



**PROJECT REQUEST SUMMARY
FOR 2012-2013 HOME (including CHDO)
PROGRAM YEAR**

HOME

SECTION I

NAME OF SPONSOR:		
ADDRESS:		
PHONE #:	FAX #:	E-MAIL:
CONTACT PERSON:		

SECTION II

PROJECT TITLE AND LOCATION:	DATE SUBMITTED
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SECTION III

PURPOSE OF PROJECT:

SECTION IV

PROJECT FUNDING SOURCES <i>(Please indicate which source is secured funding and which source is requested funding)</i>				
HOME <i>(including CHDO)</i>	\$ _____	Secured	<input type="checkbox"/> Requested	<input type="checkbox"/>
OTHER FEDERAL	\$ _____	Secured	<input type="checkbox"/> Requested	<input type="checkbox"/>
STATE \$	_____	Secured	<input type="checkbox"/> Requested	<input type="checkbox"/>
LOCAL \$	_____	Secured	<input type="checkbox"/> Requested	<input type="checkbox"/>
OTHER \$	_____	Secured	<input type="checkbox"/> Requested	<input type="checkbox"/>
TOTAL FUNDS	\$ _____			

SECTION V

A. PROJECT TYPE

- | | |
|---|---|
| <input type="checkbox"/> Rental Housing | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Owner Occupied | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Acquisition | |

2. Will HOME funds be requested in 2012-2013? YES NO
If YES, what amount is anticipated? \$

3. How many years do you anticipate it will take to complete this project?

B. PROJECT DIMENSIONS

1. Boundaries:

2. Income levels and population benefiting:

SECTION VI *(This section to be filled out by existing HOME applicants.)*

A. Justification for unusual cost changes (+/-) in the project.

EXHIBIT
PROGRAM

A
BUDGET

Program:		
a. COST CATEGORY	b. ESTIMATED TOTAL COST	c. HOME SHARE
Personnel <i>(not eligible in 15% set aside for CHDO)</i>		
Acquisition		
Rehabilitation Costs		
New Construction		
Direct Financial Assistance		
Architectural/Engineering		
Legal Fees		
TOTAL		

PERSONNEL
BUDGET

FORM

1. Brief Descriptive Title of Project or Activity:

2. Name, Address and Zip Code of Operating Entity:

a. Number of Persons	b. Position	c. Average Salary/ Month	d. Percent of Time	e. Months to be Employed	f. Total Cost
SUBTOTAL, PERSONNEL					
COST OF FRINGE BENEFITS					
TOTAL, PERSONNEL					

**BUDGET JUSTIFICATION FORM
(ATTACH THIS FORM TO EACH BUDGET
FOR A PROPOSED OR ONGOING PROJECT OR ACTIVITY)**

1. Brief Descriptive Title of Project or Activity:	
2. Name, Address and Zip Code of Operating Entity:	
3. Description of Item and Basis for Valuation**	Amount or Value of Item
** Describe the item in sufficient detail to ensure that it is adequately identified and indicate the basis for determining or computing its value. For example: office space rental for two professionals; 150 square feet at \$6.00 per square foot, including utilities and janitorial services.	

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