

BEST PRACTICE -
(Use this to ensure you have a complete Pre-Application)

NCALL's PRE- APPLICATION REVIEW CHECKLIST

Organization/Agency Name: _____

Name of Contact: _____ Phone: _____

State of Applicant: _____

Draft or Official: Date Received: _____ 15 Day Review Due
Date: _____

(1) a. Application for Federal Assistance (for Non-Construction)

Instruction 1944.410(a) Standard Form 424 Version 02

_____ Complete _____ Incomplete

Yes / No Is the legal name entered on the application the same as it appears on the
Articles of Incorporation? If no, then enter legal name _____

Yes / No Do the totals on the SF-424 agree with the totals on the SF-424A, Budget
Information – Non-Construction Program?

Yes / No Is the DUNS Number indicated?

b. USDA Survey on Ensuring Equal Opportunity for Applicants

Unnumbered Letter, Dated June 1, 2005

_____ Included _____ Not Included

_____ Complete _____ Incomplete

Analysis/Findings: _____

(2) Intergovernmental Review Submittal

Instruction 1944.409

_____ Complete _____ Incomplete

Yes / No Is there evidence that the applicant has submitted their "Statement of
Activities" to the State Agency's single point of contact?

Analysis/Findings: _____

(3) Previous Experience

Instruction 1944.410(a)(1)

_____ Complete _____ Incomplete

1. Experience of organization's staff.

_____ Clearly Demonstrated _____ Unclear

2. Experience of organization's board of directors (if needed for TA grant):

_____ Clearly Demonstrated _____ Unclear _____ N/A

3. Objectives of Organization:

_____ Consistent w/ self-help _____ Inconsistent w/ self-help

4. Other housing/social services the organization is involved with:

_____ Included _____ Not Included _____ N/A

5. Sponsorship letter or agreement (if appropriate):

_____ Included _____ Not Included _____ N/A

6. How long has the organization been in existence? _____

7. How long has the organization been in housing? _____

Analysis/Findings: _____

(4) Organizational Papers

Instruction 1944.410 (a)(2) & 1944.404(d)(1-4)

_____ Complete _____ Incomplete

Yes / No Copy of an accurate reference to the specific provisions of state law which the organization was organized.

Yes / No Articles of Incorporation and Bylaws (signed by authorized agency representative, dated and sealed by corporate seal if available)

Yes / No Certificate/Stamp of Incorporation

Yes / No Tax exemption certificate of 501(c)(3) status
1944-I, section 1944.404(d)(2)

Yes / No Evidence of Good Standing from the State, if in existence for more than one year

Yes / No Names and Addresses of Directors, Officers, Members (5 minimum)

Yes / No Are there more than 5 members of the Board?
1944-I, section 1944.404(d)(4)

Yes / No Are there 10 Board meetings (recommended)?

Yes / No Does the mission statement include “production of affordable housing”?

Yes / No / N/A Name, Address, Principle Business of Member Organizations (if applicable)

Yes / No / N/A If about to organize, copies of proposed organizational documents attached. Demonstrate compliance with 1944-I, section 1944.404(d)

Analysis/Findings: _____

(5) Authorized Representative of Applicant

Instruction 1944.410 (e)(6)

_____ Complete _____ Incomplete

Yes / No Is there an authorized representative of the applicant?

Yes / No Is this the same person as listed on the SF 424?

_____ Name of representative

_____ Address

_____ Official Position

Analysis/Findings: _____

(6) Information About Sponsor (if applicable)
Instruction 1944.404(b)(2)

_____ Complete _____ Incomplete _____ Not Applicable

Yes / No / N/A Is applicant sponsored by another organization? If so is there a written agreement between the organization and the sponsoring agency.

Yes / No / N/A If so, do they have background, experiences and the financial ability to carry out the proposed project and responsibilities?

Analysis/Findings: _____

(7) Current Financial Statements for Applicant and any Sponsor
Instruction 1944.410(a)(3)

_____ Complete _____ Incomplete

Yes / No Date of the financial statement _____
(Not more than 12 months) Audits preferred or a Balance Sheet showing specific nature of Assets and Liabilities, with information on the repayment schedule and status of any debt owed by the applicant, plus an Income Statement.

Yes / No Are there any audit findings?

Yes / No Has there been an increase/decrease in assets?

Yes / No Liabilities appropriate/minimal?

Yes / No Dated and Signed by authorized representative of organization

Analysis/Findings: _____

(8) Narrative Statement
Instruction 1944.410(a)(4)

_____ Complete _____ Incomplete

Yes / No Include dollar amount of grant request.

Yes / No Include area to be served.

- Yes / No Include number of self-help units to be built.
- Yes / No Include housing conditions of low-income families in the area and reasons why families need self- help assistance. Census data of county(s) that will be targeted.
- Yes / No Indicate a need in the area for housing of the type and cost to be provided by the self-help program. Estimated cost of self-help housing monthly payments (PITI).
- Yes / No Include evidence of Community Support (specific letters of community support if land has been targeted); officials; individuals and community organizations.
- Yes / No Include evidence that there are low-income families willing to contribute labor. (List of families interested in self-help including names, addresses, number in household and annual income) - 2:1 ratio recommended. A statement indicating that the self-help programs has been explained to interested families and that they are interested in participating in the program.

Analysis/Findings: _____

(9) Outreach Plan for Very-Low Income

Instruction 1944.410(a)(5)

_____ Complete _____ Incomplete

Yes / No Does the plan provide for regular consistent efforts using a wide variety of methods to reach very low-income families?

