

FY 2022-23 Nonprofit Application Checklist

Tab	Required Information	Certification Check-off
1	(a) Application (b) Certificate of Good Standing from SC Secretary of State (c) Tax Exempt Status from the IRS (d) Copy of General Liability Insurance Policy (\$1million required coverage)	a. ___ b. ___ c. ___ d. ___
2	(a) Articles of Incorporation (if applicable) (b) Bylaws with SC Housing “ <i>Conflict of Interest</i> ” (signed and dated) (c) Service Area Map (d) Attachment C – Board of Directors Status Information (e) Board Meeting Minutes (f) Written Beneficiary and/or Tenant Selection Procedures	a. ___ b. ___ c. ___ d. ___ e. ___ f. ___
3	Applicants that have not participated in the SC HTF Home Repair program previously, must provide the following: (a) One Year Housing Experience Documentation – <i>Home Repair Program</i> (b) Contract for Services with Consulting Organization and Training Plan (c) Attachment A – Consultant Disclosure (d) Resumes of Key Contact Person of Consulting Organization (e) Three (3) Community Support Letters	a. ___ b. ___ c. ___ d. ___ e. ___
4	Applicants applying to participate in the Supportive Housing Program must include the following: (a) Ten Years Supportive Housing Experience Documentation - <i>Supportive Housing Program</i> (b) Key staff members coordinating the project (c) Third party letters documenting the Applicants material participation in operating Supportive Housing projects	a. ___ b. ___ c. ___
5	(a) Attachment B – Organization Staff Members (b) Organizational Chart (c) Resumes of Key Staff Members and Principal Officers (d) Copies of Certification of PII training for staff members	a. ___ b. ___ c. ___ d. ___
6	(a) Financial Statements or 12 months of bank statements (b) Most Recent filed Tax Returns or IRS Form 990 w/evidence of delivery to IRS (c) IRS Form W-9 (d) Operating Budget (e) Attachment D – Standards for Financial Management Systems	a. ___ b. ___ c. ___ d. ___ e. ___

Tab 1

Application

Certificate of Good Standing from SC Secretary of State

Tax Exempt Status from IRS

Copy of General Liability Insurance Policy

Tab 2

Articles of Incorporation (if applicable)

Bylaws (if applicable)

Service Area Map

Attachment C – Board of Directors Status Information

Board Meeting Minutes

Written Beneficiary and/or Tenant Selection Procedures

Tab 3 (if applicable)

One Year Housing Experience Documentation – *Home Repair Program*

- **Listing of projects with addresses**
- **Number of units**
- **Amount of funding award from each source**
- **Photos**
- **Dates of completion**

Contract for Services and Training Plan

Attachment A - Consultant Disclosure

Resumes of Key Contact Person of Consulting Organization Three (3) Community Support Letters

Tab 4

Ten Years Supportive Housing Experience Documentation - *Supportive Housing Program*

- Listing of completed projects with addresses
- Target population
- Number of units
- Services provided
- Funding sources
- Amount of funds awarded from each source
- Photos
- Dates of completion

Key staff members coordinating the project

Third party letters documenting the Applicants material participation in operating Supportive Housing projects

Tab 5

Attachment B – Organization Staff Members

Organizational Chart

Resumes of Key Staff Members and Principal Officers

Copies of Certification of PII training for staff members

Tab 6

Financial Statements or 12 months of bank statements

Most Recent filed Tax Returns or IRS Form 990 – include evidence of delivery to the IRS

IRS Form W-9

Operating Budget

Attachment D – Standards for Financial Management Systems