



**EASTERN PANHANDLE HOME CONSORTIUM of WV
HOME INVESTMENT PARTNERSHIPS PROGRAM -
FUNDING APPLICATION FY 2023
JULY 1, 2023 - JUNE 30, 2024**

APPLICANT INFORMATION

Organization Name:	
Mailing Address:	
Project Address (if different):	
Director's Name:	Phone:
Director's Title:	Fax:
E-Mail Address:	Agency Website:
Tax I. D. Number:	DUNS Number:
Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization ever been designated a Community Housing Development Organization (CHDO) in the past two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT DESCRIPTION AND BUDGET

1. Project Name:
2. Brief Project Summary/Description:

3. Project Location:		
4. Project Start Date:	5. Project Completion Date:	
6. Total Project Cost: \$		
7. Total HOME Funding Requested: \$		
8. HOME Funding Amount as a Percentage (%) of Overall Project Budget: _____ %		
9. Are you requesting CHDO operating funds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
10. What non-Federal sources could be counted as HOME matching funds?		
11. Total # of low/mod households served by this project: _____		
12. Indicate what best identifies your project:		
<input type="checkbox"/> Homebuyer Assistance for Purchase	<input type="checkbox"/> Rental Housing Acquisition	
<input type="checkbox"/> Homebuyer Assistance for New Construction	<input type="checkbox"/> Rental Housing Rehabilitation	
<input type="checkbox"/> Homebuyer Assistance for Rehabilitation	<input type="checkbox"/> Rental Housing New Construction	
<input type="checkbox"/> Homebuyer Assistance for Accessibility	<input type="checkbox"/> Tenant Based Rental Assistance	
<input type="checkbox"/> Construction of New For-Sale Housing	<input type="checkbox"/> Rehab of For Sale-Housing	

1. Activity eligibility must meet at least one of the Five-Year Consolidated Goals

Select the strategy that best fits the proposed project.

Housing Strategy	
<input type="checkbox"/>	HS-1 Homeownership – Assist low- and moderate-income homebuyers to purchase homes through down payment / closing cost assistance and associated housing counseling.
<input type="checkbox"/>	HS-2 Rental Housing – Provide rental assistance for low- and moderate-income renters
<input type="checkbox"/>	HS-3 Housing Construction – Increase the number of affordable housing units in the community for owners and renters.
<input type="checkbox"/>	HS-4 Housing Rehabilitation – Conserve and rehabilitate existing affordable housing units occupied by owners and renters in the community by addressing code violations, emergency repairs and handicap accessibility.
Homelessness Strategy	
<input type="checkbox"/>	HO-1 Housing – Support the Continuum of Care's efforts to provide emergency shelter, transitional housing, permanent supportive housing, and other permanent housing opportunities.
<input type="checkbox"/>	HO-2 Operation/Support – Assist providers operating housing or providing support services for the homeless and persons or families at-risk of becoming homeless.

Other Special Needs Strategy

- SN-1 Housing** – Increase the supply of affordable, accessible, decent, safe, and sanitary housing for the elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through rehabilitation of existing buildings and new construction.

2. Description of Project & Grant Request:

On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):

- Describe the full details of the activity being undertaken with HOME funds (who, what, where, and how).
- Describe, and quantify where appropriate, the services and outcomes that will be provided as a result of the expenditure of HOME funds.
- How will these services be delivered?
- Why are HOME funds needed to support the project?
- How will the HOME funds leverage other funds?

3. Describe the Clientele you intend to serve:

The organization must ensure that individuals or households benefiting from HOME funding are low- and moderate-income. Documentation demonstrating this MUST be obtained for each household. This information will be used to measure the project's performance outcome.

Clientele											
Estimate the number of low- to moderate-income households served by this project:											
Identify the primary beneficiaries this project will serve. Check the appropriate category below:											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Low- and/or Moderate-Income Households</td> <td style="width: 50%;"><input type="checkbox"/> Individuals with Disabilities</td> </tr> <tr> <td><input type="checkbox"/> Elderly Individuals (over age 62)</td> <td><input type="checkbox"/> Homeless Persons</td> </tr> <tr> <td><input type="checkbox"/> At-Risk and Abused Children/Youth</td> <td><input type="checkbox"/> Battered Spouses</td> </tr> <tr> <td><input type="checkbox"/> Persons Living with HIV/AIDS</td> <td><input type="checkbox"/> Other (describe below)</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (describe) _____</td> </tr> </table>		<input type="checkbox"/> Low- and/or Moderate-Income Households	<input type="checkbox"/> Individuals with Disabilities	<input type="checkbox"/> Elderly Individuals (over age 62)	<input type="checkbox"/> Homeless Persons	<input type="checkbox"/> At-Risk and Abused Children/Youth	<input type="checkbox"/> Battered Spouses	<input type="checkbox"/> Persons Living with HIV/AIDS	<input type="checkbox"/> Other (describe below)	<input type="checkbox"/> Other (describe) _____	
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<input type="checkbox"/> Other (describe) _____											
Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc.).											

**FY 2022 Income Limits
Martinsburg, WV HUD Metro FMR Area**

2022 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Extremely Low - 30% median income or below	\$15,150	\$17,300	\$19,450	\$21,600	\$23,350	\$25,100
Very Low – 50% of median income	\$25,200	\$28,800	\$32,400	\$36,000	\$38,900	\$41,800
60% Limits	\$30,240	\$34,560	\$38,880	\$43,200	\$46,680	\$50,160
Low – 80% of median income	\$40,350	\$46,100	\$51,850	\$57,600	\$62,250	\$66,850

LMI Clientele Table

(Based on the income guidelines listed in previous table)

Low/Moderate Income Persons or Households:	Total Number of Individuals or Households:
30% of median income or below	
30 - 50% of median income	
50 - 80% of median income	
60% of median income	
80% or above median income	
Total # Served:	

4. Agency Description & Experience:

On a separate sheet of paper, describe the following:

- *Mission of the organization.*
- *Experience of the organization in carrying out the proposed activities/services.*
- *Length of time the organization has been involved in provided the proposed activities/services.*
- *Describe how your organization markets its services to clients/consumers. How do clients access your services and programs?*
- *What are your hours and days of operation?*
- *List the names of the board of directors and describe the staff and volunteers who will be involved on this project (including the training of volunteers).*

5. Budget Breakdown:

Please fill out the following budget to support your HOME project request. The final program budget will be incorporated into the Statement of Work section of the organization's subrecipient agreement with the City. Please provide a brief description of each budget line item on a separate sheet of paper.

Uses of Funds (Budget):

Use of Funds	Budget
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
Total:	\$

Sources of Funds:

Source of Funds	Amount	Committed (Yes/No)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
Total:	\$	

Please note: if this budget is not filled out completely, your application will not be complete, which may affect if your proposal is funded.

Time Schedule:

Task	Date
1.	
2.	
3.	
4.	
5.	
6.	

6. Other Items:

Attach a copy of the following items:

- *Your organization’s budget for current year showing sources of funds and types of expenses.*
- *Commitment letters from non-HOME sources or evidence of application for other funds, if available.*
- *Most recent financial audit or statement, including balance sheet and income statement.*
- *Most recent IRS Form 990 submittal (or tax return).*
- *Most recent annual report.*
- *List of current officers and board members.*
- *Articles of Incorporation.*
- *IRS Determination Letter.*
- *Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.).*

Housing projects are required to provide additional information regarding project budget, sources and use of funds, site control, project timeline and benchmarks, and plans and specifications, if available.

NOTE: See attached CHDO Checklist, which must be completed and submitted with this application if the Applicant is applying for HOME CHDO Set-aside funds.

Applications are due to the City of Martinsburg, 206-208 Viking Way Martinsburg, WV 25401 by 3:00pm on Thursday, March 9, 2023. Please provide two (2) copies (1 original and 1 copy) of the application and all attachments NOT STAPLED OR BOUND. Application and attachments should be an 8-1/2” x 11” format and addressed to Ms. Nancy Strine, CDBG and HOME Administrator. If you have any questions or would like guidance in completing this application, please contact Ms. Nancy Strine, CDBG and HOME Administrator at (304) 264-2131, Ext. 278 or via email at NStrine@cityofmartinsburg.org.

CERTIFICATION

The undersigned certifies the information contained herein is true, accurate, and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal, State, and City policies and requirements affecting the HOME program. The signatory declares that he/she is an official of the organization, is authorized to file this application, and certifies that the information in this application is true and accurate, to the best of his/her knowledge. In order for your application to be accepted, in addition to the application itself, your organization must submit the following items along with the HOME application.

- 1 original and 1 copy of the application with **all** questions completed. ***If an area does not apply, state N/A, do not leave a question blank.***
- Articles of Incorporation and Bylaws
- Current List of Board of Directors
- Certified Organization Audit/Financial Statements of most recent year
 - a. Copy of OMB A-133 Audit (required if \$750,000 in aggregate Federal funds expended), or
 - b. Financial statements audited by a CPA (only if not qualified for A-133), or
- IRS 501(c)(3) Designation Letter (Pending letters will not be accepted)
- Copy of IRS Form 990 filed for most recent year
- Form W-9 (can be obtained at www.irs.gov)
- Current Fiscal Year Agency Budget, including all funding sources
- Job Descriptions for this activity/project
- Organizational Chart
- An Executed Signature Authorization Letter

I hereby confirm that this packet contains all materials requested.

Printed Name

Title

Signature

Date