Urgent Repair Program (URP27) Application Workshop

GoToWebinar

December 16, 2025

NORTH CAROLINA HOUSING FINANCE AGENCY

HousingBuildsNC.com

Agenda

- URP27 NOFA Schedule & Changes
- URP Life Cycle
- Application Guidelines Review
- Application Review
- Application Attachments Review

If you are a homeowner, please contact Gloria Moore at gemoore@nchfa.com or 919-981-2623 to be connected with a partner to assist you with housing repairs.

NORTH CAROLINA HOUSING FINANCE AGENCY

HousingBuildsNC.com

URP27 NOFA Schedule

- **November 17, 2025** – Notice of Funding Availability (NOFA) posted
- **December 16, 2025** – Application Webinar *You are here*
- **January 14, 2026** – Applications due no later than 5:00 PM
- **February 2026** – URP27 award recommendations made to the Board

NORTH CAROLINA HOUSING FINANCE AGENCY
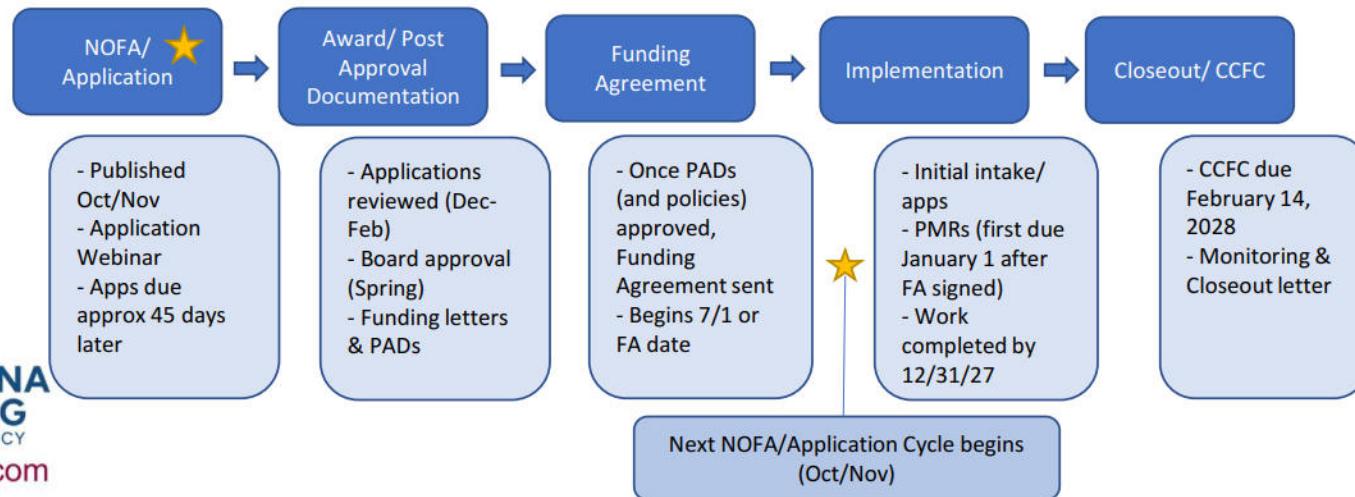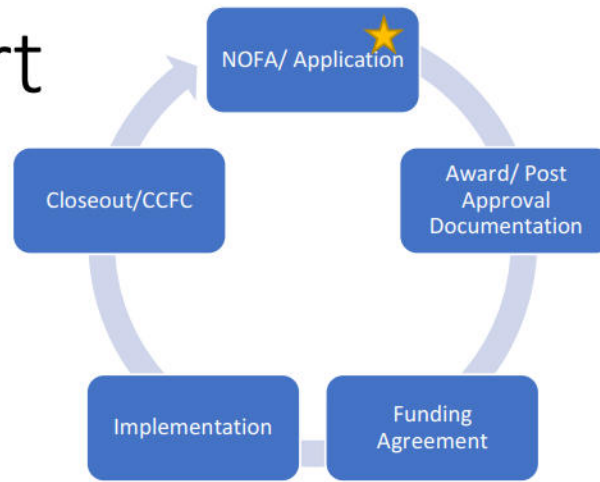HousingBuildsNC.com

URP27 Changes

- Small changes to the application
- Universal labor rate for volunteer labor
- Everything from URP26

