ihcda
Indiana Housing & Community Development Authority

PDF REFERENCE COPY: 2023 IDA/IDA Tax Credit Administrator Application

This pdf application copy is for reference only. Any applications submitted by completing and sending this form in will not be accepted. To apply for the 2023 IDA or IDA Tax Credit program, please visit the below website and submit your application online via JotForm:

https://form.jotform.com/230956467706163

The application will open April 12th, 2023. Final applications will be due Monday May 8th, 2023 at 5 PM Eastern Time. Late applications will not be accepted. Please email ida@ihcda.in.gov with any questions or concerns.

Organization Information

An organization's name on the application MUST match the organization's name on Indiana Secretary of State website: **https://bsd.sos.in.gov/publicbusinesssearch**

Organization Name:

CEO/Executive Director Name:

[_____] [_____]
First Name   Last Name

CEO/Executive Director Email Address:

[_____]

Is the CEO/Executive Director the primary IDA Contact?

○ Yes

○ No

IDA Primary Contact Name (or secondary contact if CEO/ED is primary):

[_____] [_____]
First Name   Last Name

IDA Primary Contact Title (or secondary contact if CEO/ED is primary):

[_____]

IDA Primary Contact Email Address (or secondary contact if CEO/ED is primary):

[_____]

Name/Title of individual completing report:

[_____]

Organization Phone Number:

[_____] ‒ [_____]
Area Code   Phone Number

Organization Address:

[_____]
Street Address

[_____]
Street Address Line 2

City

State / Province

Postal / Zip Code

Organization Eligibility

In order to be eligible for IDA funding, organizations must meet a few requirements:

Organization EIN:

Has your organization received a 501(c)3, 501(c)4, 501(c)5 or 501(c)6 ruling from the Internal Revenue Service?

◯ Yes
◯ No

Please upload a copy of your organization's most recent IRS determination letter

Browse Files

Has your organization filed as a Non-Profit Domestic Corporation in the State of Indiana?

◯ Yes
◯ No

**Is your organization in good standing with the Office of the Indiana Secretary of State?**

◯ Yes
◯ No

In order to confirm your organization's good standing, please search for your organization on the INBiz website: https://bsd.sos.in.gov/publicbusinesssearch. When

you find your organization and see that it says "Non-Profit Domestic Corporation" and "Active," use the "Print Entity Details" button in the top right corner to generate a PDF that has your organization's info and the date that info was pulled. Upload that PDF using the button below.

Please upload a copy of your organization's details from INBiz

> Browse Files
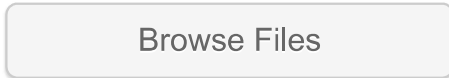
Example PDF from INBiz:
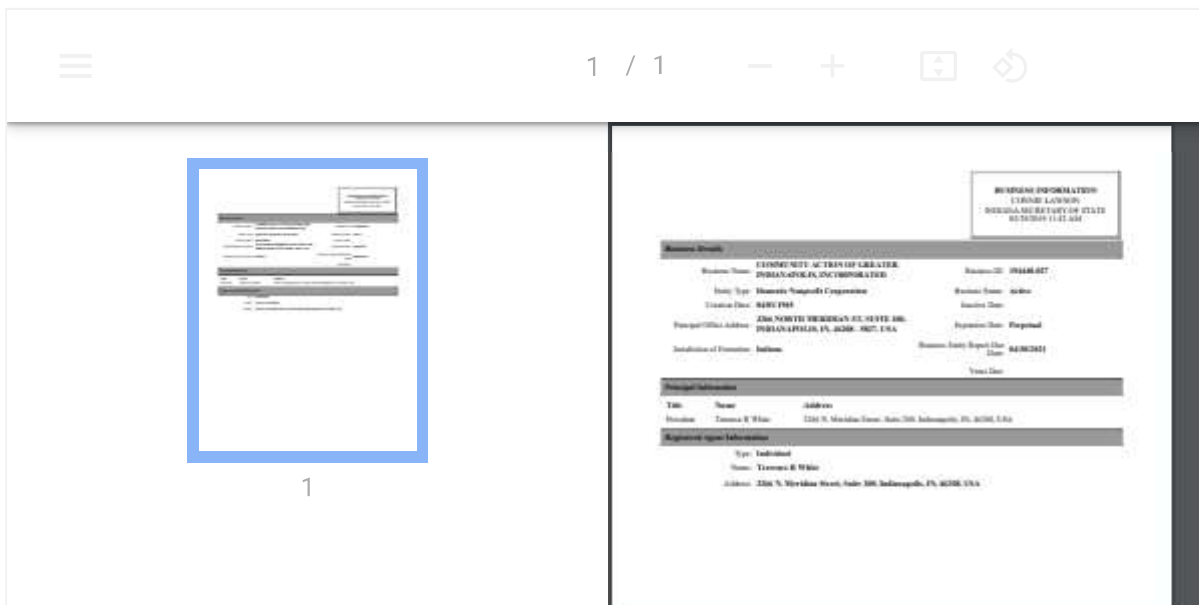
IDA Account Request

Note that each account is worth $5,250: $4,500 in match and $750 in administrative funds. Organizations that did NOT open any new participant IDAs in calendar year 2022 will only be allowed five (5) or fewer IDA accounts for the IDA023 round. Organizations that DID open new participant IDAs (across all open awards) are encouraged to ask for no more than 125% of the accounts opened last year. If an organization does wish to request more than 125% of the accounts opened last year, they must provide an explanation for how they expect to increase the number of accounts they open by so much.

Did your agency open any new individual development accounts (in any open IDA award) between January and December 2022?

○ Yes

○ No

How many participant IDAs did you open between January and December 2022?

[ex: 15]

Number of requested 2023 traditional IDA accounts (must be 5 or less for new organizations; if only requesting IDA Tax Credits, enter 0):

[ex: 3]

If you are requesting significantly more accounts than your agency was able to open last year, please describe what has happened or what your organization will do differently that will lead to more account openings this year. If IHCDA does not find your answer compelling enough, it will set your award to either the number of accounts you opened last year or to 5, whichever is higher (If you are a new organization, not requesting more accounts than you were able to open last year, or only requesting IDA Tax Credits, enter N/A).

[   ]

IDA Tax Credit Request

Organizations interested in administering IDA accounts via the IDA Tax Credit program, either in addition to or instead of the regular IDA program, may apply for an IDA Tax Credit award. The IDA Tax Credit Program allows administrators to distribute awarded Tax Credits (to be claimed on the donors' Indiana State tax returns) in exchange for donations, which are then used to fund additional IDA accounts beyond the traditional IDA award allocation. For every $1 in Tax Credits distributed to qualified donors, IDA Tax Credit Administrators raise $2 toward funding additional IDA accounts. Any IDA accounts opened using funds from IDA Tax Credits between July 2023 and June 2024 will need to follow the 2023 IDA Tax Credit Program Manual until those accounts are closed.

Would your agency like to apply for 2023 IDA Tax Credits?

○ Yes

○ No

Total number of IDA Tax Credit accounts requested (an even number of accounts is highly recommended):

[   ]

Expected match rate (should be 3:1, unless otherwise approved by IHCDA):

[   ]

Each IDA funded with Tax Credits is worth $2,812.50 in credits. Once distributed, those credits will raise $5,625.00 in donations; 80% or $4,500 of that should be used for match and 20% or $1,125 can be used for Administrative costs.

Total tax credits requested (# of requested accounts x $2,812.50):

[   ]

Total funding expected to be raised from IDA Tax Credits (# of requested accounts x $5,625):

[   ]

Total funding expected to be spent on Match (# of requested accounts x $4,500):

[   ]

Total funding expected to be spent on Admin (should be # of requested x $1,125 or less):

[   ]

Briefly describe your plan to raise sufficient contributions to fund the requested IDA Tax Credit accounts as well as your plan to engage qualified participants to open these accounts.

Banking Partner

IDA Administrators must have a bank or credit union already chosen as their Financial Institution partner when they apply. Provide that partner's contact information below, which IHCDA will use to ready the Financial Institution MOA for e-signature. The MOA must be finalized within 45 days of the IDA Grant Agreement being finalized in order for the IDA Administrator to make any funding claims.

If you are new to the IDA program and have difficulty finding a banking partner, please contact IHCDA **ASAP** at ida@ihcda.in.gov.

Financial Institution Name:

Name of person to sign MOA:

First Name   Last Name

Title of person to sign MOA:

Email of person to sign MOA:

example@example.com

Name of anyone who should be copied on the MOA emails:

First Name

Last Name

Title of person to be copied:

Email of person to be copied:

example@example.com

Financial Institution Phone Number:

Area Code - Phone Number

Financial Institution Address:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Scored Application: Part 1

The rest of the application asks for responses that will be scored. There are 100 possible points. The threshold to qualify for the IDA program is 60. Any agency scoring below that will not be eligible to be awarded IDA023 accounts.

Please provide your agency's mission, a description of your agency's current projects, and how the IDA program fits with both. (15 points maximum)

[blank text box]

If your organization is a past IDA administrator, in which program year(s) did your organization receive an award? (2 points total for IDA022 award; 1 point each for pre-IDA022 awards; 4 points maximum)

ex: IDA012, IDA014, etc.

