

## Summary

To complete the **Summary** spreadsheet (tab), use the following instructions:

**Applicant Organization Name:** Enter the legal name of the organization that is applying for funding via the Community Choice Development (CCD) NOFA. Enter the applicant's legal name on the Standard Form (SF) 424 submitted with the application.

**Organization Description:** Provide a brief description of the applicant organization in 350 words or less. Include in the description the organization's mission, years of service, housing-related technical assistance services provided, and agency web address for additional information. Attach a copy of the press release issued by HUD announcing the awards in the event the applicant is funded through this NOFA.

**Amount of Funding Requested:** Enter the total federal funding requested from box 18.a on the SF-424 submitted with the application in dollars (e.g., \$800,000). The amount entered in this field must sum the amounts entered for the FY #1 Funding Request and the FY #2 Funding Request.

**FY #1 Funding Request:** Enter the total federal funding requested *for FY #1*, as per the NOFA submitted with the application (e.g., \$800,000).

**FY #2 Funding Request:** Enter the total federal funding requested *for FY #2*, as per the NOFA submitted with the application (e.g., \$800,000).

**Funding Source Requested by Fiscal Year:** For each funding source, indicate "Yes" or "No" to note if the applicant is requesting funding from that source. The applicant must consider the funding sources and eligible activities that may or may not be available in FY #2, as per the CCD NOFA.

**Applicant Designation:** Select "Yes" or "No" to the following designations related to the applicant: Disadvantaged Business Enterprise (DBE),

**New Applicant:** Indicate with "Yes" or "No" whether or not the applicant organization has received a Community Choice Development (CCD) NOFA publication. Please consider only the awards where the applicant organization was a direct recipient.

**Rating Factor 2 Responses:** Review the four(4) Rating Factor 2 responses included with the application, and list each program in the adjacent field. **Select the HUD Office** first, and then **select the program** in the adjacent field.

**Indirect Cost Rate (%):** List the applicant's rate(s) from the Indirect Cost Rate attachment required by section IV.F. of the CCD NOFA. If the applicant wishes to use the *de minimis* rate, indicate 10% in this field.

**Eligible Activity:** For each eligible activity, indicate the number of activities completed in the five (5) years prior to the publication of the CCD NOFA.

## OVERVIEW

These elements are collected as per section IV.B.1.a of the Community Compass NOFA.

### Applicant Organization Legal Name

(same as on SF-424)

### Description of Applicant Organization

### Total Funding Request Amount (\$)

(same as on SF-424)

Fiscal Year #1 Funding Request for NOFA

Fiscal Year #2 Funding Request for NOFA

### Funding Source Requested by Fiscal Year

Departmental

CDBG-Disaster Recovery

McKinney-Vento

National Homeless Data Analysis Program

Youth Homelessness

Public Housing Administrative Receivership and Recovery

Native American Housing and Community Development

National Fair Housing Training Academy

### Applicant Designation

Disadvantaged business (e.g., 8(a) business)

Small business as defined by the U.S. Small Business Administration

Faith-based organization

### New Applicant (Yes/No)

### Select HUD Office Associated with Rating Factor 2

(select an Office below, then select a program in the adjacent cell)

### Indirect Cost Rate (%)

### Eligible Activities

Needs Assessment

Direct TA and Capacity Building Engagements

Develop and Maintain Tools and Products

Self-Directed and Group Learning

Knowledge Management
Data Analysis, Reporting, and Performance Management
NAHASDA Allocation Formula Administration and Negotiated Rulemaking and Consultation Support

"Public reporting burden for this collection of information is estimated to average 0.5 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for Community Compass Technical Assistance and Capacity Building Program Notice of Funding Availability (NOFA) and will be used for NOFA application review. 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. No confidentiality is assured."

Enter requested information below.

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**FY #1, FY #2, Both or N/A?**


**Yes or No?**


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**Select Program/Cross-Cutting Topic**  
(depends on HUD Office selected)


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**Number Completed in the 5 Years Prior to NOFA Publication**