URP27 Changes

- What this means for you
    - Anticipation of awarding 39 projects
    - Overlapping service areas
        - Will be allowed, but are not expected
        - Counties awarded may differ from counties requested in application to better serve entire state
    - More competition
        - If you're serving a county with multiple partners, you might want to collaborate and coordinate efforts
        - Be sure to update resumes and past performance
            - Will be a highly competitive cycle
            - Most of your points come from Pages 5, 6 and resumes for Page 7

NORTH CAROLINA HOUSING FINANCE AGENCY
HousingBuildsNC.com

URP Flow Chart

NOFA/ Application ⭐	Award/ Post Approval Documentation	Funding Agreement	Implementation	Closeout/ CCFC
- Published Oct/Nov - Application Webinar - Apps due approx 45 days later	- Applications reviewed (Dec-Feb) - Board approval (Spring) - Funding letters & PADs	- Once PADs (and policies) approved, Funding Agreement sent - Begins 7/1 or FA date	- Initial intake/ apps - PMRs (first due January 1 after FA signed) - Work completed by 12/31/27	- CCFC due February 14, 2028 - Monitoring & Closeout letter

⭐ Next NOFA/Application Cycle begins (Oct/Nov)

NORTH CAROLINA HOUSING FINANCE AGENCY
HousingBuildsNC.com

Application Guidelines Review

- https://www.nchfa.com/home-ownership-partners/community-partners/community-programs/urgent-repair-program/forms-and-resources

➔ **Forms and Resources**

Home Ownership Partners » Community Partners » Urgent Repair Program » Forms and Resources

Forms and Resources

URP2026–2027 (URP27)

URP27 NOFA Memo

URP27 Application Guidelines

URP27 Application Form

NORTH CAROLINA HOUSING FINANCE AGENCY

HousingBuildsNC.com

Application Review

- https://www.nchfa.com/home-ownership-partners/community-partners/community-programs/urgent-repair-program/forms-and-resources

➡ **Forms and Resources**

Home Ownership Partners » Community Partners » Urgent Repair Program » Forms and Resources

Forms and Resources

URP2026–2027 (URP27)

URP27 NOFA Memo

URP27 Application Guidelines

URP27 Application Form

NORTH CAROLINA HOUSING FINANCE AGENCY

HousingBuildsNC.com

Application Form Changes

- Page 1
  - C and C-1 Project Administrator and Contracted Admin
    - C – Insert Project Contact for NCHFA (should match #1 on page 7)
    - C-1 – Only used if you are using a consultant or COG to complete URP
  - D Public Contact & Intake Person (Contact Person for Intake/Applications)
    - Insert person that you want to be contacted for intake and general program questions to the public. Should match #7 on page 7
    - This person will also be used for the Rehab Contact List that is completed by our team for our Front Desk to use for homeowner phone calls

NORTH CAROLINA HOUSING FINANCE AGENCY

HousingBuildsNC.com

Application Form Changes cont.

- Page 3
  - C – Client Relations
    - If #1 on page 7 does not match I-C on page 1 and/or if #7 on page 7 does not match I-D on page 1, please explain why those people/roles are different in your Client Relations (Exhibit II. C.)
    - Do NOT forget this exhibit. We will not call you about this if missing and it will affect your rating.
  - E – Volunteer labor, everyone must use $22.34/hour rate
- Page 7
  - If #1 on page 7 does not match I-C on page 1 and/or if #7 on page 7 does not match I-D on page 1, please explain why those people/roles are different in your Client Relations (Exhibit II. C.)

NORTH CAROLINA HOUSING
FINANCE AGENCY
HousingBuildsNC.com

Application Attachments Review

(* required for everyone)

- II A 2 – Service Area boundary (page 2)
  - Only use if service area is not an entire city or county
- II C – Client Relations (page 3)*
  - Required document
- II E – Matching Funds
  - Must have documentation for donated labor, materials and local funds
- III B – Experience Narrative (page 4)
  - Only use if experience does not conform to tables on pages 5 and 6
- III C – Resumes (page 7)*
  - Resume for each person listed on page 7
  - Majority of your points come from resumes and past performance

