



# HOME PROGRAM CERTIFICATION OF CAPACITY

The following information is required to evaluate the experience of the administration and/or development team associated with the proposed HOME project. Please complete the sections applicable to the type of project for which funding is being sought. **A staff directory or individual resumes are not to be submitted.** If any questions remain on which sections must be completed or clarification of the information being requested, please contact the assigned HOME Program grant manager. Include additional pages as necessary.

## PROJECT ADMINISTRATOR

NAME:		TITLE:	
ADDRESS:			
PHONE NUMBER:	FAX NUMBER:	EMAIL:	

## AGENCY (COMPANY) OR MUNICIPALITY

Please list the last 3 HOME / Housing projects administered by above named individual, completed and /or currently in process, where HOME Program funding was secured through PA Department of Community and Economic Development (DCED) or HUD. In lieu of HOME specific projects, other project activity(ies) may be provided after consultation with assigned HOME Program grant manager. Include additional pages as necessary for other projects and/or other relevant project team members or partners.

### PROJECT NAME (1-3)

TYPE OF PROJECT:		LOCATION:	
TOTAL FUNDING/PROJECT COST:	NUMBER OF UNITS:	PROJECT STATUS:	

### PROJECT DEVELOPER

NAME OF LEAD OR PRIMARY CONTACT:		TITLE:	
ADDRESS:			
PHONE NUMBER:	FAX NUMBER:	EMAIL:	

EXPERIENCE CRITERIA:

### HOUSING MANAGER / MANAGEMENT CONSULTANT

NAME OF LEAD OR PRIMARY CONTACT:		TITLE:	
AGENCY (COMPANY):			
ADDRESS:			
PHONE NUMBER:	FAX NUMBER:	EMAIL:	

EXPERIENCE CRITERIA:

## CERTIFICATION

**As Chief Elected Official of the grantee, I certify compliance with the Certification of Capacity requirements.**

SIGNATURE, CHIEF ELECTED OFFICIAL:

TYPED NAME AND TITLE:

DATE: