

ihcda



Indiana Housing & Community Development Authority

2022-2023 Neighborhood Assistance Program (NAP) Closeout Report

This report is due September 25th, 2023 by 5 PM Eastern Time. All agencies that received an allocation of NAP credits in 2022 are required to submit a report EXCEPT those that did not distribute any of their awarded credits. Late submissions will lead to ineligibility for full awards of 2024 NAP credits. Failure to submit any closeout report will lead to ineligibility for 2024, 2025 and 2026 NAP credits. If two closeout reports are submitted, IHEDA will use the second/most recent submission. If your agency has not yet spent all of the NAP funds it raised, please wait to submit this report until September 25th, 2023, or until those funds are spent, whichever comes first.

Organization Information

Agreement Number *

Organization Name *

CEO/Executive Director Name *

CEO/Executive Director Email Address *

Is the CEO/Executive

- Yes
 No

**Director the NAP
Primary Contact?**

*

**NAP Primary
Contact Name ***

**NAP Primary
Contact Title ***

**NAP Primary
Contact Email
Address ***

**Name of individual
completing report
if different from
Primary Contact**

**Organization
Address ***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Organization
Phone Number ***

Area Code

Phone Number

Program Information

Did your organization use all of the funds it raised from distributing NAP credits, or is it rolling some of those funds forward? If your agency has not yet spent all of the NAP funds it raised, please wait to submit this report until September 25th, 2023, or until those funds are spent, whichever comes first. *

- Yes, our agency has used all of the funds raised from distributing 2022 NAP Credits
- No, our agency has some funding from 2022 NAP credits still remaining

If no, number of NAP funds remaining to be spent (NA if 100% spent): *

EX: \$500

Please provide a brief description of what your agency was able to accomplish with the funds raised from NAP tax credits. The description MUST provide something other than your organization's mission statement. *

0/200

Which of the following services did your project or program fall under?

- Neighborhood assistance (A) in the form of financial assistance, labor, material, and technical advice to aid in the physical or economic improvement of any part or all of an economically disadvantaged area.
- Neighborhood assistance (B) in the form of technical assistance to promote higher employment in any neighborhood in Indiana
- Job training that provides individuals in economically disadvantaged households or economically disadvantaged areas with vocation skills so that the individual can become employable or be able to seek a higher grade of employment
- Education, in the form of scholastic instruction or scholarship assistance to individuals residing in an economically disadvantaged area, which enables those individuals to prepare for better life opportunities.
- Counseling and advice in an economically disadvantaged area
- Emergency assistance in an economically disadvantaged area
- Medical care in economically disadvantaged area
- Development and/or management of recreational facilities in an economically disadvantaged area
- Development and/or management of housing facilities in an economically disadvantaged area
- Economic development assistance in an economically disadvantaged area
- Crime prevention or reduction (A) activities in an economically disadvantaged area
- Crime prevention or reduction (B) activities in economically disadvantaged households
- Community services, education, or job training services to individuals who are "returning citizens " who have completed criminal sentences or are serving a term of probation or parole

How many unduplicated individuals were served by a program (or programs) supported by NAP funds? Please include all individuals served by the program, not just those served by NAP funds directly. If the program targeted families or an entire community, please provide an estimate for impacted individuals. ONLY provide a number - no words please. *

Ex: 1,000

Program Feedback

What, if anything, could IHEDA provide to you or your organization to help you execute NAP more successfully? *

On a scale of 1-5, how satisfied are you with communication from IHEDA staff?

	1		2		3		4		5	
Very unsatisfied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very satisfied

If you are unsatisfied with IHEDA staff communication, would could be done differently to better meet your expectations?

Report Submission

I hereby certify that the above information is correct and that all expenditures relating to this Agreement Number are contained in this report. *

Yes

Please provide an email address to receive confirmation of your report submission. If you do not receive an email, first check your SPAM folder than email nap@iheda.in.gov. Save a copy of your report confirmation for any possible issues with your 2024 NAP eligibility. *

example@example.com