NORTH CAROLINA HOUSING FINANCE AGENCY

HousingBuildsNC.com

Reminders

- Changes from 2026 (that apply to URP27)
  - New amounts
    - 1 County - $165,000
    - 2+ Counties - $330,000
    - Minimum Request - $99,000
  - No restrictions on allocation for 5 large entitlements (Charlotte, Durham, Greensboro, Raleigh, Winston-Salem)
  - Counties awarded may change from counties requested in order to ensure entire state is served

- Reminders
  - Make sure you have all your attachments
  - All attachments are labeled in top right corner
  - Due January 14, 2026 by 5:00 PM

NORTH CAROLINA HOUSING FINANCE AGENCY

HousingBuildsNC.com

I. Program Applicant

A. Applicant Organization:

1.	Legal Name	Never Alone Community Development Corporation	
2.	Street Address	111 McAllister Way	
3.	Mailing Address	PO Box 1234	
4.	City	Marleyville	ZIP 27654
5.	Fax Number	919-555-9876	6. Federal Tax ID 56-9876543
7.	UEI Number	I-678C123MAS4	
8.	Website address	www.neveralonehousing.org	

B. Chief Administrative Official: (*must have organizational contract signing authority*)

1.	Name	Peter McCallister	2. Title Executive Director
3.	Phone Number	919-123-3456	4. Email pmcallister@neveralonecdc.org

C. Project Administrator: (*project contact for NCHFA, should match C. 1. on pg 7*)

1.	Name	Catherine O'Hara	2. Title Project Manager
3.	Phone Number	919-123-5789	4. Email cohara@housingconsults.com

C-1. Contracted Administrator Information: (*complete if Project Administrator is contracted ie consultant/COG*)

5.	Organization Name	Housing Consults
6.	Mailing Address	145 Build It Way
7.	City	Raleigh ZIP 27609
8.	Fax Number	919-654-1357
9.	Chief Operating Officer	Gus Polinski, CEO

D. Public Contact & Intake Person: (*Who should the public contact for intake? Should match C. 7. on pg 7*)

1.	Name	Leslie Frank	2. Title Client Specialist
3.	Phone Number	919-123-2468	4. Email lfrank@neveralonecdc.org

E. Type of Applicant:

1. Community Action Agency.	[ ]	2. Nonprofit Corporation.	[X]
3. Public Housing Authority.	[ ]	4. Other Public Agency.	[ ]
5. Local Government.	[ ]	6. Regional Council.	[ ]

F. Brief Description of your Organization (*Non Government Organizations ONLY*)

Never Along Community Development Corporation is a non-profit corporation serving low-income families in Marv and Harry Counties.

G. Funding Requested:

1. Total amount of Program funds requested. $330,000
2. Total number of dwelling units targeted for Program assistance. 20

THIS SECTION FOR NCHFA USE ONLY						
Date received	Ap. No.	Fee enclosed	No. copies	Thresh.	Score	Cap.

II. Project Design

A. Service Area: In all cases, "service area" is defined as the geographic area or areas in which homeowners are equally eligible to apply for assistance. Recipients may choose to accept applications on a first-come, first-served basis from throughout the service area, while adhering to section 6 (Eligible households) of the Application Guidelines, or to allocate equitable portions of the grant to all eligible localities within the service area. Otherwise homeowners' applications must be rated and prioritized without regard to the applicant's specific locality within the service area.

1. Please define your service area in specific terms:

Marv and Harry Counties

2. Complete the following matrix to define your proposed service area by county, population, number of dwelling units targeted for assistance and amount of Program funds projected to be spent in each county. *If the service area comprises an entire county, or municipalities, use the July 2024 (the most recent) population estimates from the North Carolina State Data Center available at*

https://www.osbm.nc.gov/facts-figures/population-demographics/state-demographer/county-population-estimates/certified-county-population-estimates

Applications for grants exceeding $165,000 must serve multiple counties in their entirety.

County(s) in which service area is located	Population of service area	Proposed	
		# of units	Program funds
a. Marv County	35,000	15	$247,500
b. Harry County	15,000	5	$82,500
c.			
d.			
e.			
f.			
g.			
h.			
i. Totals =	50,000	20	$330,000

3. If the service area contains other than an entire city or county, attach a map clearly delineating the proposed service area boundaries, and service area population. Label the map "Exhibit II A 2".

