# **APPENDIX B:** PROJECT NARRATIVE

## General Project Information

1. Project name: Click or tap here to enter text.
2. Project site address: Click or tap here to enter text.
3. Applicant/Organization: Click or tap here to enter text.
4. Applicant’s address (include city, state, and ZIP): Click or tap here to enter text.
5. Federal Employee Identification Number (EIN): Click or tap here to enter text.
6. Do you agree to get a Unique Entity ID through sam.gov if project is awarded RFA funding? [x]  Yes [x]  No
7. Name of contact person: Click or tap here to enter text.
8. Phone number: Click or tap here to enter text.
9. Email: Click or tap here to enter text.
10. Project Type: [ ]  Tenant Based Rental Assistance [ ]  Single Family Rehabilitation

[ ]  Rental Housing Rehabilitation

1. Anticipated start date: Click or tap to enter a date.
2. Anticipated completion date: Click or tap to enter a date.
3. Anticipated number of households to be served: Click or tap to enter a date.
4. Total number of units (if appliable): Click or tap here to enter text.
5. Total number of affordable units in project (if applicable): Click or tap here to enter text.
6. Percent of affordable units in the project (if applicable): Click or tap here to enter text.

## Project Specific Information

1. Describe the project or program (include a project description, amount you are requesting, activities that will be funded with the request, and accomplishments that are anticipated for the eligible activity).

Click or tap here to enter text.

1. How does the project or program identify and support the needs/priorities stated in the Salt Lake County Consolidated Plan? [**Salt Lake County 2020 Consolidated Plan**](https://slco.org/globalassets/1-site-files/housing-community-development/files/plans--reports/slco-2020-2024-consolidated-plan.pdf)

Click or tap here to enter text.

1. If the project is targeting one or more priority populations (62 and older, special populations, homeless, veterans), please provide that information.

Click or tap here to enter text.

1. Describe your organization’s capacity and how it will administer a HOME funded project or program?

Click or tap here to enter text.

1. Provide a budget narrative (include discal capacity of the organization)

Click or tap here to enter text.

## Tenant Based Rental Assistance - ONLY

1. Provide an outline of how your organization will administer the HOME funds and comply with the HOME requirements (requirements include but are not limited to 2-year requirement, HQS inspections, lead-based paint, VAWA, etc.)

 Click or tap here to enter text.

1. Describe previous experience administering tenant based rental assistance funds and any evidence-based practices that will be part of the project or program.

Click or tap here to enter text.

1. Describe measurable outcomes for the project or program and how the organization plans to achieve them.

Click or tap here to enter text.

## Single Family Rehabilitation – ONLY

1. Provide an outline and or summary of your program and how you will administer the HOME funds.

Click or tap here to enter text.

1. Provide if your organization will provide loans or grants and what are the underwriting requirements for households.

Click or tap here to enter text.

## Rental Housing Rehabilitation – ONLY

1. Provide a summary of the rental housing project (include number of units, units by number of bedrooms, and rents by income level).

Click or tap here to enter text.

1. Are supportive services provided?

Click or tap here to enter text.

1. Provide a detailed description of the project, including a breakdown of construction costs.

Click or tap here to enter text.

1. Project site address: Click or tap here to enter text.
2. Current Property Owner: Click or tap here to enter text.
3. Status of Site Control: Click or tap here to enter text.
4. [SLCo County Council District](https://slco.org/council/districts/): Click or tap here to enter text.
5. Parcel number(s): Click or tap here to enter text.
6. Acreage: Click or tap here to enter text.
7. Zoning: Click or tap here to enter text.
8. Is a zoning change required? [ ]  Yes [ ]  No

If a zoning change is required, describe where you are in the process of changing zoning.

Click or tap here to enter text.

Click or tap here to enter text.

1. Explain why you believe the project meets the allowable uses of HOME funds a described in [24 CFR 92.252](https://www.govinfo.gov/content/pkg/CFR-2012-title24-vol1/pdf/CFR-2012-title24-vol1-sec92-252.pdf)

Click or tap here to enter text.

1. Add any additional relevant project details.

Click or tap here to enter text.

1. Total amount requested as a grant: Click or tap here to enter text.
2. What percentage of funding is being sought in relation to the total project cost?

Click or tap here to enter text.

1. What alternative funding sources does the project have access to if rental income, grants, or loan funding are reduced or lost?

Click or tap here to enter text.