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| **HOME Investment Partnership proposal form**   |  | | --- | | **2024 Proposal Form** |   **Department of Metropolitan Department**  **City of Evansville, Indiana** |
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| **General Information** |
| **All CHDOs and developers must submit an initial subsidy layering report with each rental and/or homebuyer project proposal request. The subsidy layering report is an underwriting tool utilized by DMD to evaluate the feasibility of the project. The organization will be required to update the project subsidy layering report two (2) times after the initial report; first prior to executing a HOME Agreement with the City, and second when the project is completed. Subsidy Layering worksheets will be sent by the HOME Specialist.** |

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| **1.** **Applying Organization Information:** | | | | | | |
|  | | | | | | |
| Organization Name | | | | | | |
|  | |  | | |  | |
| Organization Address | | Phone Number | | | E-Mail | |
| City |  | State |  | Zip +4 | |  |

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| **2.** Contact Person Information: (This person will receive all notices concerning HOME funds and must be able to answer questions regarding this proposal). | | | |
| Name (last, first) |  | Title |  |
| Mailing Address |  | Phone |  |
| City |  | E-mail |  |
| State |  | DUNS# |  |
| Zip +4 |  | EIN# |  |

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| **3.** Is the applicant organization a 501(c) (3) or 501(c) (4)? **If YES**, **submit IRS Determination Letter and Federal I.D. Number, or the State Entity Annual Report stating the applicant is currently a 501(c) (3) or (4).** | | | | | | |
| **Yes** |  | **No** |  | **Pending** | |  |
| **3-a.** Is your agency a Community Housing Development Organization (CHDO)? **If so provide most recent letter of certification.** | | | | | | |
| **Yes** |  | | **No** | |  | |

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| **4.** Is your agency currently registered with System for Award Management (SAM)?  **Provide proof of current status with SAM** | | | |
| **Yes/UEI#** |  | **No** |  |

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| **5.** How many years has this **organization** been in existence? |  |
| **5-a.** How many years has this **project** been in existence? |  |

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| **6.** Project Name: |  | |
| **6-a.** Project Location: (Street Address, City, State, Zip) | |  |

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| **7.** HOME Amount Requested for this project: | | $ |
| **7-a.** HOME Percentage of total project costs: | | **%** |
| FOR ADMIN USE ONLY | |
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| **Project Information** |

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| **8.** Will you be partnering with another entity for this project? | **Yes** |  | **No** |  |

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| **9.** Do you have site control for the proposed project and correct zoning? | | | | | |
| **Yes** |  | **No** |  | **Not Applicable** |  |

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| **10.** Do you have clients identified for the proposed project? | | | | | |
| **Yes** |  | **No** |  | **Not Applicable** |  |

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| **11.** How will HOME funds be used? Check appropriate item(s) | | | |
|  | Acquisition / Homebuyer |  | Acquisition / Rental (Includes TBRA) |
|  | New Construction / Homebuyer |  | New Construction / Rental |
|  | Homeowner Rehabilitation |  | Rental Rehabilitation |
|  | Down Payment Assistance |  | CHDO Operating Expenses |

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| **12.** Five Year Consolidated Plan Priority - Indicate the need and priority level (check one) | | | | | | | |
| **Priority Housing Need:** | | | | | | | |
|  | Acquisition / Homebuyer | | |  | Acquisition / Rental (Includes TBRA) | | |
|  | New Construction / Homebuyer | | |  | New Construction / Rental | | |
|  | Homeowner Rehabilitation | | |  | Rental Rehabilitation | | |
|  | Down Payment Assistance | | |  | CHDO Operating Expenses | | |
| **Priority Level:** | |  | **Low** |  | **Medium** |  | **High** |