II. **Project Design** *(continued)*

B. Beneficiary Targeting:

Do not submit your proposed project assistance policy with this application for funding. If your project is selected for funding, you will be requested to submit your assistance policy with the post approval documentation.

C. Client Relations: *(Must Include)*

Linking special needs households to services beyond housing is viewed as an integral part of the Urgent Repair Program. Explain in detail the system which will be used to screen and refer households for other needed services (list services) and describe the roles of those involved in the process. Be sure to explain the screening/referral roles of any URP project staff in detail. This is also where to explain the different roles if a different individual is used for Public Contact/Intake (I. D. 1.) on page 1 than Applicant Intake/Eligibility (C. 7.) Please limit the narrative to one 8-1/2" x 11" attachment (min 11 font) labeled II. C in the upper right hand corner. Attachments should be attached in the order that they were requested, at the back of the application.

D. Proposed procurement and construction:
Indicate which of the following will be used to effect your URP-funded work.

	Yes	No
1. Private-sector construction contractors.	X	
2. Competitive sealed bids.	X	
3. Competitive negotiation.		X
4. Telephone bid solicitation.	X	
5. Non-competitive negotiation.		X
6. Work crews employed by the applicant organization.	X	
7. Weatherization contractor procured under WAP guidelines.	X	

E. Other resources to be used with URP funds for Hard Costs only:

	Yes	No	Value/Amt.
1. Weatherization Assistance Program (WAP) funds.	X		$300,000
2. Heating Appliance Repair & Replacement Program (HARRP) funds. .		X	
3. Independent Living Center funds.		X	
4. Council on Aging funds.		X	
5. USDA-Rural Development Section 504 loans.		X	
6. Volunteer labor (Must use $22.34/hr rate)*.	X		$11,170
7. Donated materials*.	X		As available
8. Matching local funds*.	X		$10,000
9.			

*Attach documentation of matching contributions listed on lines 6, 7 and/or 8, above. Label as Exhibit II.E. Matching contributions on those lines must be used for eligible URP Hard Costs only. Other resources may be used for program support, but those contributions will provide no competitive advantage in URP application rankings.

II.   Project Design *(continued)*

F.   Project Schedule:

Assuming a maximum of 18 months from funding agreement until close-out and a hypothetical starting date of July 1, 2026, please indicate below your projected project progress, in terms of dwelling units repaired or modified with Program assistance during each calendar quarter. (Note: All Program funds must be obligated within 18 months. Recipient will have an additional forty-five (45) days to complete all units and submit closeout documentation). Please complete a proposed schedule for your project.

Quarter	Unit Completions	Quarter	Unit Completions
1. 7/1/26 - 9/30/26......	0	4. 4/1/27 - 6/30/27.........	7
2. 10/1/26 -12/31/26......	0	5. 7/1/27 - 9/30/27.........	8
3. 1/1/27 - 3/31/27......	5	6. 10/1/27 - 12/31/27.......	
		Total =	20

III.   Applicant Capacity

A.   Rehabilitation/Repair Program Experience and Status:

For each home repair, urgent repair or comprehensive housing rehabilitation grant received by the applicant since July 1, 2020, provide the information indicated below. If more than six separate grants were received during this 5-year period, copy page 6 and attach as page 6 A. Funding sources to list here include Community Development Block Grant ("CDBG"), HOME Investment Partnership Program ("HOME") allocations from a local government or consortium, Single-Family Rehabilitation Program (SFR) grants, USDA-Rural Development Housing Preservation Grant Program ("HPG") funds, Weatherization Assistance Program ("WAP") funds, Urgent Repair Program grants, minor home repair project, local emergency repair programs, etc. You may assign names to your own unnamed programs to list them. ***Please list the oldest grant first.***

B.   We prefer that the following tables be used to record the applicants rehab/repair experience and current status of funding related to units which may be targeted for rehabilitation. However, for some applicants it may be more appropriate to provide a narrative which speaks to the capacity of the applicant to carry out comprehensive rehabilitation of owner-occupied units. If so, please limit the narrative to one 8-1/2" x 11" attachment (min 11 font) labeled III. B in the upper right hand corner. Attachments should be attached in the order that they were requested, at the back of the application. The narrative should detail the applicants housing rehabilitation experience including the number of units comprehensively rehabilitated in the past five years, (broken out by year), the average amount of funding per unit (including volunteer labor, materials and donated materials) and any other information relevant to documenting the applicants capacity to affectively perform comprehensive housing rehabilitation.

