Red Font Denotes a Change

CHDO Operating Assistance Grant Application

New CHDO-	- Organization received its first CHDO designation	ion within the pa	st 24 months? YES NO	
Organization YESNO_	expended HOME funds for a CHDO-eligible h	omebuyer projec	et within the past 24 months?	
	has received a CHDO Reservation or Condition Agreement) within the past 12 months? YES N		of HOME funds (executed Loan and	
	estions were answered with "No" than <u>STOP HE</u> ting Assistance Grant. Contact <u>HOMESF@IHFA</u>			
1. CHDO Name:		2. Contact Person:		
3. CHDO Address:		4. Contact Person's Title:		
5. CHDO Te	elephone No:	6. Contact Person's Telephone No:		
Office:	()	Office:	()	
Fax: Email		Fax: Email	()	
Liliai		Dilleri		
7. Amount Requested: \$		8. Federal Tax I.D. # UEI #		
9. N/A				
	Service Area (must be City, County, Neighborh ned service area cannot be state-wide.	<mark>lood,</mark> Census Tra	act(s) or other specific identifying criteria):	
	of year's organization has been certified as a Clar certified as a CHDO	HDO	_	
	anization received <u>any</u> operating assistance fund yes; If yes, describe:	ls from any other	source during the past two (2) years?	

13. Describe organizational capacity to their development experience/ability		r affordable housing. Pleas	e include key staff,			
14. Do you anticipate a receiving CHD If you answered "no", has your organize			s 24 months?			
Explain:						
15. What is the organization's plan to eliminate the need for CHDO operating assistance grant funds in the future?						
16. How many years has the organization	on received a CHDO Operating	g Assistance Grant?				
17. Has the CHDO received HUD Tech	hnical Assistance in the past 24	months? If yes, explain:				
18. List all sources of funds used to pro ICRC, LIHTC, Grants, Private fund		g the past 24 months. (USI	DA-RD, CDBG, SHOP			
Sources	Amount of Funds	Number of Units	Type of Housing			
Authorized Signature Date						