CHDO Operating Assistance Grant Application

New CHDO – Organization received its first CHDO designation within the past 24 months? YES ___ NO ___

Organization expended HOME funds for a CHDO-eligible homebuyer project within the past 24 months? YES ___ NO ___

Organization has received a CHDO Reservation or Conditional Commitment of HOME funds (executed Loan and Regulatory Agreement) within the past 12 months? YES ___ NO ___

If all three questions were answered with "No", then <u>STOP HERE</u>. This organization is not eligible to apply for a CHDO Operating Assistance Grant. Contact HOMESF@IHFA.ORG for additional information.

1. CHDO Name:	2. Contact Person:
3. CHDO Address:	4. Contact Person's Title"
5. CHDO Telephone No:	6. Contact Person's Telephone No:

Office:	( )		Office:	( )	
Fax:	( )		Fax:	( )	
Email:			Email:		

7. Amount Requested: $	8. Federal Tax I.D.# 9. UEI#

10. Defined Service Area (must be City, Count, Neighborhood, Census Tract(s), or other specific identifying criteria): *The defined service area cannot be state-wide.*

11. Number of years organization has been certified as a CHDO _____
    First year certified as a CHDO _____

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12. Has organization received <u>any</u> operating assistance funds from any other source during the past two (2) years? YES ___ NO ___; If yes, describe:

13. Describe organizational capacity to own, develop, and sponsor affordable housing. Please include key staff and their development experience/ability.

_____
_____
_____

14. Do you anticipate receiving CHDO set-aside funds within the next 24 months? YES ___ NO ___
If you answered "no", has your organization received CHDO set-aside funds within the previous 24 months? YES ___ NO ___ Explain:

_____
_____
_____

15. What is the organization's plan to eliminate the need for CHDO operating assistance grant funds in the future?

_____
_____
_____

16. Has the CHDO received HUD Technical Assistance in the past 24 months? YES ___ NO ___ If yes, explain:

17. List all sources of funds used to provide affordable housing during the past 24 months. (USDA-RD, CDBG, SHOP, ICRC, LIHTC, Grants, Private Funding, etc.)

Sources	Amount of Funds	Number of Units	Type of Housing

_____
Authorized Signature   **Date**