



CITY OF LAKELAND
27th Year HOME CHDO Application
October 1, 2021 – September 30, 2022

**I. APPLICANT INFORMATION AGENCIES MAY
SUBMIT ONLY ONE APPLICATION PER FUNDING CYCLE**

AGENCY NAME:

STREET ADDRESS:

MAILING ADDRESS:

TELEPHONE: (555)555-5555 E-Mail:

DIRECTOR:

PRESIDENT OR
CHAIRPERSON:

TYPE OF AGENCY:

Private/Public, Non-Profit

Public Agency

Other:

Mo/Yr of Incorporation/Creation:

CLASSIFICATIONS OF AGENCY:

Community Housing Development Organization (CHDO)

CERTIFICATION BY AUTHORIZED AGENCY OFFICIALS:

I have examined the information included in this application for funding and hereby certify that, to the best of my knowledge and belief, the contents are true, accurate and complete. The agency's Board of Directors approved this application for submission.

Executive Director

Date:

Board President/Chairperson

Date:

II. APPLICATION CHECKLIST

The following documents must be included with this application:

- [] Agency financial statement for previous two year period.
- [] A copy of the IRS 501(C)3 non-profit approval letter.
- [] Submit one (1) **typed** original with two (2) copies.
- [] Certificate of Incorporation.
- [] Articles of Incorporation.

III. CERTIFICATION OF AVAILABILITY OF DOCUMENTS

The undersigned hereby certifies that the following documents are on file in the administrative offices of the Applicant and will be available for inspection by the City of Lakeland and its authorized representatives at any time during the term of this project. The City of Lakeland reserves the right to audit the financial records applicable to the project and/or agency.

1. Certificate of Incorporation
2. Evidence of 501 (c) (3) taxable status or approval letter
3. Articles of Incorporation and Bylaws
4. List of Board of Directors and Officers of the Agency
5. Personnel Policies and Procedures Manual
6. Organization/Staffing Plan and Position Descriptions
7. Pay Plan for all Positions
8. Financial Procedural Manual
9. Current Health & Safety Inspection Certificates, if applicable
10. Interagency Agreements Pertinent to this Project, if applicable
11. Financial Records of Agency and/or Project.
12. Audit Financial Report if federal funding is \$500,000 or more
13. Board Minutes and Attendance Records.
14. A copy of appropriate Florida Department of Revenue Consumer's Certificate of Exception.
15. Homeless Management Information System (HMIS) Reports for funding. **HMIS participation is mandatory for homeless service providers.**

IV. PROJECT INFORMATION

A. Purpose of Agency: (Mission Statement)

B. Amount of funds requested: \$

(The estimated amount for 2021-2022 for HOME funds is \$393,857. Agencies may request up to 15% for home development and 2.5% for activity delivery.)

C. Type of Program: Existing Proposed New

D. Describe the project for which funding is being requested and indicate how funds will be used. Discuss the project objectives (include program activity and measurable objectives to be met if funding is received).

****Please do not write on reverse of pages, insert additional pages as needed.***

E. Describe the need for the project and how this project will complement those provided by the City of Lakeland or other local agencies.

F. Indicate target areas where the proposed project will be undertaken and how the project will primarily benefit low and moderate income persons. (Please provide an estimate of the number of low and moderate income households or persons who will benefit)

G. Indicate the sources and status of funds requested from other agencies for this project. Include “in-kind” services. Attach copies of any letters of commitment.

- H. Describe the impact of the requested funding on the project, such as a change in level of service, character of service, or the program itself.

- I. Is the organization currently receiving cash or in-kind services from the City of Lakeland? If so, describe the services and provide the actual or estimated value of the cash/service.

V. PROJECT BUDGET

Project	Estimated Costs
Acquisition *To include legal fees, title insurance and soft costs	
Rehabilitation *Lead based paint and hard costs	
**Total costs for projects	
HOME funds used	
Other funding sources	
1) Recycle HOME funds	
2)	
3)	
4)	
***Total costs for projects	