III. Applicant Capacity *(continued)*

A. Rehabilitation/Repair Program Experience and Status: *(continued)*

1. Program name (use standard abbreviations as shown above).. | CDBG
a. Funding cycle (2020, 2021, etc.)..	2021
b. Date of award or project commencement date..	07/01/21
c. Grant/Funding Agreement number..	CDBG NS
d. Project close-out date or deadline..	12/31/24
e. Total grant allocation amount...	$100,000
f. Matching funds/local contribution...	$0
g. Program rehabilitation/repair budget (hard costs only)....................................	$80,000
h. Number of dwelling units targeted for rehabilitation/repairs...........................	8
i. Number of dwelling units completed to date..	8
j. Number of rehabilitation/repair jobs under contract at present.........................	0
k. Average hard cost per unit completed (all sources)...	$10,000
l. Current status of grant.................Closed-out. . . . . [X] or Active. .	

2. Program name (use standard abbreviations as shown above).. | URP
a. Funding cycle (2020, 2021, etc.)..	2022
b. Date of award or project commencement date..	07/01/22
c. Grant/Funding Agreement number..	2245
d. Project close-out date or deadline..	12/31/23
e. Total grant allocation amount...	$132,000
f. Matching funds/local contribution...	$5,000
g. Program rehabilitation/repair budget (hard costs only)....................................	$120,000
h. Number of dwelling units targeted for rehabilitation/repairs...........................	10
i. Number of dwelling units completed to date..	10
j. Number of rehabilitation/repair jobs under contract at present.........................	0
k. Average hard cost per unit completed (all sources)...	$12,000
l. Current status of grant.................Closed-out. . . . . [X] or Active. .	

3. Program name (use standard abbreviations as shown above).. | URP
a. Funding cycle (2020, 2021, etc.)..	2024
b. Date of award or project commencement date..	07/01/24
c. Grant/Funding Agreement number..	2439
d. Project close-out date or deadline..	12/31/25
e. Total grant allocation amount...	$132,000
f. Matching funds/local contribution...	$17,000
g. Program rehabilitation/repair budget (hard costs only)....................................	$120,000
h. Number of dwelling units targeted for rehabilitation/repairs...........................	10
i. Number of dwelling units completed to date..	10
j. Number of rehabilitation/repair jobs under contract at present.........................	$12,000
k. Average hard cost per unit completed (all sources)...	$0
l. Current status of grant.................Closed-out. . . . . [X] or Active. .	

III. **Applicant Capacity** *(continued)*

    A. Rehabilitation/Repair Program Experience and Status: *(continued)*

       4. Program name (use standard abbreviations as shown above)....................
          a. Funding cycle (2020, 2021, etc.)............................
          b. Date of award or project commencement date......................
          c. Grant/Funding Agreement number..........................
          d. Project close-out date or deadline..........................
          e. Total grant allocation amount...........................
          f. Matching funds/local contribution..........................
          g. Program rehabilitation/repair budget (hard costs only)............
          h. Number of dwelling units targeted for rehabilitation/repairs.............
          i. Number of dwelling units completed to date.......................
          j. Number of rehabilitation/repair jobs under contract at present.............
          k. Average hard cost per unit completed (all sources)....................
          l. Current status of grant........................Closed-out. . . . .   or Active. .

       5. Program name (use standard abbreviations as shown above)....................
          a. Funding cycle (2020, 2021, etc.)............................
          b. Date of award or project commencement date......................
          c. Grant/Funding Agreement number..........................
          d. Project close-out date or deadline..........................
          e. Total grant allocation amount...........................
          f. Matching funds/local contribution..........................
          g. Program rehabilitation/repair budget (hard costs only)............
          h. Number of dwelling units targeted for rehabilitation/repairs.............
          i. Number of dwelling units completed to date.......................
          j. Number of rehabilitation/repair jobs under contract at present.............
          k. Average hard cost per unit completed (all sources)....................
          l. Current status of grant........................Closed-out. . . . .   or Active. .

       6. Program name (use standard abbreviations as shown above)....................
          a. Funding cycle (2020, 2021, etc.)............................
          b. Date of award or project commencement date......................
          c. Grant/Funding Agreement number..........................
          d. Project close-out date or deadline..........................
          e. Total grant allocation amount...........................
          f. Matching funds/local contribution..........................
          g. Program rehabilitation/repair budget (hard costs only)............
          h. Number of dwelling units targeted for rehabilitation/repairs.............
          i. Number of dwelling units completed to date.......................
          j. Number of rehabilitation/repair jobs under contract at present.............
          k. Average hard cost per unit completed (all sources)....................
          l. Current status of grant........................Closed-out. . . . .   or Active. .

III. Applicant Capacity *(continued)*

C. Staff Qualifications and Experience: *(Must Include All Resumes)*

Identify key personnel below according to their roles in implementing the URP project. Attach a current resume for each individual listed. Label resumes as "Exhibit III C". It is especially important that the resumes of technical staff - those responsible for the urgent repair management, work write-ups, etc. - list all relevant training workshops and seminars along with technical credentials such as building inspector certifications, contractor licenses, lead paint certification, etc. Note that for URP Project Administration (1) and Applicant Intake (7), the individuals should match those listed on page 7. If they do not, explain how roles will differ in Client Relations, Exhibit II. C.

Project Role		Name/Position Title
1. URP project administration (C. 1. on page 1	Name	Catherine O'Hara
	Title	Project Manager
Phone 919-123-5789	Email	cohara@housingconsults.com
2. Financial management.	Name	Fuller Culkin
	Title	Finance Director
Phone 919-123-2465	Email	fculkin@neveralonecdc.org
3. Construction oversight.	Name	Buzz Marley
	Title	Construction Manager
Phone 919-123-2466	Email	bmarley@neveralonecdc.org
4. Work write-ups/cost estimates.	Name	Buzz Marley
	Title	Construction Manager
Phone 919-123-2466	Email	bmarley@neveralonecdc.org
5. Interim inspections of work.	Name	Kevin McCallister
	Title	Construction Inspector
Phone 919-123-2467	Email	kmccallister@neveralonecdc.org
6. Final inspections of work.	Name	Buzz Marley
	Title	Construction Manager
Phone 919-123-2466	Email	bmarley@neveralonecdc.org
7. Applicant intake/eligibility (D. 1. on pg 1). .	Name	Leslie Frank
	Title	Client Specialist
Phone 919-123-2468	Email	lfrank@neveralonecdc.org
8. Client counseling/referrals.	Name	Leslie Frank
	Title	Client Specialist
Phone 919-123-2468	Email	lfrank@neveralonecdc.org
9. Legal services, recording, etc.	Name	Fuller Culkin
	Title	Finance Director
Phone 919-123-2465	Email	fculkin@neveralonecdc.org

Applicants proposing to act as general contractor and use member-employed work crews and/or volunteers to facilitate the related rehabilitation work must demonstrate satisfactory capacity to fulfill this role. To do this applicants must, in part, have capable construction supervisory personnel on the job site. If applicable, please identify key construction supervisory personnel below according to their roles. Attach a current resume, including a list of all relevant training, workshops, seminars, and technical credentials, for each individual listed below.

10. Construction Supervisor.	Name	Buzz Marley
	Title	Construction Manager
Phone 919-123-2466	Email	bmarley@neveralonecdc.org
11. Job Site Volunteer Foreman.	Name	Kevin McCallister
	Title	Construction Inspector
Phone 919-123-2467	Email	kmccallister@neveralonecdc.org

IV. Certifications

The applicant hereby certifies that:

A. The information in this application is complete and accurate and the applicant possesses the legal authority to apply for and receive the Program funds and the person signing the application has the proper authority to do so; and,

B. The applicant agrees that the Agency may conduct its own independent review of the information herein and the attachments, and may verify information from any source; and,

C. The applicant understands that the North Carolina Housing Finance Agency will not be responsible for any costs incurred by the applicant in developing and submitting this application, and that all applications submitted become the property of the Agency; and,

D. The applicant is under no administrative restrictions from federal, state or local sources to receive funding; and,

E. The applicant, if funded, will comply with the applicable provisions of General Statute 143-6.1 related to conflicts of interest.

