

Eastern Panhandle HOME Consortium of West Virginia

**FUNDING REQUEST
HOME INVESTMENT PARTNERSHIPS PROGRAM
FY 2015 (JULY 1, 2015 - JUNE 30, 2016)**

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 2015 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 by Noon on Friday, January 30, 2015.

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.