

# 2026



## HOME Investment Partnerships APPLICATION FOR FUNDING

### FUNDING APPLICATION FOR:

- HOME Investment Partnerships

### APPLICATIONS WILL BE ACCEPTED:

Wednesday, March 18, 2026 - Friday, April 24, 2026

### APPLICATIONS SHOULD BE SUBMITTED TO:

City of Anniston  
Community Development Department  
1129 Noble Street  
Anniston, AL 36201

Agency Name \_\_\_\_\_

Project Title \_\_\_\_\_

**SUBMITTAL INSTRUCTIONS**

Please provide **one (1) original application with attachments & one (1) application copy with attachments** to the City of Anniston Community Development Department no later than **3:00 p.m. on Friday, April 24, 2026**. Please label all attachments.

**CHECKLIST**

Submission Requirements	Documentation	Check if Enclosed
<p>1. The applicant must</p> <ul style="list-style-type: none"> <li>a. have a nonprofit status for at least one (1) full year, <b>or</b></li> <li>b. have two (2) full years of operating experience under another nonprofit entity, <b>or</b></li> <li>c. be a local governmental entity or agency <b>(governmental agencies can skip to line 5)</b></li> </ul>	<p><b>ATTACHMENT 1:</b>            Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant</p>	<input type="checkbox"/>
<p>2. The applicant must be registered to conduct business in the State of Alabama at the time of application. <b>(Not applicable to governmental agencies)</b></p>	<p><b>ATTACHMENT 2:</b>            Provide a copy of the current certification from the Alabama Secretary of State. For assistance, please visit: <a href="http://www.sos.alabama.gov">www.sos.alabama.gov</a></p>	<input type="checkbox"/>
<p>3. The applicant must have an audit or <b>audited</b> financial statements Copies of each <b>audited</b> financial statement must be submitted with the application. <b>Reviews and Compilations will not be accepted.</b> Audit findings will make the applicant ineligible to receive assistance, <b>Not applicable to governmental agencies)</b></p>	<p><b>ATTACHMENT 3:</b>            Provide one copy of each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable.</p>	<input type="checkbox"/>
<p>4. Non-profit organizations must have an active Board of Directors within the last 12 months. <b>(Not applicable to governmental agencies)</b></p>	<p><b>ATTACHMENT 4:</b>            Provide a list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of the Conflict-of-Interest Statement from the Board of Directors.</p>	<input type="checkbox"/>
<p>5. The applicant must have at least twelve (12) months of experience directly related to the proposed project or program.</p>	<p><b>ATTACHMENT 5:</b>            Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant’s previous related program activities.</p>	<input type="checkbox"/>
<p>6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.</p>	<p><b>ATTACHMENT 6:</b>            Provide a copy of the agency’s written financial management procedures, and a current organization chart.</p>	<input type="checkbox"/>
<p>7. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker’s Compensation</p>	<p><b>ATTACHMENT 7:</b>            Provide a copy of the Certificate of Insurance.</p>	<input type="checkbox"/>
<p>8. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit <a href="http://www.sam.gov">www.sam.gov</a>.</p>	<p><b>ATTACHMENT 8:</b>            Provide proof of registration with the U.S. System for Award Management.</p>	<input type="checkbox"/>

*All submitted materials will be used in determining the organization’s eligibility for funding.*



# HOME Program Overview

The HOME Investment Partnerships (HOME) Program was created by the National Affordable Housing Act (NAHA) of 1990. It is the largest Federal block grant available to communities to create affordable housing for low to moderate-income families. Each year, the U.S. Department of Housing and Urban Development (HUD) determines the amount of HOME funds that states and local governments are eligible to receive using a formula designed to reflect relative housing needs.

The primary objective of the HOME Program is to expand affordable housing options for persons of low and moderate-income by:

- Providing decent affordable housing to low-income residents
- Expanding the capacity of non-profit housing providers
- Strengthening the ability of state and local governments to provide housing
- Leveraging private sector participation.

This funding application is for the period beginning October 1, 2026, through September 30, 2027. Annually, the **City of Anniston Community Development Department** requests proposals from local non-profit organizations and government entities to carry out eligible HOME activities in the City. Submission of an application does not guarantee funding approval. Costs associated with the preparation of this application shall be the responsibility of the Applicant. Applications will become the property of the City of Anniston.

A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the City Council. Recommendations for grant awards will be provided to the City Council no later than August 2026.

