|  |  |  |
| --- | --- | --- |
| St. Louis County, MN | St. Louis County, Minnesota **Northeast Minnesota Home Consortium HOME-ARP PRE-APPLICATION** | Form**1002A**Rev. 2-13-2024 |
| **About:** The HOME-American Rescue Plan Program funds were made available through the American Rescue Plan Act. The HOME-ARP Funds were established to reduce homelessness and decrease housing instability by assisting individuals who are homeless, at risk of homelessness, and other vulnerable populations. Eligible activities for these HOME-ARP funds include: (a.) Acquisition, rehabilitation, or construction of affordable rental housing; and (b.) Acquisition and development of non-congregate shelter (NCS) units. More Program information can be found at: [HOME Investment Partnerships (HOME) (stlouiscountymn.gov)](https://www.stlouiscountymn.gov/departments-a-z/planning-development/community-development/home-investment-partnerships-home) |
| APPLICANT INFORMATION  |
| Organization/Applicant Name |
| Type of Organization [ ]  Government [ ]  Non-Profit [ ]  For-Profit [ ]  CHDO | Daytime #  | Date |
| Address   | City  | State | ZIP |
| Email  |  |
| Contact Person/Title *If applicable*  | Contact Person # |  |
| Federal ID Number | DUNS Number |
| PROJECT INFORMATION |
| Project Title  |
| Site Address  | City  | County  |
| PROJECT TYPE |
| **Affordable Rental Housing:**[ ]  Acquisition and Rehabilitation[ ]  Rehabilitation Only [ ]  New Construction**Non-Congregate Shelter:**[ ]  Acquisition and Rehabilitation [ ] Rehabilitation Only [ ]  New Construction  |
| QUALIFIED POPULATIONS TO BE SERVED *(check all that apply)* |
| [ ]  Homeless [ ]  Fleeing or Attempting to Flee Domestic or Dating Violence, Sexual Assault, Stalking, or Human Trafficking[ ]  At Risk of Homelessness [ ]  Other Vulnerable Populations       |
| FUNDING REQUEST |
| Amount of ($) of HOME-ARP Request |   |
| Amount of ($) of Community or Agency Resources |  |
| Amount ($) from Other Sources  |   |
| **Total Project Cost ($)** | **$0.00**  |

|  |
| --- |
| PRE-APPLICATION NARRATIVE (Please *briefly* explain the following. Additional sheets may be attached if necessary.) |
| **Please describe the problem or need and how HOME-ARP funds will be used.** |
|  |
| **What is the timeframe for the project or program?** |
|   |
| **What is the status of uncommitted funding to the project?** |
|  |
| **ORGANIZATIONAL STRUCTURE** |
| **List members of the project team and describe their roles.** |
| Member Name | Role |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **AGREEMENT** |
| Authorized Applicant Name: | Title: | Date: |
| Please type your name or print and sign. |
| **ATTACHMENTS** |
| 1. A copy of your most recent financial statement (*first time applicants only*).
2. Other relevant information.
 |

|  |
| --- |
| **BUDGET WORKSHEET** |
| **Estimated source and use of funds** |
| **Use of Funds** | **Source of Funds** |
|  | **HOME-ARP Request** | **Total Community or Agency Resources** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** |  |
| **Expected Start and End date of funding** | Begin 05/01/2024End 10/31/2025 | Begin      End       | Begin      End       | Begin      End       | Begin      End       |  |
| **Status of Funding** |  | Committed [ ] Applied [ ]  | Committed [ ] Applied [ ]  | Committed [ ] Applied [ ]  | Committed [ ] Applied [ ]  |  |
| **Itemize Activity/Use of Funds below:** |
|       | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|       | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|       | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|       | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|       | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|       | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
|       | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $ 0.00 |
| TOTAL | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |