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| **HOME Investment Partnerships Program**   |  | | --- | | **2026 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 after the initial report; prior to executing a HOME Agreement with the City and when the project is completed. Subsidy Layering worksheets are provided by the HOME Specialist upon request.** |

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| **1.** **Applying Organization Information:** | | | | | |
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| 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 **YES, 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 and active SAM status.** | | | |
| **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: | **%** |

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| 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 one. | | | |
|  | 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 priority level. | | | | | | |
| 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** |

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| **14.** In the table below, list the **PROJECTED** outputs (accomplishments) and HOME expenditures per month for this project. Provide the total number of individuals or households projected to benefit. If project timeline exceeds 18 months, attach additional information. | | | |
| **HOME Expected Outputs (Accomplishments)** | |  | **HOME**  **Anticipated Expenditures** |
| **July 2026** |  |  |  |
| **August 2026** |  |  |  |
| **September 2026** |  |  |  |
| **October 2026** |  |  |  |
| **November 2026** |  |  |  |
| **December 2026** |  |  |  |
| **January 2027** |  |  |  |
| **February 2027** |  |  |  |
| **March 2027** |  |  |  |
| **April 2027** |  |  |  |
| **May 2027** |  |  |  |
| **June 2027** |  |  |  |
| **July 2028** |  |  |  |
| **August 2028** |  |  |  |
| **September 2028** |  |  |  |
| **October 2028** |  |  |  |
| **November 2028** |  |  |  |
| **December 2028** |  |  |  |
| ***HOME*** *Total Outputs*  *(Accomplishments)* |  | ***HOME*** *Total Expenditures* |  |

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| **Financial** |

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| **15.** Describe what financial system your organization uses to track program activity and grant usage. |
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| **16.** Please list and **provide copies of any certifications or licenses** applicable to this program. |
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| **17.** Will your organization spend more than $750,000 of Federal Funds in 2026? This information is required to maintain grant funding with the Indiana State Board of Accounts and the City of Evansville. | | | |
| **Yes** |  | **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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| **Financial Information continued** |

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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 **within the past 5 years**. | | | | |
| **Project Title** | **Fiscal Year** | **Amount Received** | **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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| **22.** How many years has this project been receiving HOME funds? |  |

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| **23.** Provide the 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**. | | | | | |
| **Project Title** | **Year Received** | **Source of Funds** | **Amount Received** | **Outcome / Status** | **Funds Remaining** |
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| **24.** Provide the 2025 total budget for your **organization** from all sources: | $ |
| **24-a.** Are there other funding sources that are contingent upon the amount awarded through this application? If **YES**, explain. **Provide documentation and/or letters of commitment supporting this grant request on a separate sheet of paper.** | |
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| **25.** Are there any fees associated with any services provided under this project? | | | |
| **Yes** |  | **No** |  |
| If **YES**, please explain: | | | |
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| **26.** 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.** |
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| **27.** List all positions and salaries for the project, regardless of funding source. **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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| **Financial Information continued** |

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| **28.**  **HOME Sources Statement** | | | | | | |
| List all sources of funding for the proposed project. **Provide additional verification of sources marked with an asterisk (\*).** | | | | | | |
| **SOURCES OF FUNDS** | | | | | | |
|  | **2025 Amounts** | **2026**  **Amounts** | **Pending?**  (yes or no) | **Date Applied** | **Secured?**  (yes or no) | **Date Secured** |
| **HOME (including CHDO Operating)** |  |  |  |  |  |  |
| **Conventional Financing** |  |  |  |  |  |  |
| **Tax Credits** |  |  |  |  |  |  |
| **Total Fund-Raising/Donation\*** |  |  |  |  |  |  |
| **Grants\*** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| **Total (s)** |  |  |  |  |  |  |

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| **29.** **HOME Uses Statement** | | | |
| List all uses of funding for the proposed program. Include HOME-specific budgetary items, as well as the total program budget from all sources described in #28. | | | |
| **USES OF FUNDS** | | | |
|  | **2025 HOME BUDGET** | **2026 HOME BUDGET REQUEST** | **2026 TOTAL**  **PROJECT BUDGET** |
| **Salaries-Full and Part Time** |  |  |  |
| **FICA/Insurance/Benefits** |  |  |  |
| **Insurance (attach hard copy of policy)** |  |  |  |
| **Supplies/ Materials** |  |  |  |
| **Printing, Postage, Publication** |  |  |  |
| **Rent** |  |  |  |
| **Utilities** |  |  |  |
| **Travel/Training** |  |  |  |
| **Mileage** |  |  |  |
| **Maintenance/Repair** |  |  |  |
| **Professional/Contractual Services** |  |  |  |
| **Subscription/Dues** |  |  |  |
| **Direct Subsidy (requires DMD approval)** |  |  |  |
| **Construction, Rehabilitation, or Reconstruction** |  |  |  |
| **Developers Fee** |  |  |  |
| **Other (requires DMD approval)** |  |  |  |
| **Total(s)** |  |  |  |

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| ***The HOME 2025 cell total on the SOURCES table should match the 2025 HOME Budget column total on the USES table. The HOME 2026 cell total on the SOURCES table should match the 2026 HOME Program Budget Request column total on the USES table. The 2026 cell total on the SOURCES table should match the 2026 Total Program Budget column total on the USES table.*** |

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| **Affiliation and Board 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. |
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