# Emergency Repair Application

The City of Bellingham has set aside $50,000 annually to address emergency repair of any multifamily housing, including shelters and transitional housing included in the City's [Consolidated Plan](https://www.cob.org/services/housing/Pages/consolidated-plan.aspx) inventory.

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| **Project Name:** Click here to enter text.  **Address:** Click here to enter text.  **Affordability Period (with City) Ends on:** Click here to enter a date. |
| **Project Applicant Contact Information:**  Agency Name: Click here to enter text.  Organization Type: Choose One  Contact Person: Click here to enter text. Title: Click here to enter text.  Mailing Address: Click here to enter text.  City, ST, ZIP: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text. |
| **Describe Nature of Emergency:**  Click here to enter text. |
| **Why is City financial assistance needed? Does the project have a repair and replacement fund?**  Click here to enter text.  **Are capital replacement reserves being set aside? If so, how much?**  Click here to enter text. |
| **Project Requirements:**  Although the project might be an emergency, it must still comply with City of Bellingham procurement and other Levy requirements.  Competitive Bidding (describe): Click here to enter text.  Evergreen Standards (describe): Click here to enter text.  Promise to Repay Loan (describe): Click here to enter text. |
| **Funding Overview:**  **Emergency Funds Requested:** $ Click here to enter text.  **Matching Funds Provided:** $ Click here to enter text.  **Total Project Cost:** $ Click here to enter text. |
| **CERTIFICATION and AUTHORIZED SIGNATURE:** To the best of my knowledge and belief, the information contained in this application, and in the additional required documentation submitted with this application, is true and correct. The submission of this application has been duly authorized by the governing body of the Applicant. The Applicant agrees that if the project is allocated City funding, it will comply with all federal, state and local statutes, regulations, policies and requirements applicable to City funding.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Applicant Representative Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Title of Authorized Applicant Representative (Please Print or Type) |
| **CITY APPROVAL:** Based on the foregoing, the City hereby  approves  denies  conditionally approves: Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Title (Please Print or Type) |