**CITY OF DAVIS**

**2020-2021 HOME INVESTMENT PARTNERSHIPS PROGRAM APPLICATION**

**PART ONE:**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART TWO:**

**Proposed Project Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Proposal Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minimum Request: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the applicant claiming status as a Non-Profit Community Housing Development Organization (CHDO)?  (Applicants will be required to provide qualifying documentation)**

\_\_\_\_\_\_ Yes \_\_\_\_\_   No

**HOME Eligible Activities Category:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                 (See List A)

**Low Income Benefit:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                            (See List B)

**City Council Identified Critical Needs:**  (See List C)

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beneficiary Information:**

        \_ Total number of beneficiaries in proposed project

         \_ Number of beneficiaries in proposed project to be served with **HOME** funds

        \_   Percentage of the **HOME** beneficiaries with low income

        \_ Cost ($) per **HOME** beneficiary (HOME Request/HOME Beneficiaries)

**PART THREE: Scope of Proposal**

**a.  Need/Target Group**(Describe the need for the activity and the group being served)

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**b.  Project Description/Benefit**  (Activity Summary:  Describe the activities of the proposed budget and benefit)

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| --- |
|  |

**c.  Outreach** (Describe the outreach your organization will provide for the CDBG-funded project, as well as provide a list of the languages currently included in your organizational outreach)

|  |
| --- |
|  |

**d.  Organizational Capacity**(Summarize your organizational capacity for the proposed project)

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**e.  Partnerships and Other Resources** (List other agencies you collaborate with and indicate whether or not your proposed project is duplicative of other projects operated by local public or non-profit organizations)

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| --- |
|  |

**PERFORMANCE MEASUREMENTS AND SCHEDULE**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY**(What the program does to fulfill its mission) | **INDICATOR**(The direct products of program activities) **SERVICE #s**  | **OUTCOME**(Benefits that result from the program) | **COMPLETION DATE**(When the specific task is completed) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

CAPITAL PROJECT BUDGET SUMMARY\*

**\* Please use Capital Budget Summary Excel form available on the City of Davis website and revise budget items as needed**

C**ITY OF DAVIS**

**HOME INVESTMENT PARTNERSHIPS PROGRAM**

CAPITAL BUDGET SUMMARY\*



REQUIREMENTS:  All applicants are requested to submit a copy of their organizations operating budget and documents requested by the city to complete the required HOME Underwriting and Subsidy Layering Review (Section 10).

PROJECT BUDGET SUMMARY\*

**\* Please use Project Budget Summary Excel form available on the City of Davis website and revise budget items as needed**

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**HOME INVESTMENT PARTNERSHIPS PROGRAM**

PROJECT BUDGET SUMMARY\*



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