

**Eastern Panhandle HOME Consortium of West Virginia**

**FUNDING REQUEST  
HOME INVESTMENT PARTNERSHIPS PROGRAM  
FY 2013-2014 (JULY 1, 2013 - JUNE 30, 2014)**

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Is this organization registered as a charitable organization under Section 501(c) (3) of the Internal Revenue Code?  No  Yes Year incorporated as a Nonprofit: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ D-U-N-S Number: \_\_\_\_\_

Purpose of Project: \_\_\_\_\_  
\_\_\_\_\_

Project/Program Location (include street address, neighborhood or area served):  
\_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_

Total project cost: \_\_\_\_\_ HOME funds requested: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Are you requesting project capital funds?  NO  YES \$ \_\_\_\_\_

Are you requesting CHDO operating funds?  NO  YES \$ \_\_\_\_\_

Attach agency operating budget with revenue sources and expenses.

Summary of Other Project Funding (Attach additional information if needed)

<u>Source(s)</u>	<u>Amount</u>	<u>Status</u>
_____	\$ _____	<input type="checkbox"/> Applied <input type="checkbox"/> Committed
_____	\$ _____	<input type="checkbox"/> Applied <input type="checkbox"/> Committed
_____	\$ _____	<input type="checkbox"/> Applied <input type="checkbox"/> Committed
_____	\$ _____	<input type="checkbox"/> Applied <input type="checkbox"/> Committed

What non-federal sources will count as HOME matching funds? \_\_\_\_\_

Will this project be continued in subsequent years?  YES  NO

**PROJECT ACTIVITY**

- |  |  |
|--|--|
| <input type="checkbox"/> Homebuyer Assistance for acquisition  | <input type="checkbox"/> Rental Housing acquisition      |
| <input type="checkbox"/> Homebuyer Assistance new construction | <input type="checkbox"/> Rental Housing rehabilitation   |
| <input type="checkbox"/> Homebuyer Assistance rehabilitation   | <input type="checkbox"/> Rental Housing new construction |
| <input type="checkbox"/> Homeowner Rehabilitation/Repair       | <input type="checkbox"/> Tenant Based Rental Assistance  |

**PROJECT BENEFICIARIES**

Estimate the number of low to moderate income households served by this project: \_\_\_\_\_

Identify the **primary** beneficiaries this project will serve. Check the appropriate category below:

- |  |  |
|--|--|
| <input type="checkbox"/> Low and/or moderate income households | <input type="checkbox"/> Individuals with disabilities |
| <input type="checkbox"/> Elderly individuals (over age 62)     | <input type="checkbox"/> Homeless persons              |
| <input type="checkbox"/> At risk and abused children/youth     | <input type="checkbox"/> Battered spouses              |
| <input type="checkbox"/> Persons living with HIV/AIDS          |  |
| <input type="checkbox"/> Other (explain) _____                 |  |

**PROJECT DESCRIPTION**

In the space below, (may attach up to 2 additional sheets) provide a detailed description of the proposed project. Explain its purpose and how it will benefit \_\_\_\_\_ (Jurisdiction Name), as well as how the funds will be used. Include ways to document quantifiable performance measures to demonstrate program impact and how it addresses local affordable housing needs.

## APPLICATION AUTHORIZATION

The undersigned certifies that:

1. He/she is legally authorized to request and accept financial assistance from the Eastern Panhandle HOME Consortium of the West Virginia.
2. To the best of his/her knowledge, all representations that are part of this application are true and correct;
3. Should the requested financial assistance be provided, that in execution of this project, the applicant will comply with all assurances required by federal laws which govern the HOME Investment Partnership Program of the Department of Housing and Urban Development and all assurances set forth in the contract to be signed with the City of Martinsburg, as HOME Administrator. The applicant also certifies that physical construction on the project as defined in the application has not begun, and will NOT begin until a FY 2013 Program Year HOME investment Partnerships agreement with City of Martinsburg has been executed. Action to the contrary may result in termination of the agreement.

Name of Certifying Representative: \_\_\_\_\_

Title of Certifying Representative: \_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Representative

\_\_\_\_\_  
Date Signed

### **Non-government organizations must attach a copy of the following items (as applicable):**

- Organization Budget for current year showing sources of funds and types of expenses.
- Commitment letters from non-HOME sources or evidence of application for funds, if available
- Most recent financial audit or statement, including balance sheet and income statement
- Most recent IRS Form 990 submittal (or tax return)
- Most recent annual report
- Most recent Officer and Board Member list. Indicate how many members are low income.
- List of Staff and/or volunteers working on this project
- Articles of Incorporation (if not HOME funded in last 3 years)
- IRS Determination Letter (if not HOME funded in last 3 years)
- Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.)
- **Capital projects may be required to provide additional information regarding project budget, sources and use of funds, site control, project timeline and benchmarks, and plans and specifications, if available.**

**Funding Requests must be submitted to: City of Martinsburg Community Development Department, 232 North Queen Street, PO Box 828, Martinsburg, WV 25402.**

**Provide one (1) original application, and one (1) copy. DO NOT STAPLE or BIND the application. Applications and attachments should be in an 8-1/2" x 11" format. Applications may be submitted electronically, if signed.**