

## **CITY OF LAKELAND**

30th Year HOME CHDO Application October 1, 2024 – September 30, 2025

# I. APPLICANT INFORMATION AGENCIES MAY SUBMIT ONLY <u>ONE</u> APPLICATON PER FUNDING CYCLE

AGENCY NAME:
STREET ADDRESS:
MAILING ADDRESS:
TELEPHONE: 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.
Date:
Date: Board President/Chairperson



#### 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) <b>typed</b> 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

Purpose of Agency: (Mission Statement)
Amount of funds requested: \$ TBD
Type of Program: Existing Proposed New
Describe the project for which funding is being requested and indicate how funds will
used. Discuss the project objectives (include program activity and measura
objectives to be met if funding is received).

<sup>\*</sup>Please do not write on reverse of pages, insert additional pages as needed.



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# 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	