

Determination of Certification Non-PHA

General Information

Organization Name: _____

Mailing Address: _____

Executive Director/CEO Name and Phone # _____

Email Address of Executive Director : _____

Fiscal Year Beginning (MM/YYYY) : _____

Type of Plan for Review: Other Special Project (Enter Name) _____

___ Annual Plan Only ___ Five Year and Annual Plan ___ 5 Year Plan Only ___ ROSS GRANT

Please check all boxes if your agency receives any funding from any State, Federal or Local Governments:

✓	Funding Source	Agency	Dollar Amount	Fiscal Year
	CDBG			
	Emergency Shelter Grant			
	HOME Funds			
	IDA Funds			
	HOPWA			
	Tax Credit Financing			
	Down Payment Assistance			

Is your agency a non-profit agency _____ YES _____ NO

a) Year Started : _____

b) Board Chair _____

If not please describe type of agency: _____

c) **Briefly Describe the mission of the agency and funding sources used to support agency.**

Affordable Housing

1) What is your agency currently doing to promote affordable housing?

2) What is your agency applying for that requires a consistency to the consolidated plan for the State of North Carolina?

FAIR HOUSING

1) How does your agency promote fair housing and ensure fair housing law is implemented?

2) In the past fiscal year, how many fair housing complaints have been issued about the agency? Describe the type of fair housing complaint received.

3) Describe if the North Carolina Fair Housing Commission or HUD has received any complaints about your agency and if so, how were those complaint resolved?

North Carolina Department of Commerce Rural Economic Development Division (REDD)

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write N/A as a response. Please include any amounts that your non-profit may also be receiving. Also, please your agency may not be receiving funds directly from REDD but from the local government that received funding from REDD. Please include those funds as well.

✓	Funding Source	Dollar Amount	Year Awarded	PHA or Non-Profit
	Scattered Site			
	Infrastructure			
	Urgent Needs			
	IDA Funds			
	Capacity Building			
	Economic Development			
	Housing Development			
	Catalyst			
	NSP 1 Funding			
	NSP 3 Funding			
	Other (<i>please describe</i>)			

Briefly describe how funding from REDD to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

North Carolina Housing Finance Agency

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

<input checked="checked" type="checkbox"/>	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Urgent Repair			
	Single Family Rehab			
	Housing 400 Initiative			
	Tax Credits			
	Down Payment Assistance			
	IDA Loan Pool			
	New Homes Loan Pool			
	Duke Home Energy Loan Pool			
	Homeless Prevention and Rapid Re-Housing			

Briefly describe how funding from NCHFA to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

Emergency Shelter Grant

Please answer the following questions in reference to various programs, if your agency is not receiving any funds from that agency, please write n/a as a response. Please include any amounts that your non-profit may also be receiving.

✓	Funding Source	Dollar Amount	Year Awarded	Agency or Non-Profit
	Homeless Prevention			
	Operations			
	Supportive Services			
	WAP			
	CSBG			

Briefly describe how funding from ESG to your agency is used to promote goals and objectives of the 2016-2020 Consolidated Plan.

Please list any other additional funding sources that your agency is receiving from any other **state agencies**. Please provide state contact person for that program. This includes any funding that the non-profit may also be receiving as well.

<u>Agency</u>	<u>Program/Funding Amount</u>	<u>Contact Person</u>

Please attach 1 hardcopy of the plan to be reviewed

Certification

I _____ (Executive Director) certify that information reported in this form is accurate and true for _____ (agency name) on _____ (mm/dd/yyyy)

Executive Director **Date**

Please mail the form back to:

North Carolina Rural Economic Development Division
 Attn: Angela Williams, Compliance Specialist
 301 North Wilmington Street
 4346 Mail Service Center
 Raleigh, NC 27699-4346
 (919) 814-4679