

**DR. J. LEE & JUDY WESTRATE GRANT FOR EXCEPTIONALISM/INNOVATIONS IN AFFORDABLE HOUSING APPLICATION**

**A. GENERAL GUIDELINES FOR APPLICATION:**

1. Please be as specific and detailed as possible in your answers, however, please limit each answer to fewer than **500** words where possible.
2. You may add lines in this application for answers that require additional space. If such additional space is not sufficient to provide an answer, please attach an exhibit to this application and indicate in the line provided for the question the exhibit to which you are referring; in the exhibit itself, please reference which specific question is being addressed in the exhibit.
3. Please do not attach any additional documentation unless such documentation specifically answers a question in this application and is not addressed elsewhere in this application or other exhibits.

**B. GENERAL INFORMATION:**

1. Full Legal Name of Organization: \_\_\_\_\_  
(This should be the same name as on the IRS Determination Letter and as supplied on IRS Form 990)
2. Principal Place of Business of Organization: \_\_\_\_\_
3. Mailing Address of Organization: \_\_\_\_\_
4. Phone Number of Organization: \_\_\_\_\_
5. Fax Number of Organization: \_\_\_\_\_
6. Executive Director: \_\_\_\_\_
7. Contact Person (if Different from Executive Director): \_\_\_\_\_
8. Email of Contact Person: \_\_\_\_\_
9. Phone Number of Contact Person: \_\_\_\_\_
10. Website: \_\_\_\_\_
11. Date of Incorporation/Organization: \_\_\_\_\_
12. Current Annual Operating Budget: \_\_\_\_\_

(You may also provide a link to the Organization's financial information, as applicable. Please do *not* attach financial statements as an exhibit)

13. Taxpayer Identification Number: \_\_\_\_\_

14. Is this Organization tax-exempt as of this date: \_\_\_\_\_

15. Number of other projects completed to date: \_\_\_\_\_

16. Number of people currently being served by such projects: \_\_\_\_\_

17. Number of other projects currently anticipated or outstanding: \_\_\_\_\_

18. Number of people anticipated to be served by such projects: \_\_\_\_\_

19. Number of other grants received from HMNE prior to this date: \_\_\_\_\_

**C. GENERAL PROJECT INFORMATION:**

1. Name of Project: \_\_\_\_\_

2. Location/Address of Project: \_\_\_\_\_

3. Total Geographic Area of Project: \_\_\_\_\_

4. Project Goal: \_\_\_\_\_

5. Start Date of Project: \_\_\_\_\_

6. Anticipated Project completion date (if applicable): \_\_\_\_\_

7. Targeted demographic of the Project: \_\_\_\_\_

8. Total number of housing units to be affected: \_\_\_\_\_

9. Potential Number of residents who may benefit from this Project: \_\_\_\_\_

**D. SPECIFIC QUALITIES OF EXCEPTIONALISM/INNOVATIONS OF PROJECT**

1. Explain in detail the Organization's exceptional services or innovations anticipated in the Project: \_\_\_\_\_

\_\_\_\_\_

2. Length of time that these services or innovations have been implemented by the Organization, or if not yet implemented, the amount of time anticipated to implement these services or innovations: \_\_\_\_\_

3. How has the Organization's exceptional services/innovations been successful, and by what metrics does the Organization measure that success: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the Organization's exceptional services/innovations been adopted by any other organization in the affordable housing community? \_\_\_\_\_

5. Would it be feasible for the Organization's exceptional services/innovations in the Project to be adopted by others in the affordable housing community, and if adoption of such services/innovations is feasible, how would the Organization encourage others to adopt same? \_\_\_\_\_  
\_\_\_\_\_

6. How would the Organization propose to communicate the Organization's exceptional services/innovations to others within the affordable housing community? \_\_\_\_\_  
\_\_\_\_\_

7. Are there any specific conditions or elements that are unique to the Organization's operation or within the Organization's working environment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. PROJECT BUDGET INFORMATION:**

(You may provide a link to the Organization's financial information, as applicable. Please do *not* attach financial statements as an exhibit)

1. Total budget for the Project: \_\_\_\_\_

2. Project's funding sources and uses in detail: \_\_\_\_\_  
\_\_\_\_\_

3. What, if any, other funds has the Organization received to date for the Project: \_\_\_\_\_  
\_\_\_\_\_

4. Is the Organization current in its financial obligations for the Project? \_\_\_\_\_

5. If the answer to the above question is "no", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please provide details of any contingencies to the Project's funding: \_\_\_\_\_

---

---

7. Anticipated specific use of funds from the Westrate Grant: \_\_\_\_\_

---

---

8. Anticipated timing of allocation of funds from the Westrate Grant: \_\_\_\_\_

**F. OTHER INFORMATION**

Please provide a description of any other information that you would like the review committee to consider: \_\_\_\_\_

I certify, to the best of my knowledge, that:

1. The tax-exempt status of this Organization is still in effect; and
2. The Organization is engaged in the development of affordable housing for individuals and families whose income is at or below 80% of the median income for the applicable area; and
3. This Organization does not support or engage in any terrorist activity, and
4. If the Grant is awarded to this Organization, the proceeds of the Grant will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorism, or used for any other unlawful purpose.

---

Executive Director/President

---

Date:

---

Treasurer of other Authorized Signatory

---

Date:

**Please submit (i) a signed and completed application, with all exhibits, and (ii) a cover letter of interest, to Debra Scribner at [dekline912@aol.com](mailto:dekline912@aol.com), not later than April 2, 2024.**