

Funding Request Form

Name of Applicant: _____

Type of Applicant (please check one):

- _____ Local government
_____ Non-profit
_____ For-profit corporation, sole proprietorship, or LLC

Type of Application (please check one):

- _____ Housing
_____ Public Improvements

I: Housing Projects:

1. Project Description:

2. Number of housing units that will be created with the funding requested: _____

3. Estimated uses:

- _____ Acquisition only
_____ Acquisition of older housing stock and renovation
_____ Acquisition and new construction
_____ New construction only

4. Project location(s), if known:

5a. Amount of funding requested: _____

5b. Will this funding be leveraged with funding from other sources? Identify other funding sources and amounts, if applicable.

_____	_____
_____	_____
_____	_____

6. Project Timeline

Please provide a detailed timeline for the project

7. If the housing project(s) will benefit special needs households, please check all that apply:

- _____ People who are physically disabled
_____ People who are developmentally disabled
_____ People with a disability who require assistance to develop or maintain daily living skills
_____ Youth aging out of foster care who need assistance transitioning to self-sufficiency
_____ Survivors of domestic violence
_____ People who receive SSDI, SSI, or veterans' disability benefits

II: Public Improvements

1. Project Description

2. Project Location(s):

3. Amount of funding requested:

Will this funding be leveraged with funding from other sources? Identify other funding sources and amounts, if possible.

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4. Community benefit or area need to be met:

5. Project Timeline:

Is the project ready to commence by October 1, 2025? (Yes/No)

Will the project be substantially completed by June 30, 2026? (Yes/No)