### Exhibit C

### Additional information requested for submission to this NOFA

What county is your organization located in?

Based on the program requirements, what counties does your organization have the capacity to serve? Check all that apply.

|  |  |  |
| --- | --- | --- |
| 🞎 Bernalillo  🞎 Catron  🞎 Chaves  🞎 Cibola  🞎 Colfax  🞎 Curry  🞎 De Baca  🞎 Dona Ana  🞎 Eddy  🞎 Grant | 🞎 Guadalupe  🞎 Harding  🞎 Hidalgo  🞎 Lea  🞎 Lincoln  🞎 Los Alamos  🞎 Luna  🞎McKinley  🞎Mora  🞎Otero | 🞎 Quay  🞎 Rio Arriba  🞎 Roosevelt  🞎 Sandoval  🞎 San Juan  🞎 San Miguel  🞎 Santa Fe  🞎 Sierra  🞎 Socorro  🞎 Taos  🞎 Torrance  🞎 Union  🞎 Valencia |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If your organization proposes to serve counties outside of the county where you are located, describe how you will serve the targeted population in those counties with regards to outreach and capacity to serve these areas providing HOME Rehabilitation services.

**TRIBAL AREAS:**

Based on the Program requirements, what Tribal Area(s) does your organization have the capacity to serve? Check all that apply.

|  |  |  |
| --- | --- | --- |
| 🞎 Acoma  🞎 Cochiti  🞎 Isleta  🞎 Jemez  🞎 Jicarilla  🞎 Kewa  🞎 Laguna  🞎 Mescalero  🞎 Nambe  🞎 Navajo Nation | 🞎 Ohkay Owingeh  🞎 Picuris  🞎 Pojoaque  🞎 Sandia  🞎 San Felipe  🞎 San Ildefonso  🞎 Santa Ana  🞎Santa Clara  🞎Taos  🞎Tesuque | 🞎 Ute  🞎 Zia  🞎 Zuni |

If your organization proposes to serve areas outside of the county or tribal area where you are located, describe how you will serve the targeted population in those counties or tribal areas with regards to outreach and capacity to serve these areas providing HOME Rehabilitation services.

**Current Funding Sources**

Please provide a complete list of all funding sources for your agency other than funding received by MFA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source/Grant** | **Amount Received** | **Purpose or Use of Funding** | **Last Date Monitored** | **List Outstanding Findings if any** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

In addition, does your organization have experience with the Following? Check all that apply.

🞎 YES 🞎 NO Experience administering federal grants – specifically those intended towards the Rehabilitation of homes.

🞎 YES 🞎 NO Experience with Federal Regulations

🞎 YES 🞎 NO Experience with the HOME Rehabilitation Program

🞎 YES 🞎 NO Experience with Contract Management

🞎 YES 🞎 NO Experience with Case management (targeted to the HOME Rehabilitation)

🞎 YES 🞎 NO Experience with Outreach (housing and qualified applicant search)

🞎 YES 🞎 NO Experience with Income Limits and Determination Calculation

🞎 YES 🞎 NO Experience with Property Eligibility (HOME Rehabilitation)

🞎 YES 🞎 NO Experience with Eligible Program Costs

🞎 YES 🞎 NO Experience with Lead-based paint requirements (HOME Rehabilitation)

🞎 YES 🞎 NO Experience with Unit inspections – habitability, other, specify

🞎 YES 🞎 NO Experience with Environmental Reviews (targeted to the HOME Rehabilitation)

🞎 YES 🞎 NO Experience with Project Set Up/Completion and Invoicing Requirements (targeted to the HOME Rehabilitation)

🞎 YES 🞎 NO Experience with Financial Management Requirements (targeted to the HOME Rehabilitation)

🞎 YES 🞎 NO Experience with Construction Management Requirements (targeted to the HOME Rehabilitation)