nap

Neighborhood Assistance Program

2015 Application

Thank you for your interest in the Neighborhood Assistance Program.

The 2015 NAP Application will open on March 13, 2015 and remain open until April 17, 2015. Please return during those dates to complete an application. Applications completed outside of those dates will not be considered.

Organization Name *

Organization Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Organization Code *

CEO Name *

First Name Last Name

CEO Email *

ex: myname@example.com

Contact Person Name *

Contact Title *

Contact Person email *

ex: myname@example.com

EIN Number *

What Indiana counties does your organization serve? *

- [ ] Adams
- [ ] Allen
- [ ] Bartholemew
- [ ] Benton
- [ ] Blackford
- [ ] Boone
- [ ] Brown
- [ ] Carroll
- [ ] Cass
- [ ] Clark
- [ ] Clay
- [ ] Clinton
- [ ] Crawford
- [ ] Daviess
- [ ] Dearborn
- [ ] Decatur
- [ ] De Kalb
- [ ] Delaware
- [ ] Dubois
- [ ] Elkhart
- [ ] Fayette
- [ ] Floyd
- [ ] Fountain
- [ ] Franklin
- [ ] Fulton
- [ ] Gibson
- [ ] Grant
- [ ] Greene
- [ ] Hamilton
- [ ] Hancock
- [ ] Harrison
- [ ] Hendricks
- [ ] Henry
- [ ] Howard
- [ ] Huntington
- [ ] Jackson
- [ ] Jasper
- [ ] Jay
- [ ] Jefferson
- [ ] Jennings
- [ ] Johnson
- [ ] Knox
- [ ] Kosciusko
- [ ] La Porte
- [ ] Lagrange
- [ ] Lake
- [ ] Lawrence
- [ ] Madison
- [ ] Marion
- [ ] Marshall
- [ ] Martin
- [ ] Miami
- [ ] Monroe
- [ ] Montgomery
- [ ] Morgan
- [ ] Newton
- [ ] Noble
- [ ] Ohio
- [ ] Orange
- [ ] Owen
- [ ] Parke
- [ ] Perry
- [ ] Pike
- [ ] Porter
- [ ] Posey
- [ ] Pulaski
- [ ] Putnam
- [ ] Randolph
- [ ] Ripley
- [ ] Rush
- [ ] St. Joseph
- [ ] Scott
- [ ] Shelby
- [ ] Spencer
- [ ] Starke
- [ ] Steuben
- [ ] Sullivan
- [ ] Switzerland
- [ ] Tippecanoe
- [ ] Tipton
- [ ] Union
- [ ] Vanderburgh
- [ ] Vermillion
- [ ] Vigo
- [ ] Wabash
- [ ] Warren
- [ ] Warrick
- [ ] Washington
- [ ] Wayne
- [ ] Wells
- [ ] White
- [ ] Whitley

Eligibility Review

Has your organization received a 501(c)3 ruling from the Internal Revenue Service? *

- ○ Yes
- ○ No

Has your organization filed as a Non-Profit Domestic Corporation and maintains good standing with the Office of the Indiana Secretary of State? *

- ○ Yes
- ○ No

Did your organization participate in the 2014-2015 Neighborhood Assistance Program? *

- Yes
- No

Which Pre-Award Webinar did a representative of your organization attend this year? *

- March 9, 10:00 AM
- March 9, 12:00 PM
- March 11, 2:00 PM
- March 12, 1:00 PM
- Other
- None

Population Served

Which of the following populations does your organization serve? *

- Economically Disadvantaged Households
- Economically Disadvantaged Area
- Ex-Offenders

Please describe how you verify or confirm that these households or this area are/is economically disadvantaged. (500 words or fewer) *

Project Description

Please provide a brief overview of your agency and its mission (500 words or fewer.) *

0/500

Please provide a brief description of the intended use of NAP funds (500 words or fewer.) *

0/500

Project Description

Please select the Activity category that best describes your project or organization *

Would your organization like to receive additional tax credits, if they are available? *

- Yes
- No

Beneficiary Income & Special Needs Populations

Please indicate income levels for beneficiaries of the proposed NAP activity. Organizations providing services for homeless, disabled, abused childred, or migrant seasonal farm workers are considered to be serving beneficiaries at or below 30% AMI. Please compare beneficiary income to that of the area in which the applicant is located. Refer to the most recent FSP Memo for the Income Limits at http://ihcda.in.gov/nonprofits_programs.aspx. For those serving an entire household (e.g. affordable housing) please count all members of household.

(Percent figures will calculate automatically)

Less than or equal to 30% AMI * **% of Anticipated Beneficiaries ***

0 0

30.1%-50 % AMI * **% of Anticipated Beneficiaries** *

0 0

50.1%-60% AMI * **% of Anticipated Beneficiaries** *

0 0

60.1% - 80% AMI * **% of Anticipated Beneficiaries** *

0 0

Greater than 80% AMI * **% of Anticipated Beneficiaries** *

0 0

At-risk populations and populations with special needs:

Please enter a number indicating the approximate number of individuals in each category you intend to serve or anticipate serving with your NAP funds.

Adult Survivors of abuse or neglect * 0

Child Survivors of abuse or neglect * 0

Seniors over 65 * 0

Youth in foster care * 0

Persons living with HIV or AIDS *	0
Persons experiencing homelessness *	0
Incarcerated persons or ex-offenders *	0
LGBTQIA persons *	0
Persons with cognitive impairments *	0
Persons living with mental illness *	0
Persons living with physical disabilities *	0
Survivors of sexual abuse or assault *	0
Users or former users of illegal/restricted substances *	0
Veterans of the U.S. Armed Forces *	0

If you are certain that your application is complete, please select "Submit" to submit it to IHCDA for review.

E-mail ex: myname@example.com

Submit Print Form