

2017 Indian Community Housing Block Grant (ICDBG) THRHA Application Assistance Request



Tribe & Project Contact Information—Please enter your information	
Tribe Name:	
EIN Number:	
Council President:	
Proposal Contact Name:	
Contact Title:	
Tribe Address:	
Contact Phone Number:	
Contact E-mail Address:	
Website Address:	

- Yes No Does your Tribe meet the fiscal requirements of 2 CFR Part 200 and 24 CFR Part 1003?
 Yes No During your most recent fiscal audit were there findings related to your financial management systems?
 Yes No Has your Tribe applied for an ICDBG grant within the past 5 years?
 Yes No Does your Tribe or City have a Comprehensive Plan?

Project Information Overview—Please provide the following information	
Today's Date:	
ICDBG Project Type (see ICDBG NOFA Options):	
Duration of Project or Tentative Start and End Dates:	
List Committed and Potential/Anticipated Partners/Collaborators on Project, if any:	
What match / leverage do you anticipate to support this project (check boxes that apply)?	<input type="checkbox"/> Land / Site Control <input type="checkbox"/> IRR <input type="checkbox"/> Alaska Native Health Consortium <input type="checkbox"/> IHBG <input type="checkbox"/> USDA <input type="checkbox"/> Other Tribal Funds / Resources
Approximate Amount of ICDBG funds to be Requested:	
Estimated Amount Committed, Requested or to be Requested from Other Sources:	
List Sources of Committed Funding or Land:	
Estimated Total Project Amount:	

Completed Project Ownership / Management – Please provide the following information	
Project ownership:	<input type="checkbox"/> Tribe <input type="checkbox"/> THRHA <input type="checkbox"/> Other
Land ownership:	<input type="checkbox"/> Tribe <input type="checkbox"/> THRHA <input type="checkbox"/> Other
Operations Management:	<input type="checkbox"/> Tribe <input type="checkbox"/> THRHA <input type="checkbox"/> Other
Other Information as needed:	

Project Overview: Please provide a 3-4 sentence description of your proposed project.

Project Detail: Please provide the following information about your project:
(1) Targeted Populations and Problems Being Addressed
(2) Intended/Expected Outcomes
(3) How Project Will Achieve Intended Outcomes

Authorization / Administrative: Please complete the following, retain on file.

I am authorized to submit this request on behalf of my Tribe. I understand and agree THRHA does not guarantee that assistance can be provided. If THRHA determines that ICDBG grant application assistance can be provided, no funds will be expended on the project until such time that a Memorandum of Understanding or Sub-Recipient Agreement is fully executed for the project between the Tribe and THRHA.

I understand that if there is missing information, as required by THRHA, that this request will not be considered until such time that all required information is provided to THRHA. THRHA will not begin assisting an ICDBG grant application until after receipt of the Tribe’s resolution authorizing to apply and assignment of grants.gov AOR.

Authorized by - Signature

Email Address

Print Name / Title

Date

DO NOT COMPLETE THE FOLLOWING – THRHA INFORMATION ONLY

The following is for administrative purpose only, to be completed by THRHA:

Date T&TA ICDBG request received by THRHA _____ Date reviewed by THRHA _____

Request form is complete Yes, If No, missing: _____

Incomplete notice provided to Tribe _____ By: _____ To: _____

Date completed request form provided to THRHA _____ Complete notice provided to Tribe _____

Date completed request form provided to THRHA Review Committee for decision _____

Received by THRHA Management

Date

AUTHORIZATION:

THRHA Management

Date

Approved

Not accepted, reason: