

## A. Contact Information

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Case Id: 30187

Name: gra - 2024

Address: \*No Address Assigned

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### General Information

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Please provide the following information.

#### Contact Information

Point of Contact: Who is your organization's point of contact for this application?

**A.1. Applicant Name:** What is the name of your organization? Include your Doing Business As (DBA) name, if applicable.

**A.5. Name**

**A.2. DBA name (optional)**

**A.6. Email**

**A.3. Mailing Address:** What is the mailing address you will be operating this project out of?

**A.7. Phone**

**A.4. Is the Organization address different than the mailing address?**

**Organization Address**

## B. Eligibility & General Information

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### B. Eligibility & General Information

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Please provide the following information.

#### Eligibility & General Information

**B.1. Project Category:** Which project category will this project address?

B.2. Plan Goals: Identify which of the following preliminary goal(s) in the new Consolidated Plan this project supports. Note that these goals may change pending formal adoption in Spring, 2025.

- Housing
- Homeless Services
- Community Services
- Transportation and Streets
- Business and Workforce Development

**B.3. Plan Goal Alignment:** Describe how this project will meet the goal(s).

**B.4. Area Median Income (AMI) Acknowledgement:** I understand that this funding is restricted to clients at 80% AMI or below. I certify that this project will only serve clients at or below this AMI limit. I understand that my application may be initially accepted for evaluation but later deemed ineligible if the proposed project or activities fall outside these limits .

*\*\*Not signed*

**B.5. Service Geography:** Identify the area your project will serve.

**B.6. Target Area Map:** Upload the map for the other target area.

- Target Area Map

*\*\*No files uploaded*

**B.7. Project Location:** Identify the street address(es) of the project location(s).



## C. Project Narrative

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### C. Project Narrative

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Please provide the following information.

**C.1. Community Need:** Describe a critical community need the project will address. Provide sources or data if applicable.

**C.2. Target Population:** Which target population(s) will the project serve? Examples could include veterans, domestic violence survivors, homeless individuals, refugees, children/youth, persons with substance use disorders, seniors, etc.

**C.3. Target Population Outreach:** How will the applicant reach the target population(s)?

Clients Served: How many clients will the project serve?

**C.4. Number of Beneficiaries Served**

**C.5. Type of Beneficiaries**

**C.6. Scope of Work:** Provide a detailed description of the project and how it will meet the identified community need, including:

**a. Eligible Activities & Project Parameters**

**b. Key Goals & Objectives**

**c. Project Outputs**

**d. Long-term Outcomes**

**C.7. Service Delivery:** Describe how the applicant will employ evidence-based best practices when designing and implementing the project. Provide sources or data if applicable.

Printed By: Dennis Rutledge on 4/2/2025

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**C.8. Does your project involve Construction?**

**Construction ONLY**

**Budget:** Enter the proposed budget for the project.

Line Item Category	Line Item Description	Total Project Budget	This Application Budget
		\$0.00	\$0.00

**Public Services ONLY**

**Budget:** Enter the proposed budget for the project.

Line Item Category	Line Item Description	Total Project Budget	This Application Budget
		\$0.00	\$0.00

**C.9. Fees:** Will clients be required to pay fees in order to participate in the project?

**C.9. Fee Description:** Describe all fees that clients will be required to pay in order to participate in the project. Cite any relevant regulation(s) that allows these fees to be charged directly to the client.

## D. Project Sustainability

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### D. Project Sustainability

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Please provide the following information.

D.1. Management Tracking Systems: Describe the system(s) the applicant will use to track client information, outputs, and financial operations. How will the system(s):

a. Safeguard personally identifiable information (PII) for clients?

b. Verify client income and residency requirements?

c. Track and report outputs?

d. Segregate requested funds from other funding sources?

e. Document staff time, salary, and fringe benefit billing?

Continuous Improvement: How will the applicant use project output data to improve their organization, workflow, and services?

D.2. Minimum Operating Need: Identify the minimum amount of funding the applicant could receive from this award and still successfully operate the project as proposed.

\$0.00

Minimum Ongoing Need (optional): If this is an existing, ongoing project funded by Salt Lake City, identify the minimum amount of funding the applicant could receive to maintain the current level of service for existing clients.

\$0.00

D.3. Financial Strategies: If applicable, identify other funding sources that will or could support the proposed project.

