

Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address questions from TDHCA staff regarding this form and/or the previous participation review.

Subrecipient/Entity Legal Name:	Mother Teresa Shelter, Inc.
Designated Contact Name:	Linda McKamie, Executive Director
Designated Contact Email:	lmckamie@diocesecc.org

Complete Sections 1, 2 and 3 for each person/entity that has or will have a controlling interest or oversight in the contract, award, agreement or ownership transfer being considered. This form should also be completed for each board member, individual with signature authority, executive director or elected official that represents the person/entity (as applicable).

Person/Role:

1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.

By placing an X in this box, I certify that I have no prior experience with any TDHCA administered affordable rental program. **X**

TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)

2. List any TDHCA Community Affairs Contract Activities (including: CSBG, CEAP, WAP, HHSP, and ESG) that you had experience overseeing within the last 3 years.

By placing an X in this box, I certify that I have no prior experience with any TDHCA Community Affairs Contract Activity.

TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
63100000890	Mother Teresa Shelter, Inc.	HHSP	10-Oct	11-Aug
63140001775	Mother Teresa Shelter, Inc.	HHSP	13-Oct	14-Aug

3. List experience with Single Family TDHCA programs and activities (including: HOME (HRA, HBA, CFDC, TBRA or SFD), all HTF/OCI activities (including: AYBR, Bootstrap, and Colonia Self-Help Centers), NSP and any other Single Family awards that you had experience overseeing within the last 3 years.

By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA programs or activity. **X**

TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)	Program	Contract Begin (mm/yy)	Contract End (mm/yy)