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Indiana Housing & Community Development Authority

This pdf copy of the 2025-26 NAP application is for reference only. All applications must be submitted online at the following link: https://www.surveymonkey.com/r/2025NAPApplication

The Neighborhood Assistance Program (NAP) helps local non-profit corporations increase fundraising capacity through awarding Indiana tax credits for use as a tool to incentivize donor contributions. All funds raised through NAP go to support neighborhood-based programs and projects benefitting local communities. To learn more about the program and its eligibility requirements, please visit the NAP partner website.

The 2025-26 NAP application will close on Monday, June 9, 2025. No submissions will be accepted after that date.

Preliminary award decisions will likely be announced around the end of June of 2025. Due to the later application timeframe this year, final awards will likely not be announced and award agreements not sent until early to mid-July. More detailed information will be provided on this as the application review process progresses.

For questions, please email nap@ihcda.in.gov.

Organization Information

* 1.

Organization Legal Name (this should exactly match what is listed on the Indiana Secretary of State INBiz website, including punctuation):

2. If your organization uses a registered dba/assumed name that you would like to include, list it here (must be registered with the Indiana Secretary of State INBiz website):

* 3. Organization Address:

Street address [   ]

Street address line 2 [   ]

City [   ]

State [Select state   ▼]

Zip code [   ]

* 4. Organization Phone Number:

[   ]

* 5. Executive Director or Authorized Signatory (for contracts/agreements):

Full Name (as it should appear on legal documents) [   ]

Title [   ]

Email Address [   ]

6. NAP Primary Contact (if different from Executive Director):

Full Name [   ]

Title [   ]

Email Address [   ]

7. If your organization has any additional NAP contacts that should receive email updates, please list their name(s), title(s), and email address(es) in the box below. Any staff not listed on this application will not be included on IHCDA's updated NAP contact list for your organization.

[   ]

8. For each new award, IHCDA updates its website with the current NAP organization list, which includes the name, city/town, and county of each organization. This year, if your organization would like to have any additional public contact information included on this list to help prospective donors reach you, please provide this information in the box below. *You may include any or all of the following: address, telephone number, NAP contact name, NAP contact title, NAP contact email address, NAP project/program name, and/or link to your website. (Note: No names or email addresses you have provided elsewhere in this application will be included on IHCDA's public NAP organization list unless you have also listed them in this box.)*

[   ]

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Indiana Housing & Community Development Authority

2025-26 Neighborhood Assistance Program (NAP) Application

Organization Eligibility

* 9. Organization EIN:

* 10. Has your organization previously received ANY grants from IHCDA (NAP or other programs)?

○ Yes

○ No

* 11. To qualify for NAP funding, your organization must be an eligible non-profit corporation with a 501(c)3 designation from the Internal Revenue Service.

Does your organization have a current 501(c)3 designation?

○ Yes

○ No

* 12. Please upload a copy of your organization's most recent IRS determination letter showing 501(c)3 designation.

Choose File   Choose File   No file chosen

* 13. To be eligible for NAP funding, your organization must have filed as a Domestic Nonprofit Corporation in the State of Indiana and be in good standing with the Indiana Secretary of State.

Is your organization currently registered as a Domestic Nonprofit Corporation in the State of Indiana AND in good standing with the Indiana Secretary of State?

○ Yes

○ No

* 14. Please upload a copy of your organization's business entity details from the [Indiana Secretary of State INBiz website](#) confirming your organization's status as a Domestic Nonprofit Corporation in good standing with the Indiana Secretary of State.

