![ihcda - Indiana Housing & Community Development Authority]

2019-2020 Neighborhood Assistance Program (NAP) Application RESOURCE

Due April 29th, 2019

The 2019 NAP Application will open on April 8, 2019 and will close on April 29, 2019. New applications and updates to submitted applications will not be accepted after April 29. Please email nap@ihcda.in.gov with any questions or concerns.

This PDF is meant to be used purely as a resource, so organizations can see questions before they start and submit an online application. THIS DOES NOT REPLACE THE ONLINE APPLICATION - DO NOT SUBMIT THIS FORM. IHCDA will not accept mailed or emailed applications - only applications submitted through Jotform.

Organization Information

Organization Name *

CEO/Executive Director Name *

First Name   Last Name

CEO/Executive Director Email Address *

Is the CEO/Executive Director the Primary NAP Contact? *

Yes

No

NAP Primary Contact Name *

First Name   Last 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

Which Indiana counties does your organization serve? *

Adams	Allen
Bartholomew	Benton
Blackford	Boone
Brown	Carroll
Cass	Clark
Clay	Clinton
Crawford	Daviess
Dearborn	Decatur
De Kalb	Delaware
Dubois	Elkhart

Fayette

Fountain

Fulton

Grant

Hamilton

Harrison

Henry

Huntington

Jasper

Jefferson

Johnson

Kosciusko

Lagrange

Lawrence

Marion

Martin

Monroe

Morgan

Noble

Orange

Parke

Pike

Posey

Putnam

Ripley

St. Joseph

Shelby

Starke

Sullivan

Tippecanoe

Union

Vermillion

Wabash

Warrick

Wayne

White

Floyd

Franklin

Gibson

Greene

Hancock

Hendricks

Howard

Jackson

Jay

Jennings

Knox

La Porte

Lake

Madison

Marshall

Miami

Montgomery

Newton

Ohio

Owen

Perry

Porter

Pulaski

Randolph

Rush

Scott

Spencer

Steuben

Switzerland

Tipton

Vanderburgh

Vigo

Warren

Washington

Wells

Whitley

What is your organization's mission? *

0/500

Organization Eligibility

In order to be eligible for NAP credits, organizations must be a 501(c)3 organization and be registered as an active, non-profit domestic corporation with the State of Indiana.

Organization EIN Number *

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 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.

Program Eligibility

Below are the types of programs or activities that an organizations must provide in order to be eligible for NAP credits. If the listed descriptions do not fit your organization, your organization is most likely not eligible for credits according to Indiana Code 6-3.1-9. If more than one answer applies, choose the one that is more closely associated with the work you fund (or plan to fund) with NAP credits. Email nap@ihcda.in.gov if you have questions about this. YOU WILL NOT NEED TO ANSWER EVERY QUESTION UNDER THIS SECTION IN THE ONLINE APPLICATION. They are all provided to show what you may have to answer, based on your program.

Which one of the following services does your organization provide? *

1. Neighborhood assistance, job training, or education for individuals

2. Community services or crime prevention in an economically disadvantaged area

3. Community services, education, or job training services to individuals who are ex-offenders who have completed their criminal sentences or are serving a term of probation or parole

If 1: which of the following services does your organization provide? *

Neighborhood assistance

Job training

Education

What type of neighborhood assistance does your organization provide? *

Financial assistance, labor, material, and/or technical advice to aid in the physical or economic improvement of any part or all of an economically disadvantaged area

Technical advice to promote higher employment in any neighborhood in Indiana

"Job training" means any type of instruction to an individual that enables the individual to acquire vocational skills so that the individual can become employable or be able to seek a higher grade of employment. Which of the following types of individuals does your organization provide that training to? *

Individuals that reside in an economically disadvantaged area or an economically disadvantaged household

Individuals that are ex-offenders who have completed the their criminal sentence or are serving a term of probation or parole

Does your organization focus job training on individuals who reside in an economically disadvantaged area or individuals who reside in an economically disadvantaged household? *

Individuals who reside in an economically disadvantaged area

Individuals who reside in an economically disadvantaged household

"Education" means any type of scholastic instruction or scholarship assistance to an individual that enables the individual to prepare for better life opportunities. Which of the following types of

individuals does your organization provide that education to? *

Individuals that reside in an economically disadvantaged area

Individuals that are ex-offenders who have completed the their criminal sentence or are serving a term of probation or parole

If 2: which of the following services does your organization provide in an economically disadvantaged area? *

Community Services in an economically disadvantaged area

Crime prevention in an economically disadvantaged area

If 3: Which of the following services does your organization provide to individuals who are ex-offenders who have completed their criminal sentences or are serving a term of probation or parole ? *

Community Services

Education

Job Training

What type of community service does your organization provide? *

Counseling and advice

Emergency assistance

Medical care

Recreational facilities

Housing facilities

Economic development assistance

"Economically disadvantaged area" means an enterprise zone, or any other federally or locally designated economically disadvantaged area in Indiana. What is the economically disadvantaged area that your organization serves? *

When was the "economically disadvantaged area" designated? *

What is the entity that designated the "economically disadvantaged area"? *

"Economically disadvantaged household" means a household with an annual income that is at or below eighty percent (80%) of the area median income or any other federally designated target population. Which federally designated target population does your organization serve? *

Households at or below eighty (80%) of the area median income

Describe how your organization checks that a household meets the definition of the federally designated target population? If you chose "other federally designated target population," please name that population. *

Program Information

Please provide additional information about the program your NAP credits will support.

What is the name of the program that your NAP funds will primarily support? *

Please provide a brief description of the program your NAP funds will support. If this is not the same program described in the 'Program Eligibility' section, please make note of that: *

0/100

How many unduplicated individuals do you expect to serve with your NAP-funded program? *

If your organization uses NAP funding to serve at-risk populations, please check those that apply. If none apply, choose "N/A" *

Individuals or families at or below 30% AMI

Individuals or families at or below 80% AMI

Adult survivors of abuse or neglect

Child survivors of abuse or neglect

Seniors over 65

Youth in foster care

Persons living with HIV or AIDS

Persons experiencing homeslessness

Incarcerated persons or ex-offenders

LGBTQIA individuals

Persons with developmental disabilities

Persons living with mental illness

Persons living with physical disabilities

Survivors of sexual abuse or assault

Users or former users of illegal/restricted substances

Veterans of the U.S. Armed Forces

N/A

Credit Request

Organizations can request up to $40,000 in NAP tax credits, unless the organization hasn't received credits in three years; if that is the case, the maximum credit request is $15,000. If an organization has not received credits in the last three rounds and requests more than $15,000, that request will automatically be updated to $15,000 during the application review process.

Did your organization participate in the 2018, 2017 or 2016 NAP program years? *

Yes

No

NAP Credit request: *

Benchmark Acknowledgement and Application Certification

Below are the dates when NAP administrators must sell a certain percentage of their credits by, and when they must report those sales. Missing benchmarks or submitting late reports will lead to an organization losing eligibility for 2020 NAP credits.

Benchmark or Report	Due Date
60% Credits Sold	December 31, 2019
60% Benchmark Report	January 13, 2020
100% Credits Sold	March 31, 2020
100% Benchmark Report	April 13, 2020
Closeout Report	September 28, 2020

By submitting this application, I am agreeing to adhere to the required reports/benchmarks and acknowledge that failure to do so will mean losing eligibility for 2020 NAP Credits. *

Yes

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 NAP Credit Application *

Yes

Application Submission

Please provide your email so you can receive confirmation that we have received your application *

example@example.com

Date

                                        at

                                          Hour   Minutes

Month   Day   Year