|  |  |  |
| --- | --- | --- |
| St. Louis County, MN | St. Louis County, Minnesota **Northeast Minnesota Home Consortium HOME APPLICATION** | Form**1001**Rev. 6-12-2023 |
| **About:** The Northeast Minnesota Home Consortium receives an annual entitlement from the United States Department of Housing and Urban Development of HOME Investment Partnerships Program (HOME) funds. The HOME program provides funding for development of owner-occupied and rental housing for income eligible households. The entitlement funding covers the counties of Cook, Lake, Itasca, Koochiching, and St. Louis, excluding the City of Duluth. For more information, see our website at: https://www.stlouiscountymn.gov |
| APPLICANT INFORMATION  |
| Organization/Applicant Name |
| Type of Organization [ ]  Government [ ]  Non-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  |  |  |
| PROJECT TYPE |
| [ ]  Rental[ ]  Home Ownership |
| PROJECT ACTIVITY *(check all that apply)* |
| [ ]  Acquisition [ ]  Rehabilitation [ ]  New Construction |
| FUNDING REQUEST |
| Amount of ($) of HOME Request |   |
| Amount of ($) of Community or Agency Resources |  |
| Amount ($) from Other Sources  |   |
| **Total Project Cost ($)** | **$0.00**  |

|  |
| --- |
| APPLICATION NARRATIVE (Please *briefly* explain the following. Additional sheets may be attached if necessary.) |
| **Please describe the problem or need and how it was identified.** |
|  |
| **What are you proposing to do to address the problem or need?** |
|  |
| **How will the HOME funds be used and what is the timeframe for the project or program?** |
|   |
| **What are the goals and measurable outcomes for the project or program?** |
| **Goals** | **Measurable Outcomes** |
|  |  |
|  |  |
| **What is the status of uncommitted funding to the project?** |
|  |
| **What is the status of the organization’s open HOME awards?** *(not applicable to first time applicants)* |
|  |
| **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 Request** | **Total Community or Agency Resources** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** |  |
| **Expected Start and End date of funding** | Begin 05/01/2020End 10/31/2021 | 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 |
| TOTAL | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |