

**DR. J. LEE & JUDY WESTRATE \$100,000 GRANT FOR
EXCEPTIONALISM/INNOVATIONS IN AFFORDABLE HOUSING APPLICATION
2025**

A. GENERAL GUIDELINES FOR APPLICATION:

1. Please be as specific and detailed as possible in your answers, however, please limit each answer to fewer than **500** words where possible.
2. You may add lines in this application for answers that require additional space. If such additional space is not sufficient to provide an answer, please attach an exhibit to this application and indicate in the line provided for the question the exhibit to which you are referring; in the exhibit itself, please reference which specific question is being addressed in the exhibit.
3. Please do not attach any additional documentation unless such documentation specifically answers a question in this application and is not addressed elsewhere in this application or other exhibits.

B. GENERAL INFORMATION:

1. Full Legal Name of Organization:

(This should be the same name as on the IRS Determination Letter and as supplied on IRS Form 990)

2. Principal Place of Business of Organization:

3. Mailing Address of Organization:

4. Phone Number of Organization:

5. Fax Number of Organization:

6. Executive Director:

7. Contact Person (if Different from Executive Director):

8. Email of Contact Person:

9. Phone Number of Contact Person:

10. Website:

11. Date of Incorporation/Organization:

12. Current Annual Operating Budget:

(You may also provide a link to the Organization's financial information, as applicable. Please do not attach financial statements as an exhibit)

13. Taxpayer Identification Number:

14. Is this Organization tax-exempt as of this date:

15. Number of other projects completed to date:

16. Number of people currently being served by such projects: _____

17. Number of other projects currently anticipated or outstanding: _____

18. Number of people anticipated to be served by such projects: _____

19. Number of other grants received from HMNE prior to this date: _____

C. GENERAL PROJECT INFORMATION:

1. Name of Project:

2. Location/Address of Project:

3. Total Geographic Area of Project:

4. Project Goal:

5. Start Date of Project:

6. Anticipated Project completion date (if applicable):

7. Targeted demographic of the Project:

8. Total number of housing units to be affected:

9. Potential Number of residents who may benefit from this Project: _____

D. SPECIFIC QUALITIES OF EXCEPTIONALISM/INNOVATIONS OF PROJECT

1. Explain in detail the Organization's exceptional services or innovations anticipated in the Project:

2. Length of time that these services or innovations have been implemented by the Organization, or if not yet implemented, the amount of time anticipated to implement these services or innovations: _____

3. How have the Organization's exceptional services/innovations been successful, and by what metrics does the Organization measure that success: _____

4. Have the Organization's exceptional services/innovations been adopted by any other organization in the affordable housing community?

5. Would it be feasible for the Organization's exceptional services/innovations in the Project to be adopted by others in the affordable housing community, and if adoption of such services/innovations is feasible, how would the Organization encourage others to adopt same? _____

6. How would the Organization propose to communicate the Organization's exceptional services/innovations to others within the affordable housing community? _____

7. Are there any specific conditions or elements that are unique to the Organization's operation or within the Organization's working environment?

E. PROJECT BUDGET INFORMATION:

(You may provide a link to the Organization's financial information, as applicable. Please do not attach financial statements as an exhibit)

1. Total budget for the Project:

2. Project's funding sources and uses in detail:

3. What, if any, other funds has the Organization received to date for the Project:

4. Is the Organization current in its financial obligations for the Project? _____

5. If the answer to the above question is "no", please explain: _____

6. Please provide details of any contingencies to the Project's funding: _____

7. Anticipated specific use of funds from the Westrate Grant:

8. Anticipated timing of allocation of funds from the Westrate Grant: _____

F. OTHER INFORMATION

Please provide a description of any other information that you would like the review committee to consider:

By signing below, the applicant hereby certifies that:

1. The project is owned or controlled by a non-profit entity that has been recognized as exempt from federal income taxation by the Internal Revenue Service under Section 501(c)(3);
2. The project promotes maintaining or expanding the supply of housing for individuals and/or families whose income is at or below 80% of the area median income ("AMI") for the location of the project; and
3. The funds received shall only be used for the following purposes:
 - a. Predevelopment work, including legal, title, architectural, environmental study, and other related site assessment efforts;
 - b. Site control and acquisition funding, including option payments, deposit down payments, and cash equity in connection with the acquisition of properties; and
 - c. Working capitalization of development entities and general staff resources in connection with the creation, acquisition, operation, or disposition of housing at or below 80% AMI, including, but not limited to, acquisition of properties eligible to participate in HUD's so-called "mark to market" program or the low-income housing tax credit program under Section 42 of the Internal Revenue Code.

Executive Director/President

Date:

Treasurer of other Authorized Signatory

Date:

Please submit (i) a signed and completed application, with all exhibits, and (ii) a cover letter of interest, to Debra Scribner at dekline912@aol.com, not later than April 2, 2025.