

Organization Name			
Award as it Appears on Award List or Application Number (if applicable)			
Organization Address	City	State	ZIP Code
Type of Funding			
<input type="checkbox"/> North Dakota Continuum of Care		<input type="checkbox"/> HOME Investment Partnerships	
<input type="checkbox"/> Emergency Solutions Grant		<input type="checkbox"/> National Housing Trust Fund	
Total Federal Funds Requested		Total Non-Federal Funds Requested	
Project Name (as it appears on award list)			
Project Location (if multiple addresses, list each of them)			
Project Activity Description			

	Yes	No
Is this a Tenant-Based Rental Assistance or Tenant-Based Leasing project, and did all program participants select the location of their units?	<input type="checkbox"/>	<input type="checkbox"/>
Is this project limited to one of the following: 1. Operating/administrative costs that are not used as reserve for replacement, 2. Supportive services costs, OR 3. HMIS costs not used for leasing office space?	<input type="checkbox"/>	<input type="checkbox"/>
Is this a Project-Based or Sponsor-Based Rental Assistance project without any associated repairs or rehabilitation beyond routine maintenance? ¹	<input type="checkbox"/>	<input type="checkbox"/>
Does this project include major rehabilitation, ² conversion of land use, new construction, or demolition ³ ?	<input type="checkbox"/>	<input type="checkbox"/>

¹ Routine maintenance is defined for purposes of environmental review at <https://www.hudexchange.info/resources/documents/Guidance-Categorizing-Activity-as-MaintenanceEnvironmental-Regulations-24-CFR-Parts-50-and-58.pdf>

² For purposes of determining level of review, "major rehabilitation" is rehabilitation that does not conform to the limitations listed in 24 CFR 58.35(a)(3).

³ Select "yes" if new construction or demolition falls outside the definition of an "individual action" in 24 CFR 58.35(a)(4). If proposed construction or demolition conforms to the requirements in that section, select "no."

CHECK ALL THAT APPLY

STREET OUTREACH <input type="checkbox"/> Engagement, case management, emergency health services, emergency mental health services, transportation, and services to special populations.
EMERGENCY SHELTER AND SHELTER ACTIVITIES <input type="checkbox"/> Rent (leasing shelter space) <input type="checkbox"/> Renovation (more documentation will be required) <input type="checkbox"/> Operations <input type="checkbox"/> Essential Services

☐ **TRANSITIONAL HOUSING**

☐ Transitional Housing, Supportive Services

☐ **SUPPORTIVE HOUSING ONLY**

☐ **PERMANENT SUPPORTIVE HOUSING**

☐ **JOINT TRANSITIONAL HOUSING/PERMANENT HOUSING/RAPID REHOUSING**

HOMELESS PREVENTION AND RAPID RE-HOUSING ACTIVITIES

☐ Housing Relocation and Stabilization Services

☐ Tenant Based Rental Assistance

☐ Project Based Rental Assistance

☐ Leasing Office Space

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

☐ Hardware, equipment, software costs (license fees), staff salaries and training necessary to contribute data to the HMIS designated by the North Dakota Coalition for Homeless People.

☐ Purchase Equipment and Travel for Technical Assistance

☐ Leasing Office Space

Name of Authorized Official (printed)	Title of Authorized Official
Authorized Official Signature	Date
NDHFA Authorized Signature	Date