Analysis/Findings: _____

(10) Budget Information (Non-Construction Programs)

Instruction 1944.410(a)(6) SF-424A & Budget Narrative

_____ Complete _____ Incomplete

Yes / No Does the budget information comply with article 7 CFR 3015 & 3016?

Yes / No Are the instructions included?

Yes / No Does it include a completed SF-424A?

Yes/No Budget narrative and budget feasibility?

Yes / No Are line item expenses within normal ranges?

Fringe Benefits	_____ %	(25% - 30% of Total Salary)
Travel Expense	_____ %	(5% - 10% of Total Salary)
Equipment	_____ %	(2% - 5% of Total Salary)
Supplies	_____ %	(1% - 3% of Total Salary)
Contractual	_____ %	(3% - 5% of Total Salary)
Other Misc. Expenses	_____ %	15% - 20% of Total Salary)

Yes / No Are the narrative and budget amounts and timelines the same?

Yes / No Are the narrative and budget calculations correct?

Analysis/Findings: _____

(11) Determination of TA Grant Amount

Instruction 1944.407

_____ Complete _____ Incomplete

Yes / No Include a letter by Rural Development providing the “equivalent value of modest housing”. Instruction 1944-I, section 1944.403(g).

Clear/Unclear which method was used to determine the TA cost.

\$ _____ TA Cost Per house

\$ _____ “Equivalent Value of Modest Housing” for Area

Analysis/Findings: _____

(12) Preliminary Land Survey

Instruction 1944.410(a)(7)

_____ Complete _____ Incomplete

Yes / No Include the availability of lots (minimum of total number of proposed houses to be built during grant period)

- Yes / No Include the projected cost of sites (indicates water/sewer information)
- Yes / No Include maps of the proposed area.
- Yes/No Cost of land versus house package cost estimate
- Yes/No Summarize the finding of the preliminary land search in a narrative statement. Include whether lots have to be developed or if there is already developed lots available.

Analysis/Findings: _____

(13) Other Applicant Activities (if multi-funded)

Instruction 1944.410(a)(8)

_____ Complete _____ Incomplete

- Yes / No / N/A List of other activities the applicant is engaged in and expects to continue
- Yes / No / N/A Statement about other sources of funding and whether funding is sufficient to assure continuation of other activities throughout grant period
- Yes / No / N/A Direct Cost Allocation Plan, or Indirect Cost Rate (if multi-funded), or evidence that a proposal has been submitted to the Cognizant Agency for approval
- Yes / No / N/A Is the organization engaged in/ or has the potential to have an adverse impact on this pre-application request?

Analysis/Findings: _____

(14) Predevelopment Grant Assistance Request

Instruction 1944.410(a)(9)

_____ Complete _____ Incomplete

- Yes / No State why funds are needed.
- Yes / No Specify amount of funds needed.
- Yes / No State what funds will be used for.

Yes / No Specify projected time period for using funds (maximum 6 months)

Yes / No Does the applicant's state RD office require a SF-424A for the Pre-Development Grant?

Yes / No Are the narrative and budget amounts and timelines the same?

Yes / No Are the narrative and budget calculations correct?

Analysis/Findings: _____

(15) HUD Fair Housing Marketing Plan - HUD Form 935.2B (8/2006)
Instruction 1944.410(a)(10)

_____ Plan complete _____ Plan Incomplete

Yes / No Five or more lots / units planned

Yes / No Is there a written training plan for experienced staff (box 6)?

Yes / No Types of advertisements explained clearly; fully completed.

Yes / No Photo's included

Yes / No Do the flyers include the "equal housing opportunity" logotype?

Yes / No Is the Fair Housing Marketing Plan designed to reach the targeted market that is least likely to apply?

Analysis/Findings: _____

(16) Civil Rights Impact Analysis Certification, Form RD 2006-38,
Instruction 2006-P, Section 2006.754(b)

_____ Included _____ Not Included

_____ Complete _____ Not Complete

Analysis/Findings: _____

(17) Compliance Review (Pre-award) Form RD 400-8
Instruction 1901-E, Section 1901.204(a) and 1901.204(c)(3)

_____ Included _____ Not Included

Analysis/Findings: _____

(18) Self-Help Technical Assistance Grant Predevelopment Agreement, Exhibit D
Instruction 1944.410(d)

_____ Included _____ Not Included

Analysis/Findings: _____

(19) Authorizing Resolution
Instruction 1944.411(d)

<u>Yes / No</u>	Includes a copy of the resolution adopted by (the Board of Directors or other Governing Body if public body) authorizing Appropriate the appropriate official to execute the Self-Help Technical Assistance Grant Agreement and Form RD 400-4 Assurance Agreement?
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(20) Rural Development Manager or Area Manager Recommendation

_____ Included _____ Not Included

Analysis/Findings: _____

(21) T&MA Contactor's Review and Recommendation
Required Under National Office Contract with T&MA Contractor

_____ Included _____ Not Included

Analysis/Findings: _____

(22) OGC Review (if necessary)
Instruction 1944.410(b)(2)

_____ Included _____ Not Included

Analysis/Findings: _____

(23) Review Action and Letter of Conditions

Instruction 1944.410(c)

_____ Included

_____ Not Included

Analysis/Findings: _____

(24) Request for Obligation of Funds (Predevelopment assistance) Form 1940-1

Instruction 1944.413(a)(1)

Other Comments / Recommendations:

Yes / No Is the file tabbed/segments marked?

Yes / No Does it contain a table of contents?

Yes / No / N/A Is there a transmittal letter from RD? (Official copy only)

Name of Reviewer: _____

Date: _____

(Revised 2 / 2009)