

MISSISSIPPI HOME CORPORATION
EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM

INSTRUCTIONS FOR COMPLETING THE APPLICANT EXPERIENCE AND CAPACITY FORM

- 1 Provide a separate form for each key staff member.
- 2 List all federal, state, or local funded projects within the last ten (10) years in which the key staff member served the role as Executive Director, Case Manager, or finance staff.
- 3 Form must be completed and executed by the key staff member.
- 4 The completed form(s) must contain original signatures and must be placed in the **SCORING** section of the application.



APPLICANT EXPERIENCE & CAPACITY FORM for Key Staff Members

Mississippi Home Corporation (MHC) gives point preference to applicants whose key staff members (Executive Director, Case Manager and Finance Staff) has previous experience in managing projects with federal, state and local funding sources. Applicants may receive up to ten (10) points based on the number of years of experience. MHC reserves the right to verify all information.

Applicant

Applicant Entity:		
Business Address:		
Contact Person:		
Phone:		Email: _____

Key Staff Member

Name:	_____
Title:	_____

Previous Experience

List all previous experience that the Key Staff Member has with federal, state, or local projects within the past ten (10) years.

Award Year	Project Source of Funds	Funding Amount	All Funds Expended? (Y/N)	Project Activity	Number of People Served	Closed-Out (Y/N)

Provide a brief narrative of how the above listed experience is relevant to the role you will play in the proposed project:

Certification

I certify that the above Previous Experience information is being submitted to the Mississippi Home Corporation (MHC) as part of an ESG Application. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith under the penalties of perjury.

I acknowledge that this certification will be relied on by MHC, its staff members and/or affiliates in its decision-making process. I authorize MHC to obtain any source information regarding me and my experience relative to the activity listed above.

Signature: _____

Date: _____