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| 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** | | |

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| 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 | | |
|  |  | | |
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|  |  | | |
| **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. | | | |

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| **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 05/01/2024  End 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 |