



400 South Vine St.  
Urbana, IL 61801  
(217) 384-2441  
sedodd@urbanaininois.us

## City of Urbana & Urbana HOME Consortium CHDO Project Application

Name of Organization: \_\_\_\_\_

CHDO Funds Requested: \_\_\_\_\_

Project Address(es): \_\_\_\_\_

### **General Application Information**

The Urbana HOME Consortium currently relies on a roughly annual application process for Community Housing Development Organization (CHDO) funds. Questions regarding the application or application process should be directed to Sheila Dodd at 217-384-2441 or [sedodd@urbanaininois.us](mailto:sedodd@urbanaininois.us). The total amount of CHDO funds available from the Federal PY 2020 is \$123,358 and \$37,500 is set-aside for operating costs.

The City of Urbana Consolidated Plan for Program Years 2020-2024 is available online at [www.urbanaininois.us](http://www.urbanaininois.us) or in the Community Development Office of the City of Urbana. The Consolidated Plan outlines the funding priorities for the City of Urbana and of the Urbana HOME Consortium.

### **Application Review**

All complete applications submitted will be reviewed and evaluated by Grants Management Division staff. The review process is designed to ensure that HOME funds are allocated to proposals that demonstrate need for financial assistance, an ability to carry out well-designed projects, and are consistent with the City of Urbana and the HOME Consortium's affordable housing goals.

**Applicant Information**

Name of Organization: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FEIN: \_\_\_\_\_

DUNS: \_\_\_\_\_

**Executive Summary**

Please provide a short summary of your proposed project:

**Targeted Population**

Indicate the **number of households** that will be assisted by income range of Median Family Income (MFI). The 2020 MFI limits can be found in Appendix A.

#	Income Level
	0-30%
	31-50%
	51-80%



If special needs populations will be *targeted*, please check the specific populations that will be served by the proposed activity:

✓	<i>Please check all that apply.</i>		
	Homeless		Developmentally Disabled
	Chronically Homeless		Elderly
	Seriously Mentally Ill		Frail Elderly
	Chronic Substance Abuse		Veterans
	Physically Disabled		Persons with HIV/AIDS
	Victims of Domestic Violence		Other

Please specify 'Other' Special Needs Populations, if applicable:

---

**Project Schedule**

Please attach a separate project schedule to this section, describing the steps or phases necessary to complete the project. Note: you must be able to begin the project within 12 months of contract execution.

**Project Budget**

Please attach a sources and uses pro forma, describing all secured or requested financial contributions to the project. Please note whether funds are federal, state, local or other private financing.



**Matching Funds**

Applicants are required to provide at least 25% of the total project cost. Match is defined as any funds or resources, **other than federal funds**, dedicated by the applicant toward the successful completion of the proposed project. Please list all sources of matching funds. Use a separate sheet if necessary and attach it to this section of the application.

Source	Amount	Secured or Requested

**Affirmative Marketing Plan**

Include a copy of the *Affirmative Marketing Plan* that will be followed in carrying out this project. (Note: This applies to all rental projects.)

**Tenant Selection Plan**

Include a copy of the *Tenant Selection Plan* that will be followed in carrying out this program. (Note: This applies to all rental projects.)



## **Applicant Certification and Commitment of Responsibility**

As the official designated by the governing body, I hereby certify that if approved by the Urbana HOME Consortium, the City of Urbana, the City of Champaign, or Champaign County for a HOME funding allocation, the \_\_\_\_\_ (applicant name) assumes the responsibilities specified in the HOME regulations at 24 CFR Part 92 and certifies that:

It possesses the legal authority to apply for the allocation and to execute the proposed activity;

It has resolved any audit findings for the prior fiscal year to the satisfaction of the Urbana HOME Consortium, the City of Urbana, the City of Champaign, Champaign County or any other federal agency by which the finding was made;

It is not currently suspended or debarred from receiving federal funds;

Before committing funds to a project, it will evaluate the project in accordance with the guidelines it adopts for the purpose and will not invest any more HOME funds in combination with other governmental assistance than is necessary to provide affordable housing;

If a CHDO, its board composition complies with and will continue to comply with the requirements for CHDOs in the definition contained in 24 CFR Section 92.2;

It will comply with all statutes and regulations governing the HOME program;

The information, statements and attachments contained in support of this application are given for the purpose of obtaining financial assistance from the Urbana HOME Consortium, the City of Urbana, the City of Champaign, and Champaign County are true and correct to the best of my knowledge and belief. Representations made in the application will be the basis of the written HOME agreement if funding is awarded. All information contained in this application is acknowledged to be public information;

The applicant understands and agrees that if false information provided in this application has the effect of increasing the applicant's competitive advantage, the Urbana HOME Consortium, the City of Urbana, the City of Champaign and Champaign County will disqualify the applicant and may hold the applicant ineligible to apply for HOME funds until any issue of restitution is resolved;

If false information is discovered after the award of HOME funds, the Urbana HOME Consortium, the City of Urbana, the City of Champaign and Champaign County may terminate the applicant's written agreement and recapture all HOME funds expended;

The applicant shall not, in the provision of services or in any other manner, discriminate against any person on the basis of race, religion, sex, national origin, familial status, or disability.



The applicant agrees that verification of any of the information contained in this application may be obtained from any source named herein;

The applicant will at all times indemnify and hold the Urbana HOME Consortium, the City of Urbana, the City of Champaign and Champaign County harmless against all losses, costs, damages, expenses, and liabilities of any nature directly or indirectly resulting from, arising out of or relating to the Urbana HOME Consortium, the City of Urbana, the City of Champaign and Champaign County's acceptance, consideration, approval, or disapproval of this request and the issuance or non-issuance of HOME funds herewith.

**This certification must be signed by the individual authorized to submit the application as determined by applicant's governing Board of Directors and who will be authorized to execute HOME Program agreements.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**Appendix A:**

Median Family Income Limits 2020\*

Median=\$83,600

<b>Family Size</b>	<b>30% MFI</b>	<b>50% MFI</b>	<b>60% MFI</b>	<b>80% MFI</b>	<b>MFI</b>
1	17,600	29,300	35,150	46,850	58,600
2	20,100	33,450	40,200	53,550	66,900
3	22,600	37,650	45,200	60,250	75,300
4	26,200	41,800	50,150	66,900	83,600
5	30,680	45,150	54,200	72,300	90,300
6	35,160	48,500	58,200	77,650	97,000
7	39,640	51,850	62,600	83,000	103,700
8	44,120	55,200	66,250	88,350	110,400

*Rounded to the nearest \$50*

\*Effective 4/14/2020