BUSINESS INFORMATION
DIEGO MORALES
INDIANA SECRETARY OF STATE
03/26/2025 10:38 AM

Business Details

Business Name:	▉▉▉▉▉▉	Business ID: ▉▉▉▉
Entity Type: **Domestic Nonprofit Corporation**		Business Status: **Active**
Creation Date: ▉▉▉		Inactive Date:
Principal Office Address: ▉▉▉▉▉▉		Expiration Date: **Perpetual**
Jurisdiction of Formation: **Indiana**		Business Entity Report Due Date: **04/30/2027**
		Years Due:

Governing Person Information

To confirm your organization's good standing and generate a pdf of your business information for upload:

- *Search for your organization on the **[Indiana Secretary of State INBiz website](#)**.*
- *Locate your organization in the search result list and click on your **Business ID** to open your organization's **Business Details** page.*
- *On the Business Details page, your organization's **"Entity Type"** should be listed as **"Domestic Nonprofit Corporation,"** and **"Business Status"** should be listed as **"Active."***
- *In the **top right corner** of the screen, click the **"Print Entity Details"** button. This will generate a pdf with your organization's information and the date that information was accessed.*
- *Once you have downloaded the pdf, **upload it here**.*
- *Make sure to download your organization's **CURRENT business entity information from 2025** from the website. **DO NOT upload a copy from a prior year.***

Choose File   Choose File   No file chosen

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Indiana Housing & Community Development Authority

2025-26 Neighborhood Assistance Program (NAP) Application

NAP-Eligible Categories and Services

Because the primary focus of the Neighborhood Assistance Program (NAP) is

revitalizing distressed neighborhoods and improving the lives of residents there, most NAP-eligible projects and programs must serve local neighborhoods that have been identified as economically disadvantaged.

An economically disadvantaged area is identified as a <u>Qualified Census Tract</u>, <u>Opportunity Zone</u>, <u>Enterprise Zone</u>, or other federally or locally designated area (subject to prior approval).

Location-based NAP-eligible services must be either (1) <u>physically provided in economically disadvantaged areas</u> or (2) <u>provided to individuals residing in economically disadvantaged areas</u>.

In addition, some NAP-eligible services serve specific populations rather than target areas. These identified NAP-eligible population-based categories are (3) <u>individuals from economically disadvantaged households</u>, identified as households below 80% Area Median Income or other federally designated target population (subject to prior approval), and (4) <u>ex-offenders who have completed their criminal sentences or are serving a term of probation or parole</u>.

Finally, one NAP-eligible service, (5) <u>technical advice to promote higher employment</u>, is eligible to be provided in any neighborhood in Indiana. Please note that unlike job training, this service provides advice, training, and support to help individuals gain the knowledge and skills to seek and attain higher employment rather than the vocational skills needed to perform the job functions.

Services eligible under each of these outlined categories are listed below.

Group 1: Services Physically Provided in an Economically Disadvantaged Area

- 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

Group 2: Services for Individuals Living in an Economically Disadvantaged Area

- Job Training Providing Vocational Skills to Improve Employability
- Education in the form of Scholastic Instruction
- Education in the form of Scholarship Assistance

Group 3: Services for Individuals from Economically Disadvantaged Households

- Job Training Providing Vocational Skills to Improve Employability

Group 4: Services for Ex-Offenders

- Job Training Providing Vocational Skills to Improve Employability
- Education in the form of Scholastic Instruction
- Education in the form of Scholarship Assistance
- Counseling and Advice
- Emergency Assistance
- Medical Care
- Development/Management of Recreational Facilities
- Development/Management of Housing Facilities

Group 5: Services Provided in Any Neighborhood in Indiana

- Technical Advice to Promote Higher Employment

* 15. Which one of the above service/category groups (1-5) best fits your organization's program or project?
Your answer should be based on the information provided on this page. DO NOT automatically copy a response from a prior application. For examples of NAP eligible programs and projects, click here.

◯ Group 1   ◯ Group 2   ◯ Group 3   ◯ Group 4   ◯ Group 5

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Indiana Housing & Community Development Authority

Group 1: Services Provided in Economically Disadvantaged Areas

For the purpose of this application, an economically disadvantaged area is identified as a <u>Qualified Census Tract (QCT)</u>, <u>Opportunity Zone (OZ)</u>*, <u>Enterprise Zone (EZ)</u>, or other federally or locally designated area. If you would like to use an area other than a QCT, OZ, or EZ, you must have prior written approval from NAP program staff.