_____	_____
Attest (signature)	Chief Administrative Official (Signature)
	Peter McCallister
Typed Name	Typed Name
	Executive Director
Title	Title
Date	Date

Applications must be received at NCHFA by 5:00 pm, January 14, 2026, or *postmarked* by that date. Please note that NO EXCEPTIONS will be made.

Mail or deliver to:
Attn: Gloria Moore, Administrative Assistant, Home Ownership
North Carolina Housing Finance Agency
3508 Bush Street
Raleigh, NC 27609-7509

Submit one original signature version or one electronically submitted copy by email. You must submit the application fee of $75.00 with your application. Make checks payable to the N.C. Housing Finance Agency. For electronic submittal, questions, and check or mailing instructions, please contact Gloria Moore at URPapplications@nchfa.com.

Exhibit II.C

Never Alone Community Development Corporation

Client Relations

During the intake process for URP27, our Client Specialist, Leslie Frank, will conduct client applications and determine eligibility. During intake, Ms. Frank will describe other services that we offer through our own agency and in conjunction with other local agencies as referrals. Ms. Frank will ask each applicant what services they might need or be interested in. Since we are also a Weatherization grantee, she will provide applicant information to the weatherization program to see if we can pair that funding with URP. We will offer brochures, descriptions, and contact information to each applicant. Since we are also a Weatherization grantee, she will provide applicant information to the weatherization program to see if we can pair that funding with URP. If the applicant desires, Ms. Frank, will record the services requested in the applicant's file and follow up with the applicant in approximately one month for Client Counseling and additional referrals. Since

We offer X, Y, and Z as provided by our own agency.

We offer referrals to A, B, and C local agencies.

December 5, 2025

Peter McCallister

Peter McCallister
Executive Director

Exhibit II. E.

Letterhead

December 5, 2025

We plan to provide the following matching funding from our own agency (Never Alone Community Development Corporation) for the URP27 program as follows:

Donated Materials…………………………………………………………………..As available

Volunteer Labor (500 hrs @ $22.34/hr)…………………………………………………...$11,170

Total $11,170

Sincerely,

Peter McCallister

Peter McCallister
Executive Director

Exhibit II. E.

Marv County

101 County Lane

Marleyville, NC 27654

Dear Sir or Madam,

Marv County is proud to partner with Never Alone Community Development Corporation for the Urgent Repair Program 2027 cycle. Never Alone CDC does outstanding work for our citizens and the County is providing up to $5,000 in matching funds for the grant.

Sincerely,

Marv Murchins

County Manager

Exhibit II. E.

Harry County

101 County Lane

Harrold, NC 27657

Dear Sir or Madam,

Harry County is proud to partner with Never Alone Community Development Corporation for the Urgent Repair Program 2027 cycle. Never Alone CDC does outstanding work for our citizens and the County is providing up to $5,000 in matching funds for the grant.

Sincerely,

Harry Lyme

County Manager

[SAMPLE]

Name
Address, City, State Zip
Contact Info

- # years of experience
- Accomplishments
- Areas of Expertise

Education

College or Technical School | Location   Grad Year
Degree, Area(s) of Study

College of Technical School | Location   Grad Year
Degree, Area(s) of Study

(If not college, it is appropriate to list high school education)

Professional Experience

Organization Name | Location   Started – Present
Position Title
- Include skills and tasks
- Areas of responsibility
- Focus on responsibilities included with position/responsibility you're listed for on Staff Qualifications table
- Include types of programs/funding worked with (URP, ESFR, CDBG, HOME, weatherization, etc)

Organization Name | Location (repeat as needed)   Started – Ended
Position Title
- Include skills and tasks
- Areas of responsibility
- Focus on responsibilities included with position/responsibility you're listed for on Staff Qualifications table
- Include types of programs/funding worked with (URP, ESFR, CDBG, HOME, weatherization, etc)

Certification, Professional Training, and Recognition
- Home Inspector, Building Code Inspector (include type and levels), General Contractor License, etc. Be sure to include license numbers
- Include trainings taken in last 5 years, with date taken
- Appropriate trainings include OSHA, first aid/safety, Lead RRP/renovator/abatement, Asbestos, PHRANC or BPI trainings, etc.

Professional Affiliations
- Professional affiliations like PHRANC, NCCDA, etc