts (i.e. rehabilitation, testing, training, education and outreach, specification writing, relocation, etc.)
Amount of HUD Grant Funds if Subgrantee/Subrecipient: The dollar amount subgrantee/subrecipient will be receiving for the services they will provide.

Clear All

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