*The Opportunity Zone map that was used in prior years is no longer available. As such, a link to an alternate map has been provided above. This map can sometimes initially take longer to load. You can search by address, county, zip code, etc. When you zoom in sufficiently, Opportunity Zones appear shaded in blue.

* 16. Which NAP-eligible service(s) will your organization's project or program provide?
Select all that apply, but only those that apply, as you will need to provide further explanation.

- [ ] 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 and/or Management of Recreational Facilities
- [ ] Development and/or Management of Housing Facilities

* 17. What is the name of your organization's program or project?

[   ]

* 18. Describe your organization's program or project, including the following information:

- *What specific service activities will be provided through your NAP-eligible program or project?*
- *How do these services fit the service category or categories you have indicated above? Be sure to provide this information with regard to EACH category you selected.*
- *How will these services benefit and address the needs of the community being served?*

* 19. In which NAP-eligible economically disadvantaged area(s) will the service(s) for your organization's program or project be provided?

- *Use the links provided to identify **qualifying areas** (**Qualified Census Tracts-QCTs**, **Opportunity Zones-OZs**, or **Enterprise Zones-EZs**), ensuring the **boundaries of the areas you select encompass the location(s) of the services your project will provide**.*
- *All active QCTs, OZs, and EZs are listed in the dropdown menus below. They are organized alphabetically by county and include the area types and the full tract numbers (for QCTs and OZs) or zone names (for EZs).*
- *There are multiple dropdown menus (labeled as Areas #1-5) below to allow you to select **a maximum of 5 areas**. Use a separate dropdown menu to identify each area you choose for your project. You must make a selection from at least the Area #1 dropdown menu.*
- ***If you would like to use more than 5 areas or use an alternate area type (other than a QCT, OZ, or EZ), you must have prior written approval from NAP program staff.** Requests to use an entire county or larger area will not be approved.*
- ***If you have approval to use an alternate area type**, select **"Other"** from the dropdown menu for Area #1 below. **Then enter a description in the box below the dropdown menus.***
- ***If you have approval to use more than 5 areas**, select the first 5 areas from the dropdown menus for Areas #1-5 below. **Then enter each additional area in the box below the dropdown menus.***
- *Some areas are both QCTs and OZs. The full 11-digit tract numbers for these areas are the same. They are listed as "QCT/OZ" in the dropdown menus.*
- *Please note that some areas you might have selected on prior NAP applications may not qualify for 2025 due to area eligibility designations being updated.*

This example shows how to find a full tract number on the QCT map. Find the relevant QCT on the map and click on it. A description box will pop up that shows the full tract number. This will only work for QCT areas (shaded in purple). If you select a non-QCT area, this box will not appear.
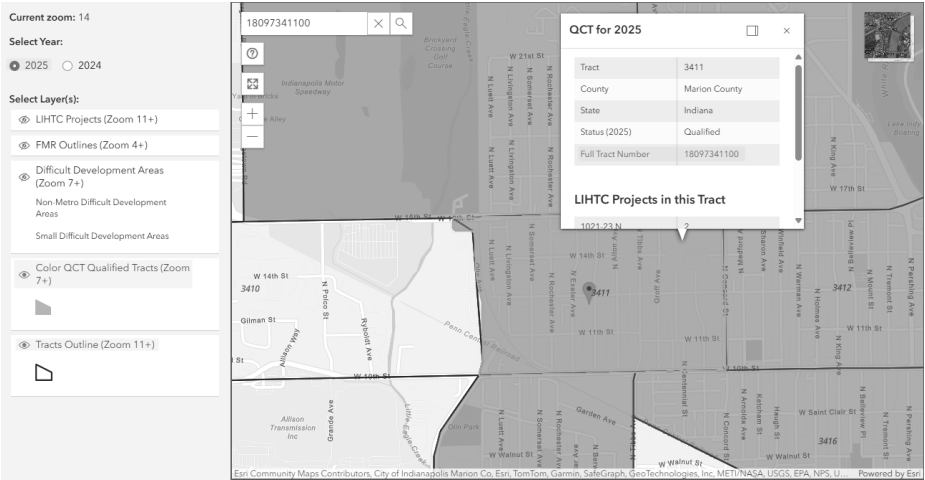
Area #1

