



Indiana Housing & Community Development Authority

This pdf copy of the 2024-25 NAP Closeout Report is for reference only. All Closeout Reports must be submitted online at the following link: <https://www.surveymonkey.com/r/2024-25NAPCloseoutRpt1>

2024-25 Neighborhood Assistance Program (NAP) Closeout Report

Organization Information

In this report, you will provide overall information regarding the funds raised and expended for and program supported by your organization's 2024-25 NAP award. As such, it may be helpful to have access to all 2024-25 NAP donor contribution forms, your IHCDOnline account, and any records related to expenditures for your approved NAP program or project when completing this report.

All organizations that received an allocation of NAP credits for the 2024-25 program round are required to submit a report EXCEPT for those that did not distribute any of their awarded credits.

If your organization has not yet spent all funds raised through the sale of 2024-25 NAP credits, please wait to submit this report until those funds are spent OR until the date the report is due, whichever comes first.

*This report is due **Monday, September 22, 2025.***

Late closeout report submissions will lead to ineligibility for the full 2026-27 NAP credit award. Failure to submit the closeout report within two (2) weeks after IHCD sends email notice that your organization has missed the report due date will lead to ineligibility for up to three (3) consecutive future NAP funding rounds beginning with the 2026-27 award.

If multiple closeout reports are submitted for your organization, IHCD will use the most recent submission.

* 1. Organization Name

* 2. 2024-25 NAP Award Number (in the format 2024-NP-XXX)

This can be found at the top of your award agreement and in IHCDOnline.

* 3. Executive Director/CEO

Name

Title

Email Address

4. NAP Primary Contact Information (if different from ED/CEO)

Name

Title

Email Address

5. Other NAP Contact(s) (if applicable)

Enter name(s), title(s), email address(es), and role(s) for any additional NAP contacts in the box below. If you do not have any additional contacts, leave this question blank.

* 6. Organization Address and Phone Number

Address

Address 2

City/Town

State

ZIP Code

Phone Number



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Program Information

* 7. What is the total NAP tax credit amount your organization was awarded for the 2024-25 program year?

Enter the final amount AFTER any reallocation or deallocation.

* 8. What is total donation amount your organization raised from the distribution of 2024-25 NAP credits?

Please include any additional amounts received from donor contributions that were more than twice the amount of NAP credits your organization provided in exchange.

Example: Your organization only has \$300 in remaining NAP credits. You have a donor who contributes \$1,000 in exchange for these credits, even though you cannot give them the full 50% NAP credit based on their donation amount.

For the purpose of this question, you would count all of the \$1,000 donation toward the total funds your organization raised.

* 9. Did your organization spend all of the above listed funds it raised from distributing 2024-25 NAP credits, or is it rolling some funds forward?

If your agency has not yet spent all of these funds, please wait to submit this report until September 22, 2025, or until those funds are spent, whichever comes first.

- ☐ Yes, our organization has spent all of the funds raised from distributing 2024-25 NAP credits.
- ☐ No, our organization still has some remaining funds left to spend towards our program or project from the distribution of 2024-25 NAP credits. (enter remaining amount in box below)

* 10. How many unique, unduplicated donors contributed to your organization from the distribution of 2024-25 NAP credits?

Please include all donors from the entire award period (both the first and second half of the award cycle, July 1, 2024-June 30, 2025). If a donor made more than one contribution during the award period, only count that donor once.

* 11. Of these donors, how many were first-time donors to your organization?

* 12. What portion (dollar amount) of the total 2024-25 NAP donations you raised was from donors who contributed to your organization for the first time during this award cycle?

* 13. Which one of the following area or population categories did your organization's NAP-funded project or program serve?

- ☐ Services Physically Provided in an Economically Disadvantaged Area
- ☐ Services for Individuals Living in an Economically Disadvantaged Area
- ☐ Services for Individuals from Economically Disadvantaged Households
- ☐ Services for Ex-Offenders
- ☐ Services Provided in Any Neighborhood in Indiana (ONLY applies to Technical Advice to Promote Higher Employment)

* 14. Which of the following services did your NAP-funded project or program provide? (choose all that apply)

- ☐ Physical Improvement of an Area in the form of Financial Assistance, Labor, Materials, or Technical Advice
- ☐ Economic Improvement of an Area in the form of Financial Assistance, Labor, Materials, or Technical Advice
- ☐ Crime Prevention or Reduction
- ☐ Counseling and Advice
- ☐ Emergency Assistance
- ☐ Medical Care
- ☐ Development/Management of Recreational Facilities
- ☐ Development/Management of Housing Facilities
- ☐ Job Training Providing Vocational Skills to Improve Employability
- ☐ Education in the form of Scholastic Instruction
- ☐ Education in the form of Scholarship Assistance
- ☐ Technical Advice to Promote Higher Employment

* 15. How many unduplicated individuals were served by the program (or programs) supported by NAP funds? Please include all individuals served by the program(s), not just those served by NAP funds directly. If the program targeted families or an entire community, please provide an estimate for impacted individuals.

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

17. If desired, please share any specific success stories and/or ways NAP has positively impacted your organization.

18. If you have any photos to go along with your project description or success story, you can upload one photo here or email multiple photos to the NAP inbox at nap@ihcda.in.gov. *Please note the contents of your photo in your answer to the previous question (or in the body of your email if emailing photos).*

Choose File

Choose File

No file chosen

* 19. How satisfied are you with the communication from IHCDA staff?

Very unsatisfied

Neither satisfied nor
dissatisfied

Very satisfied



20. How could IHCDA provide better support and/or communication to your organization to help you implement NAP more successfully?

ihcda



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Report Submission

* 21. Person Completing This Report

By entering your information in the boxes below, you agree that you are an authorized representative of the organization named in this report. Additionally, you certify that the information you have provided herein is accurate and represents all expenditures related to the 2024-25 NAP award of the organization named in this report.

Name

Title

Email Address

Date

You may edit this report until it is submitted. For the report to be valid, you must click the "SUBMIT" button.

If you make a mistake, you may submit a new copy of the report. If more than one report is submitted for the same organization, only the most recent will be considered.

Prior to submission, you will also have the option of requesting a confirmation email with a link to your responses. It is highly recommended that you do this. If you choose this option, you will be prompted to enter the email address at which you would like to receive this confirmation. If you would like to retain a copy of your responses, please click the link in the confirmation email and then print or save a copy of your report.

If you request a confirmation email and do not receive it, check your spam folder, then contact IHCD's NAP program manager if you still need further assistance.

As a reminder, this report is due on Monday, September 22, 2025. Late submission or failure to submit a closeout report will impact your organization's future NAP eligibility as outlined at the beginning of this report and in your award agreement.