

**HOME Investment Partnership Application for HOME Subrecipient Funding
City of Mesa Department of Housing and Community Development**



Date: _____ 20____

I. General Information

| |
|---------------------------|
| Organization Name: |
| Street Address: |
| City: |
| State: |
| Zip Code: |
| Telephone Number: |
| Fax Number: |

| |
|------------------------|
| Contact Person: |
| Title: |
| Email: |

APPLICANT/SPONSOR TYPE:

- | | | | |
|---------------------|-------------------|--------------------|----------------------------------|
| Municipality | Non-Profit | Corporation | Limited Liability Company |
| Partnership | For-Profit | CHDO | Other: |

II. Project Description

Describe the **type** of proposal you are submitting (check all that may apply):

Acquisition/Rehabilitation of housing units

New Construction of housing units

Downpayment/Closing Cost Assistance

Housing Counseling

Tenant Based Rental Assistance (TBRA)

Other: _____

Clearly and objectively describe a summary of the project you propose to undertake.

Application Fiscal Year: _____

Amount of HOME Funds requested: \$ _____

Other Funding Sources If Applicable (please specify): \$ _____

_____ \$ _____

_____ \$ _____

Total Project Cost \$ _____

Have necessary funds been budgeted: (Y/N) _____

Will there be ongoing Operations and Maintenance funding required: (Y/N) _____

If you received prior year funding, what dollar amount was received: \$ _____

Will this project be undertaken if HOME funds are not available or the amount granted is less than requested? Have provisions been made to this effect?

III.

Date project will begin: _____

Date project will be completed: _____

Who will be responsible for keeping appropriate records concerning HOME grant funding expenditures and preparing the monthly reports.

| |
|-----------------------|
| Name/Title: |
| Phone Number: |
| Email Address: |

| City of Mesa Department Attachments Upload |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attachment A – Project Budget include a detailed budget of the project activity identifying all anticipated resources and expenditures. Identify matching funds being provided, sources of funds, whether funds are committed or tentative and when they will be available. If you have obtained price quotes, include copies or describe them. |
| Attachment B – Supplemental Exhibits (if applicable) these exhibits must be relevant to the application. Supplemental exhibits may include items such as maps, demographics, quotations, photographs, news articles, needs analysis data, letters of support, funding commitments or other information. |
| Attachment C – Project Schedule the project schedule should include all activities, when they will be implemented and completed. |

I certify that the activities to be undertaken herein by the applicant are set forth in the 5 year Consolidated Plan and specific project activity for the current program year are set forth in the Annual Action Plan.

My signature indicates that I have read the program guidelines and am willing and capable of compliance. I am also authorized to apply for funds.

Submitted By: _____
Signature Date

Signature of Certifying Officer or Executive Director Date

Signature of Board Chair Date

**Attachment A
PROJECT BUDGET**

| | | | |
|------------------------------------------------------------------------|-------------|----------------------|--------------|
| Organization Name Activity Type Fiscal Year | | | |
| REVENUE | | | |
| Sources | HOME | Other | Total |
| | \$ | | \$ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total Revenue | \$ |
| HOME EXPENSES | | | |
| Item | | Expense | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| *Total Expenses | | \$ | |

Project Schedule – Attachment C