20. Area #2

[▲▼]

21. Area #3

[▲▼]

22. Area #4

[▲▼]

23. Area #5

[▲▼]

24. Alternate/Additional Area(s) - if applicable

- *If you have approval to use an alternate area type or use more than 5 areas, please provide a description in the box below.*
- ***If you are using an alternate area type***, *select "Other" from the dropdown menu for Area #1 above. For each alternate area, make sure to include the area type, county, and boundaries in your description.*
- ***If you are using more than 5 areas***, *select the first 5 areas from the dropdown menus for Areas #1-5 above. For each additional area, make sure to enter the area type, county, and full tract number (for QCTs and OZs) or zone name (for EZs) in your description.*

[   ]

* 25. Describe how and where services will be provided within the area(s) you have identified. If there are specific locations where services are provided within your selected areas, include the addresses for these locations.

[   ]

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Indiana Housing & Community Development Authority

2025-26 Neighborhood Assistance Program (NAP) Application

Group 2: Services for Individuals Who Live in Economically Disadvantaged Areas

For the purpose of this application, an economically disadvantaged area is identified as a <u>Qualified Census Tract (QCT)</u>, <u>Opportunity Zone (OZ)</u>*, <u>Enterprise Zone (EZ)</u>, or other federally or locally designated area. If you would like to use an area other than a QCT, OZ, or EZ, you must have prior written approval from NAP program staff.

*The Opportunity Zone map that was used in prior years is no longer available. As such, a link to an alternate map has been provided above. This map can sometimes initially take longer to load. You can search by address, county, zip code, etc. When you zoom in sufficiently, Opportunity Zones appear shaded in blue.

* 26. Which NAP-eligible service(s) will your organization's project or program provide?
Select all that apply, but only those that apply, as you will need to provide further explanation.

☐ Job Training Providing Vocational Skills to Improve Employability

☐ Education in the form of Scholastic Instruction

☐ Education in the form of Scholarship Assistance

* 27. What is the name of your organization's program or project?
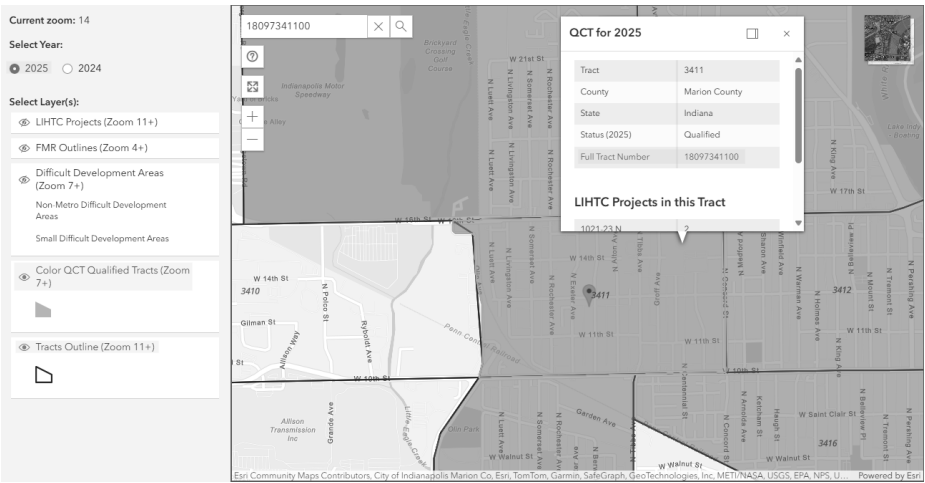
[   ]

* 28. Describe your organization's program or project, including the following information:

- *What specific service activities will be provided through your NAP-eligible program or project?*
- *How do these services fit the service category or categories you have indicated above? Be sure to provide this information with regard to EACH category you selected.*
- *How will these services benefit and address the needs of the community being served?*

* 29. In which NAP-eligible economically disadvantaged area(s) will the individuals receiving the selected service(s) for your organization's program or project reside?

