

General Submission Guide

Requirements:

Items marked with a red star “*” are required to continue to the proceeding pages.



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Applicant General Information

Please, provide the applicant information below.

Organization Name *

Name of the organization applying for the NOFA.

Loremipsum

Organization Type *

Select an Organization Type.

Non-profit Corporation

Assisted County *

This is the county where the organization applying for the NOFA, resides.

Stanislaus

Region

Southern

Select your option *

Rural

Non Rural

Tribal Entity *

Yes

No

Number of Assisted Units *

10

Self-Score *

100

Requesting Mobilehome Assistance? *

Yes

No

Applicant Address

Street Address *

10 Main Street

Address Line 2

11 Brook Alley Road. APT 1

Zip Code *

12345

City *

Springfield

State *

Oratione

Save Draft

Next >

Save Draft:

To save a draft of all pages you have completed, click the “Save Draft button on the bottom left of the page you are currently on.



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Authorized Representative

Name * Dixisset	Title * Dixisset
Email * example@example.com	Phone * (999) 999-9999

Alternate Contact

I want to provide an alternate contact

Name * Loremipsum	Title * Oratione
Email * random@random.com	Phone * (999) 999-9999

Select Activity:

Select an activity to upload documents to



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Eligible Activities

Applicants may include Project Activities or up to two Program Activities in an application. Applicants cannot apply for both Project Activities and Program Activities. Applicant may choose to apply to fund a Homeownership Development Project with or without a Self-Help Housing Project.

Select one option *

- Program Activities
 Project Activities

Project Activities *

Technical Assistance for Self-Help Housing Projects (Article 6)

Upload Files:

Files can be uploaded for the corresponding field by clicking the “Choose File” button below the corresponding title. Some files have restrictions such as file type or the number of files allowed. To view the upload field information, hover over the question mark for more details.

Service Area Map

One file only.

20 MB limit.

Allowed types: txt, rtf, pdf, doc, docx, odt, ppt, pptx, odp, xls,xlsx, ods.

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for Non-profit Corporation

Service Area Map ? *

Provide a Service Area Map that complies with requirements §7717(a)(1). (Excel Line 51)

No file chosen

Preview:

Before submitting your form, you will be given a preview window to view your entries.



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Submit

On behalf of the entity identified, I certify that: the information, statements and attachments included in this application are, to the best of my knowledge and belief, true and correct and I possess the legal authority to submit this application.

Total Funding Requested *

Here you will have a chance to edit your entries by clicking on the “Edit” button. Once you have confirmed the information is accurate, please click the “Submit” button on the bottom of the preview page.

Miscellaneous

Miscellaneous

Number of Supplementary Documents

10

Supplementary Documents

 [other1.xls](#)

Description of File 1

Loremipsum

Description of File 2

Dixisset

Description of File 3

Loremipsum

Description of File 4

Oratione

Description of File 5

Dixisset

Description of File 6

Loremipsum

Description of File 7

Loremipsum

Description of File 8

Dixisset

Description of File 9

Oratione

Description of File 10


Dixisset

[Edit](#)

Excel Application

NOFA Excel Application

Excel Application

 [excel_application1.xls](#)

[Edit](#)

Submit

Submit

Total Funding Requested

\$ 1.00

[Edit](#)

[Save Draft](#)

[< Previous](#)

[Submit](#)

NOTE: Once you click “Submit” you will be unable to make any more changes to your application

Confirmation:

After clicking “Submit”, you will be notified with a confirmation email that your form has been submitted. Please save the confirmation serial number in the event you have any questions about your application moving forward.

Submission Confirmed



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A confirmation email has been sent to your provided address, please save this email for later use in the review process.

[Return Home](#)

Your documentation for the 2021 Joe Serna Multifamily Program has been submitted

Submission Number: 2021 Joe Serna Multifamily-N21-5

The Submission Date / Time of record is: 11/03/2021 - 16:08

Please keep this number in the event that you would like a status on your submittal after the application submission period closes. If you have any questions, please submit them via email to: CalHome@hcd.ca.gov