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| **13.** Project Summary - **Briefly** describe the proposed project: |
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| **13-a** How is income verification determined to qualify for participation in the program? |
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| **Project Information continued** | | | | |
| **14.** In the table below, list the **PROJECTED** outputs (accomplishments) and HOME expenditures per month for this project. Be specific, supply the total number of individuals projected to benefit. | | | | | |
| **Months** | **HOME Expected Outputs (Accomplishments)** | |  | **HOME**  **Anticipated Expenditures** | |
|  | | |  | | |
| **July 2024** | |  |  |  | |
| **August 2024** | |  |  |  | |
| **September 2024** | |  |  |  | |
| **October 2024** | |  |  |  | |
| **November 2024** | |  |  |  | |
| **December 2024** | |  |  |  | |
| **January 2025** | |  |  |  | |
| **February 2025** | |  |  |  | |
| **March 2025** | |  |  |  | |
| **April 2025** | |  |  |  | |
| **May 2025** | |  |  |  | |
| **June 2025** | |  |  |  | |
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| **July 2025** | |  |  |  | |
| **August 2025** | |  |  |  | |
| **September 2025** | |  |  |  | |
| **October 2025** | |  |  |  | |
| **November 2025** | |  |  |  | |
| **December 2025** | |  |  |  | |
| **January 2026** | |  |  |  | |
| **February 2026** | |  |  |  | |
| **March 2026** | |  |  |  | |
| **April 2026** | |  |  |  | |
| **May 2026** | |  |  |  | |
| **June 2026** | |  |  |  | |
| *HOME Total Outputs*  *(Accomplishments)* | |  | *HOME Total Anticipated Expenditures* |  | |

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| **Financial Information** |

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| **15.** Describe what financial system your organization uses to track project activity and grant usage. |
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| **16.** Please list and provide copies of any certifications or licenses applicable to this project. |
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| **17.** Will your organization spend more than $750,000 of Federal Funds in 2024? This information is required to maintain grant funding with the Indiana State Board of Accounts and the City of Evansville. | | | |
| **sYes** |  | **No** |  |

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| **18.** What was the date of the organization’s last audit? **Please provide a copy of the most recent full audit report**. |  | | | |
| Were there any material defects? | **Yes** |  | **No** |  |
| If **yes**, please explain: | | | | |
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| **19.** If your organization received HOME funding for this project in previous years, list aggregate outputs (accomplishments) to date. Be specific, supply the number of unduplicated people who benefited and/or the number of housing units produced. |
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| **20.** Please complete this history page for **all** HOME funded projects. If a project has multiple years of funding, please consolidate in one line. If there are more than three projects, include additional documentation on supplement sheet. | | | | | |
| HOME  Project Title | Home Fiscal Year | Amount of Home Funding Received | Number of Units Developed/Assisted | Home Funds Remaining | Anticipated Date of Final Draw |
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| **20-a.** If there are HOME funds remaining, indicate the status and explain why. | | | | | |
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| **21.** How many years has your organization been receiving HOME funds? |  |

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| **Financial Information (continued)** |

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| **22.** How many years has your organization been receiving HOME funds for this project? |  |

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| **23.** Provide the 2024 total budget for this **project** from **all** sources | | | | | | $ |
| List all funds received through the City of Evansville (i.e. COIT, Housing Trust Fund, CDBG, etc.). Include all funds from projects (regardless of funding year) which are still open. List the total amount of HOME funds left in each project. | | | | | | |
| Project Title | Year Received | Source of Funds | Amount Received | Outcome / Status of Projects | Funds Remaining | |
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| **24.** Provide the 2024 total budget for your **organization** from all sources | $ |
| **24-a** **Please provide documentation and/or letters of commitment supporting this grant request on a separate sheet of paper.** | |
| **24-b** Are there other funding sources that are contingent upon the amount awarded through this application? If yes, explain. | |
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| **25.** Are there any fees associated with any services provided under this project?  If yes, explain. | | | |
| **Yes** |  | **No** |  |
| If **yes**, please explain: | | | |
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| **26.** **Match requirements**: HOME Regulations mandate projects in Evansville Indiana have a minimum 12.5% match. How will the agency meet this requirement? What is the percentage of match for the overall project budget? Provide source documentation at submission. ***(While match requirements are currently waived by HUD, DMD cannot fund projects at 100%)*** |
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| **27.** List all positions and salaries for your project, regardless of funding source. (Project Manager, or anyone employed by the agency who will be working on the project.)  **Attach copies of resumes for employees at time of submission.** | | | | |
| **Position Title** | **# of Positions** | **Duties/Responsibilities for Projects** | **Total Annual Salary** | **HOME Portion of Salary** |
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|  |  |  | **TOTAL** |  |