- *Use the links provided to identify **qualifying areas (Qualified Census Tracts-QCTs, Opportunity Zones-OZs, or Enterprise Zones-EZs), ensuring the individuals you will serve reside within the boundaries of the selected areas**.*
- *All active QCTs, OZs, and EZs are listed in the dropdown menus below. They are organized alphabetically by county and include the area types and the full tract numbers (for QCTs and OZs) or zone names (for EZs).*
- *There are multiple dropdown menus (labeled as Areas #1-5) below to allow you to select **a maximum of 5 areas**. Use a separate dropdown menu to identify each area you choose for your project. You must make a selection from at least the Area #1 dropdown menu.*
- ***If you would like to use more than 5 areas or use an alternate area type (other than a QCT, OZ, or EZ), you must have prior written approval from NAP program staff.** Requests to use an entire county or larger area will not be approved.*
- ***If you have approval to use an alternate area type**, select **"Other"** from the dropdown menu for Area #1 below. **Then enter a description in the box below the dropdown menus.***
- ***If you have approval to use more than 5 areas**, select the first 5 areas from the dropdown menus for Areas #1-5 below. **Then enter each additional area in the box below the dropdown menus.***
- *Some areas are both QCTs and OZs. The full 11-digit tract numbers for these areas are the same. They are listed as "QCT/OZ" in the dropdown menus.*
- *Please note that some areas you may have selected on prior NAP applications might not qualify for 2025 due to area eligibility designations being updated.*

This example shows how to find a full tract number on the QCT map. Find the relevant QCT on the map and click on it. A description box will pop up that shows the full tract number. This will only work for QCT areas (shaded in purple). If you select a non-QCT area, this box will not appear.

Area #1

[⬍]

30. Area #2

[⬍]

31. Area #3

[dropdown ▲▼]

32. Area #4

[dropdown ▲▼]

33. Area #5

[dropdown ▲▼]

34. Alternate/Additional Area(s) - if applicable

- *If you have approval to use an alternate area type or use more than 5 areas, please provide a description in the box below.*
- ***If you are using an alternate area type***, *select "Other" from the dropdown menu for Area #1 above. For each alternate area, make sure to include the area type, county, and boundaries in your description.*
- ***If you are using more than 5 areas***, *select the first 5 areas from the dropdown menus for Areas #1-5 above. For each additional area, make sure to enter the area type, county, and full tract number (for QCTs and OZs) or zone name (for EZs) in your description.*

[text box]

* 35. Describe how your organization will determine that the individuals you will serve reside within the area(s) you have identified.

[text box]

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Indiana Housing & Community Development Authority

2025-26 Neighborhood Assistance Program (NAP) Application
Group 3: Services for Individuals from Economically Disadvantaged Households

For the purpose of this application, an economically disadvantaged household is identified a household below 80% of the Area Median Income (AMI) or another federally designated target population. If you would like to use a federally designated target population other than households below 80% AMI, you must have prior written approval from NAP program staff.

* 36. Which NAP-eligible service will your organization's project or program provide?

☐ Job Training Providing Vocational Skills to Improve Employability

* 37. What is the name of your organization's program or project?

[   ]

* 38. Describe your organization's program or project, including the following information:

- *What specific service activities will be provided through your NAP-eligible program or project?*
- *How do these services fit the service category you have indicated above?*
- *How will these services benefit and address the needs of the community being served?*

[   ]

* 39. Which federally designated economically disadvantaged household population will your organization's program or project serve?

○ 80% Area Median Income

○ Other Federally Designated Target Population - describe (Must have prior written approval.)

[   ]

* 40. Describe how you will check that the individuals served by your organization's program or project meet the income requirements and target population you have selected.

