| **Required for** | **Check if included** | **WESTMETRO HOME CONSORTIUM APPLICATION HOME-ARP TBRA & SUPPORTIVE SERVICES CHECKLIST** |
| --- | --- | --- |
|  | **APPLICATION** | |
| All  Proposals |  | **Application** |
|  | **ORGANIZATION INFORMATION & QUALIFICATIONS** | |
| All Proposals |  | **Organization mission,** including how this project fits mission |
|  | **Previous similar projects completed and capacity to undertake project** |
|  | **Most recent audited organizational annual financial statement** |
|  | **Most recent annual organizational operating budget** |
| Nonprofits |  | **Description of board of directors:** including skills, experience, tenure & affiliations |
|  | **Copy of articles or organization, by-laws and 501(c)(3) letter** |
| CHDO |  | **Copy of current CHDO certification from WestMetro HOME Consortium** |
| For-profit |  | **Corporate organizational document(s)**, identifying owner and/or general partner |
| |  |  | | --- | --- | |  | **MANAGEMENT TEAM INFORMATION** | | | |
| All Proposals |  | **Resumes of key management team members** |
|  | **Contact information** (for management team) |
|  | **ATTACHMENTS (Included in RFP)** | |
| As Needed |  | **Certificate of Non – Collusion** |
|  | **Certificate of Tax Compliance** |