Funding Status	Funding Category	Funding Source	Award Total
			\$0.00

## E. Experience & Past Performance

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### E. Experience & Past Performance

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Please provide the following information.

**E.1. Project Experience:** Which option best describes the applicant's project administration experience?

**E.2. Funding Experience:** If applicable, list the names of federal, state, and/or Salt Lake City funding awards the applicant has administered within the last two (2) program years.

Funding Source	Program Name	Program Year	Award Total
			\$0.00

**E.3. Key Staff Turnover:** Quantify all staff position changes that occurred within the last two (2) calendar years:

	Terminations/Resignations	Vacancies Filled	New Positions Created	New Positions Filled

**E.4. Award Spend Down:** If applicable, identify all federal and/or Salt Lake City grant awards that were not expended by their deadline during the last two (2) program years. Awards with unspent funds below \$1,000 or 1% of the original award (whichever is less) do not need to be reported.

Program Name	Program Year	Project Name	Award Total	Expenditure Total	Spend Down Percentage	Optional Explanation
			\$0.00	\$0.00	0.00%	

**E.5. Monitoring Visits:** If applicable, describe the results of all federal and/or Salt Lake City monitoring visits that occurred in the past two (2) program years.

Program Year	Project Name	Monitoring Date	Concerns and Findings	Corrective Actions

**E.6.** Are all outstanding issues from monitoring visits in the last two program years resolved?

What issues remain unresolved?

**E.7.** Were any issues noted in the table above escalated to HUD involvement?

Which issue(s) was escalated to involve HUD?



## F. Regulatory

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### F. Regulatory

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Please provide the following information.

F.1. Level of Service: Which best describes your project:

Increased Service: Please describe and quantify the increase in services that this funding will allow.

F.2. Conflict of Interest Acknowledgement: I acknowledge that no person who is a subrecipient of HUD funds may participate in the selection, award, or administration of a contract supported by federal funds if a real or apparent conflict would be involved.

\*\*Not signed

F.3. Conflict of Interest Disclosure: Select the option that most accurately reflects your organization's conflict(s) of interest.

F.4. Conflict of Interest Disclosure Table: Describe all conflicts of interest among the applicant's staff occurring within the past one (1) year.

Staff Name	Entity	Conflict of Interest
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F.5. Construction: Does your project involve construction?

#### Construction ONLY

Section 3 Compliance: Describe how the applicant will ensure that contractors working on this project comply with Section 3 and the Davis-Bacon Act.

#### Construction ONLY

Site-specific Ownership: Describe the ownership status of the project site.

#### Construction ONLY

Site-specific Ownership Documents: Upload applicable documents confirming ownership or acquisition (warranty deed, purchase & sale agreement, option to purchase, lease, etc.).

Site Specific Ownership Documents

*\*\*No files uploaded*

**F.6. Collaboration:** Identify how the applicant will coordinate with community partners to provide a continuum of services.

**F.7. Letters of Commitment (optional):** upload any letters of commitment the applicant has with community partners.

Letters of Commitment

*\*\*No files uploaded*

## G. Required Documents

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## G. Required Documents

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Please provide the following documentation.

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### Documentation

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[ADA Questionnaire](#) \*Required

\*\*No files uploaded

Business License

\*\*No files uploaded

[Disability Non-Discrimination Employment](#) \*Required

\*\*No files uploaded

[Drug Free Workplace](#) \*Required

\*\*No files uploaded

[Equal Access](#) \*Required

\*\*No files uploaded

[Faith-Based Certification](#)

\*\*No files uploaded

[Faith-Based Notice of Beneficiary Protections](#)

\*\*No files uploaded

[General Liability Insurance](#) \*Required

\*\*No files uploaded

[Indirect Cost Rate Certification](#)

\*\*No files uploaded

[Language Access Plan](#) \*Required

*\*\*No files uploaded*

Workers Compensation Insurance (If not listed on General Liability Insurance form)

*\*\*No files uploaded*

## Submit

*No data saved*

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## Submit

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Once an application is submitted, it can only be "Re-opened" by an Administrator.

**Additional Information (Optional):** Provide any additional information that should be considered with this application.  
What makes this project unique?

**Accuracy Acknowledgement:** I certify that all information reported in this application is accurate and complete. I understand that my application may be initially accepted for evaluation but later deemed ineligible if any information is incorrect or incomplete.

*\*\*Not signed*