[   ]

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Indiana Housing & Community Development Authority

2025-26 Neighborhood Assistance Program (NAP) Application

Group 4: Services for Ex-Offenders

For the purpose of this application, ex-offenders are defined as individuals who have completed their criminal sentences or are serving a term of probation or parole.

* 41. Which NAP-eligible service(s) will your organization's project or program provide?
Select all that apply, but only those that apply, as you will need to provide further explanation for each selection.

☐ Job Training Providing Vocational Skills to Improve Employability

☐ Education in the form of Scholastic Instruction

☐ Education in the form of Scholarship Assistance

☐ Counseling and Advice

☐ Emergency Assistance

☐ Medical Care

☐ Development or Management of Recreational Facilities

☐ Development or Management of Housing Facilities

* 42. What is the name of your organization's program or project?

[   ]

* 43. Describe your organization's program or project, including the following information:

- *What specific service activities will be provided through your NAP-eligible program or project?*
- *How do these services fit the service category or categories you have indicated above? Be sure to provide this information with regard to EACH category you selected.*
- *How will these services benefit and address the needs of the community being served?*

[   ]

* 44. Describe how you will ensure the individuals served by your organization's program or project are ex-offenders as outlined at the top of this page.

[   ]

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Indiana Housing & Community Development Authority

2025-26 Neighborhood Assistance Program (NAP) Application

Group 5: Services Provided in ANY Neighborhood in Indiana

For the purpose of this application, unlike job training, technical advice to promote higher employment provides advice, training, and support to help individuals gain the knowledge and skills to seek and attain higher employment rather than the vocational skills needed to perform the job functions.

* 45. Which NAP-eligible service will your organization's project or program provide?

☐ Technical Advice to Promote Higher Employment

* 46. What is the name of your organization's program or project?

[   ]

* 47. Describe your organization's program or project, including the following information:

- *What specific service activities will be provided through your NAP-eligible program or project?*
- *How do these services fit the service category you have indicated above?*
- *How will these services benefit and address the needs of the community being served?*

[   ]

* 48. Based on the information outlined at the top of this page, are you confident that your organization's program or project provides technical advice to promote higher employment and not just vocational training?

*If **"Yes,"** ensure this is reflected in your program description above. If **"No,"** for your application to qualify, you will likely need to go back to Question 15 and select a category group that allows job training services (Group 2, 3, or 4) instead.*

○ Yes

○ No (Review question description before choosing this response.)

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Indiana Housing & Community Development Authority

2025-26 Neighborhood Assistance Program (NAP) Application

Credit Request

Returning organizations that participated in the 2023-24 NAP Program (July 1, 2023–June 30, 2024) and/or 2024-25 NAP Program (July 1, 2024–June 30, 2025) AND that are not subject to any credit restrictions or disqualifications may request up to $15,000 in NAP credits.

New organizations, organizations that did not receive a NAP credit award in at least one of the above-listed NAP Programs, and organizations that are subject to credit restrictions (due to late reports or credits not being sold) may request up to $5,000 in NAP credits.

Any organization requesting more NAP credits than allowed based on the guidelines outlined above will have its request reduced to the maximum eligible amount for that organization.

Additionally, for the 2025-26 NAP Program, ONLY approved organizations that (1) have no credit restrictions, (2) request the maximum credit award of $15,000, AND (3) sell 100% of awarded credits by December 31, 2025, will be eligible to receive additional reallocated credits, should they become available.

* 49. Did your organization participate in the 2024-25 NAP Program?

○ Yes

○ No

* 50. If your organization participated in the 2024-25 NAP Program, did you meet all required Benchmarks and reporting deadlines?

○ Yes, my organization met all 2024-25 NAP Benchmarks and reporting deadlines.

○ No, my organization did not meet all 2024-25 NAP Benchmarks and reporting deadlines.

○ My organization did not participate in the 2024-25 NAP Program.

* 51. Did your organization participate in the 2023-24 NAP Program?

○ Yes

○ No

* 52. If your organization participated in the 2023-24 NAP Program, did you meet the required Closeout reporting deadline?

