

**Yuma County HOME Consortium
2019/2020 Project Proposal**

Organization Information	Contact Information
Organization:	Name:
Mailing Address:	Title:
Physical Address:	Phone:
City, Zip:	Email:
DUNS #:	
Is organization registered in SAM.gov? Yes No	

1. Project Information

Project Type:

Homebuyer

Homeowner Rehab

Tenant-based Rental Assistance

Rental Development

Project Name:

Amount Requested: \$

Total Cost of Project: \$

Project Site Addresses:

City/ Zip Code:

2. CHDO

Do you think your organization meets HUD requirements to be a designated CHDO (Community Housing Development Organization)? Yes No

3. Project Summary

Provide a brief summary of the proposed project.

4. Problem Identification

- a. What is the housing problem that you want to address? Provide data, with source documentation that verifies the problem.
- b. Is this problem identified in the Consolidated Plan? Provide specific reference by Section and Page.

5. Project Need

- a. Provide details on demand for the housing you are proposing, including data, with source documentation.
- b. Do you currently have a waiting list for the type of housing proposed? Provide details on the clients identified by that wait list.
- c. Have you performed a Market Analysis that identifies the need you wish to address? If so, please attach a copy. Yes No

6. Project goal and Objective

What solution do you propose to address the identified problem(s)?

7. Clients

Number of households to be served by this activity: _____

Target Area Median Income to be served: 30% 40% 50% 60% 80%

Are clients identified, verified as eligible, and ready to participate in the program? Y N
Explain:

8. Project Timeline

After being notified that your project will receive HOME funds, what is your expected timeline from project start-up to closeout? Assume funds will be available January 1, 2020.

Dates	Activities

9. Project Budget

Provide information on all funding that will be required for the project and the source of that funding.

Total Project Cost		\$	
Source of Funds	Amount	Use of Funds	Firmly Committed?
	\$		
	\$		
	\$		
	\$		
HOME Request	\$		
In-Kind/Match Contribution			
	\$		
	\$		
	\$		
Total	\$		

10. Capacity

a. What experience does your organization have providing the type of housing program proposed in this request? Please list specific projects and the source of funding.

b. Provide information on the organization's staff assigned to this project and their experience with similar projects.

Authorized Signature: _____

Name: _____ Title: _____