In which counties does/will your organization market IDA services? Please list all counties. (2 points per county, 10 points maximum)

[blank text box]

In which counties does/will your organization accept IDA applicants? This may be the same as the counties above; however, some agencies accept applicants from counties bordering their target service area. Please include all counties in your service area plus any others you are willing to accept applications from. (0 points - IHCDA will use this for the public IDA Contact List)

[blank text box]

If any of the above counties are counties that are not currently served by IDA Administrators, please check those for 1 additional point per county, up to 5 BONUS points maximum

☐ Benton	☐ Carroll	☐ Clay
☐ Clinton	☐ Dearborn	☐ Decatur
☐ Fountain	☐ Jefferson	☐ Jennings
☐ Lawrence	☐ Martin	☐ Ohio

☐ Orange   ☐ Owen   ☐ Parke

☐ Putnam   ☐ Ripley   ☐ Scott

☐ Switzerland   ☐ Vermillion   ☐ Warren

☐ Washington   ☐ White   ☐ N/A

Please choose which steps your organization will take/is taking to ensure its services and programs are accessible to persons with Limited English Proficiency (LEP). If selecting "Other," please provide an explanation in the box below. (1 point per step, 5 points maximum)

☐ Acquiring translators to translate vital documents, advertisements, or notices

☐ Acquiring interpreters for face to face interviews with LEP persons

☐ Placing advertisements and notices in newspapers that serve LEP persons

☐ Partnering with other organizations that serve LEP populations to provide interpretation, translation, or dissemination of information regarding the program

☐ Hiring bilingual employees or volunteers for outreach and intake activities

☐ Contracting with a telephone line interpreter service

☐ N/A

☐ [Other]

Describe the methods and strategies to be used in the recruitment process for your agency's IDA program. If your agency recruits solely from another program, please describe how that program completes recruitment. If your agency partners with another agency to market your IDA program, please describe that partnership. (up to 5 points for each well-defined strategy, including how specific populations will be targeted; 15 points maximum)

[ ]

Case management is an important part of the IDA program, given the various requirements and the length of time participants generally spend in the program. Describe how your agency will handle case management, including which staff positions will provide this service. If only one staff position will manage participant files, include an explanation of who would take over if that position ever becomes vacant and how appropriate staff training and continuity of service would be maintained. Also, include how many times the staff will generally meet or interact with IDA participants, and the format of those meetings. (10 points)
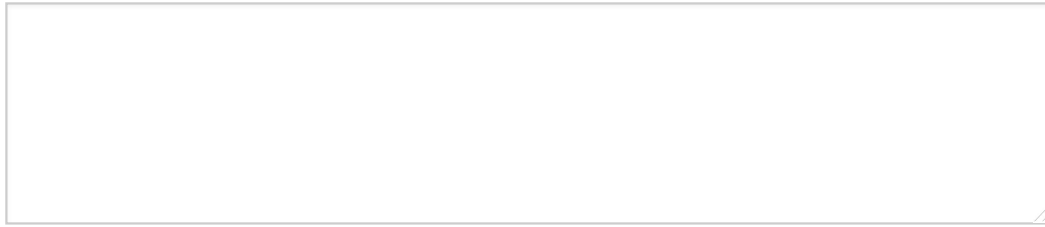
Scored Application: Part 2

Continued from last page.

Please select all eligible asset types for which participants in your agency's IDA program can save towards. (1 point per asset, 5 points maximum)

☐ Home purchase

☐ Home repair

☐ Start, purchase, or expand a business

☐ Education or job training

☐ Motor vehicle purchase

Financial Literacy Education and Asset-Specific Education are both required for IDA participants to complete before making a withdrawal from their accounts, and it is the administrator's responsibility to provide that training or connect participants to local or online trainings. Below, please describe the training your agency will provide or connect participants with. REMEMBER: your agency MUST provide or connect participants with financial literacy training and specific training for any asset type(s) you choose to provide.

For each training type listed below, please describe the curriculum and training methods your agency will utilize. If your agency doesn't plan to offer that asset, put NA. For the assets your agency plans to approve, include the following:

1. A general description of the curriculum and the topics it covers
2. Whether the training will be provided by your agency or another agency
3. Whether the training will be provided in-person, online or some combination
4. How that training might be revised to fit the various levels of educational needs of different participants (i.e. how the training would look for someone with

absolutely no background knowledge vs. someone with a bit of experience in that area)

Describe the curriculum and training methods your agency will utilize for FINANCIAL LITERACY education. (16 points)

Describe the curriculum and training methods your agency will utilize for HOME PURCHASE training. (4 points)

Describe the curriculum and training methods your agency will utilize for SMALL BUSINESS training. (4 points)

Describe the curriculum and training methods your agency will utilize for SCHOOL & JOB TRAINING education. (4 points)

Describe the curriculum and training methods your agency will utilize for HOME REPAIR training. (4 points)

Describe the curriculum and training methods your agency will utilize for VEHICLE PURCHASE training. (4 points)

Certification

I hereby certify that all information is stated herein, as well as any information provided in an accompaniment herewith, is true and accurate. I further certify that I have been authorized by my organization to submit this IDA Administrator Application

○ Yes

Application Submission

Please provide your email so you can receive confirmation that we have received your application. The link at the top of the email can be used to edit your application up until the application due date.

example@example.com

You may print your form now, or when you receive the email confirmation of your submission, which will include a copy of your submitted application. You MUST hit "Submit" in order for IHCDA to receive and review your application.