○ Yes, my organization submitted the 2023-24 NAP Closeout Report by the required deadline.

○ No, my organization submitted the 2023-24 NAP Closeout Report late.

○ No, my organization did not submit the 2023-24 NAP Closeout Report but did participate in and sell credits from this award. *(Your organization will likely not be eligible for the 2025-26 NAP Program.)*

○ My organization was not required to submit the 2023-24 NAP Closeout Report because none of our awarded credits were sold.

○ My organization did not participate in the 2023-24 NAP Program.

* 53. NAP Credit Request Dollar Amount:

*Please note that this is for the NAP **credit amount**, not the donation amount. The dollar amount of contributions you will need to raise will be **double** the amount of NAP credits you are awarded. For example, if you are awarded $10,000 in NAP credits, you will need to raise $20,000 in contributions.*

*The maximum credit request is **$5,000 for new organizations** and **$15,000 for organizations in good standing that have participated in at least one of the two most recent program rounds**. See instructions at the top of this page for details.*

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Indiana Housing & Community Development Authority

2025-26 Neighborhood Assistance Program (NAP) Application

Benchmark Acknowledgement and Application Certification

Below are the dates by which organizations receiving an award of 2025-26 NAP credits must meet certain program deadlines, including required credit sales benchmarks and reporting dates. Missing benchmarks or submitting late reports may lead to credit restrictions or loss of eligibility for the 2026-27 or 2027-28 NAP Programs. Missing reports may lead to loss of eligibility for up to three program rounds.

Sales Benchmark/Report	Due Date
60% Benchmark credit sales due	**December 31, 2025**
First Half (60% Benchmark) Donor Report	**January 12, 2026**
100% Benchmark credit sales due	**March 31, 2026**
Second Half (100% Benchmark) Donor Report	**April 13, 2026**
Closeout (Fund Expenditure) Report	**September 21, 2026**

* 54. By checking the box corresponding to each statement below, you, as an authorized representative of and on behalf of the organization named in this application, indicate that you agree to the following:

☐ I agree that my organization will adhere to all required reports and benchmarks for the 2025-26 NAP Program. I acknowledge that failure to do so may mean losing eligibility for future NAP program rounds as outlined in the information at the top of this page.

☐ I agree that my organization will NOT use funds raised from distributing NAP credits to support inherently religious activities, such as worship, religious instruction, or promoting religious beliefs, as a part of program services. If my organization conducts religious activities, I agree that these activities will be offered separately at another time or location from the program supported by NAP funds.

☐ I agree that my organization will NOT discriminate against clients based on religious beliefs and will NOT require that clients attend or participate in religious activities to receive NAP-funded services.

☐ I hereby certify that my organization will spend all funds raised through distributing NAP credits on the approved project and services outlined in this application and will contact IHCDA if unforeseen circumstances prevent this from occurring.

☐ I hereby certify that all information stated herein, as well as any information provided in accompaniment herewith, is true and accurate. I further certify that I have been authorized to submit this NAP Tax Credit Application by the organization named in this application on behalf of that organization.

* 55. Person Completing this Application:

Name	
Email Address	

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

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

***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 print or save your application.*

If you request a confirmation email and do not receive it, check your spam folder, then email nap@ihcda.in.gov if you still need further assistance.

***This form uses logic to guide you to answer only the application questions that apply to the NAP service category you select, so you may not answer all available questions.** As such, upon submission or review of your application responses, SurveyMonkey may indicate that you only answered some of the questions (for example, 30 out of 40 questions), or some answers may appear blank. This DOES NOT mean you missed answering any questions. SurveyMonkey will not allow you to proceed to the next section without completing all required responses.*

As a reminder, this application will close on Monday, June 9, 2025. No submissions will be accepted after that date.

***Preliminary award decisions will likely be announced around the end of June of 2025. Due to the later application timeframe this year, final awards will likely not be announced and award agreements not sent until early to mid-July.** More detailed information will be provided on this as the application review process progresses.*