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| **Financial Information (continued)** |

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| **28.**  **HOME Sources Statement.** | | | | | | |
| **SOURCES** | | | | | | |
| **Source** | **2023 Amounts** | **2024**  **Amounts** | **Pending?** | **Date Applied** | **Secured**  (yes or no) | **Date Secured** |
| **HOME** |  |  |  |  |  |  |
| **Conventional Financing** |  |  |  |  |  |  |
| **CHDO** |  |  |  |  |  |  |
| **Tax Credits** |  |  |  |  |  |  |
| **Fund-Raising/Donations** *Documentation Required* |  |  |  |  |  |  |
| **Grants**  *Documentation Required* |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| **Total (s)** |  |  |  |  |  |  |

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| **29.** **HOME Uses Statement.** | | | |
| **USES** | | | |
| **DO NOT CHANGE LISTED ITEMS LISTED BELOW**  **Added items must be approved by DMD** | **2023 HOME BUDGET** | **2024 HOME BUDGET REQUEST** | **2024**  **TOTAL**  **PROJECT BUDGET** |
| **Salaries - Full Time and Part Time** |  |  |  |
| **FICA / Insurance / Benefits (employee)** |  |  |  |
| **Insurance (attach hard copy of policy)** |  |  |  |
| **Supplies and Materials** |  |  |  |
| **Printing, Postage, Publication** |  |  |  |
| **Rent** |  |  |  |
| **Utilities** |  |  |  |
| **Travel / Training** |  |  |  |
| **Mileage** |  |  |  |
| **Maintenance / Repair** |  |  |  |
| **Professional / Contractual Services** |  |  |  |
| **Direct Subsidy (requires DMD approval)** |  |  |  |
| **Construction, Rehabilitation, or Reconstruction** |  |  |  |
| **Developers Fee** |  |  |  |
| **Other (requires DMD approval)** |  |  |  |
| **Total (s)** |  |  |  |
| ***The HOME 2023 cell total on the SOURCES table should match the 2023 HOME budget column total on the USES table. The HOME 2024 cell total on the SOURCES table should match the 2023 HOME budget request column total on the USES table. The 2024 column total on the SOURCES table should match the 2024 Total Project Budget column total on the USES table.*** | | | |
|  | | | |
| **Affiliation and Board of Directors Information** | | | |

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| **30.** List Fund-Raising and/or Capital Campaign activities your organization has engaged in for this project during the past twelve months. Describe the results and net proceeds amount. Explain the participation of the Board of Directors in these activities. |
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| **31.** List the Organization’s Officers of the Board of Directors and their complete mailing addresses, email addresses and phone numbers. Do not use the organization’s address. Occasionally, information is sent directly to the board.  **Attach a separate list of Board Member names and positions at time of submission and a copy of the Policy and Procedures for Board Member participation.** | | | |
| **President** | | **Vice-President** | |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

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| --- |
| President Role |
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| Vice-President Role |
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| --- | --- | --- | --- |
| **Secretary** | | **Treasurer** | |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

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| --- |
| Secretary Role |
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| Treasurer Role |
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| **32.** Describe the role your board has in directing your organization’s operations. Also describe Board attendance at meetings and the percentage of Board monetary or in-kind contributions. |
|  |