Eligible activities for the HOME Program consist of the following:

### Activities

- Homebuyer Rehabilitation (repair, rehabilitation, and reconstruction)
- Homebuyer Activities (acquisition, rehabilitation, new construction, down-payment assistance)
- Rental Housing (acquisition, rehabilitation, new construction)
- Tenant-Based Rental Assistance (monthly rental assistance, security & utility deposits)

### **CITY OF ANNISTON, AL** **2025 HOME Income Limits** **Effective June 1, 2025**

<b>Family/Household Size</b>	<b>Extremely Low</b>	<b>Very Low-Income 50%</b>	<b>60% Income</b>	<b>Low Income 80%</b>
1	\$15,500.00	\$25,900.00	\$ 31,080.00	\$41,450.00
2	\$17,800.00	\$29,600.00	\$ 35,520.00	\$47,400.00
3	\$20,000.00	\$33,300.00	\$ 39,960.00	\$53,300.00
4	\$22,200.00	\$37,000.00	\$ 44,400.00	\$59,200.00
5	\$24,000.00	\$40,000.00	\$ 48,000.00	\$63,950.00
6	\$25,800.00	\$42,950.00	\$ 51,540.00	\$68,700.00
7	\$27,550.00	\$45,900.00	\$ 55,080.00	\$73,450.00
8	\$29,350.00	\$48,850.00	\$ 58,620.00	\$78,150.00

Source: U. S. Department of Housing and Urban Development [HUD] [www.huduser.gov](http://www.huduser.gov)

\*income of all persons living in the household

[https://www.huduser.gov/portal/datasets/home-datasets/files/HOME\\_IncomeLmts\\_State\\_AL\\_2025.pdf](https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_AL_2025.pdf)

**I. AGENCY INFORMATION**

Agency Name:			
Mailing Address:			
Telephone Number:		Email:	
Contact Person:		Title:	
DUNS Number:		Tax ID #:	

**II. PROGRAM INFORMATION**

Program Title:		
Program Location:		
Project Priority:	If your agency submits more than one HOME application, please rank the priority. This project is ranked ____ of ____ HOME project applications.	
Project Type:	<b><u>HOME Activities</u></b>	
	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Down Payment Assistance
	<input type="checkbox"/> Acquisition	<input type="checkbox"/> Tenant-Based Rental Assistance
Funding Request Type:	<input type="checkbox"/> New Project	<input type="checkbox"/> Existing Project Expansion

**III. REQUESTED FUNDING**

Total Program Cost	\$
Total HOME Amount Requested	\$
Percentage of HOME Investment ( <i>HOME Amount Requested/ Total Program Cost</i> )	_____ %

**IV. ORGANIZATION INFORMATION**

1. What is your organization’s mission statement?	
2. How long has the Organization existed in its current form?	
3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A.	
4. How many years has the Organization conducted the project/program for which it is requesting funding?	

**V. ORGANIZATION CAPACITY**

1. What percentage of the Organization’s budget is grant-funded?	
2. How many program staff persons are dedicated to this project ( <i>i.e. Case Managers, Intake Coordinators</i> )?	
3. Does the organization have administrative staff ( <i>i.e. Accountants, Executive Directors</i> ) dedicated to this grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has the organization secured funding for the administrative staff for this project?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**VI. PERFORMANCE OBJECTIVES & OUTCOMES**

Select only <b>one</b> of the following <u>objectives</u> that best describes your project.	Select only <b>one</b> of the following <u>outcomes</u> that best describes your project.
<input type="checkbox"/> Suitable Living Environment	<input type="checkbox"/> Improving Availability / Accessibility
<input type="checkbox"/> Decent Housing	<input type="checkbox"/> Improving Affordability
<input type="checkbox"/> Creating Economic Opportunity	<input type="checkbox"/> Improving Sustainability

**VII. NARRATIVE**

**Fiscal Year 2026**  
**HOME Program**  
**Application for Funding**



1. *Please provide a detailed description of the proposed project for funding.*

2. *The City of Anniston will require organizations to submit monthly reports pertaining to expenditure of HOME-funded activities. Describe and discuss any experiences you have in reporting, monitoring, and/or record-keeping compliance requirements with HOME and other funding agencies.*

3. *Describe the need for the proposed program/project within the community and provide data that supports this need. Where will the program/activity be completed or carried out?*

4. *Describe the services/activities to be provided or completed and estimate the number of persons to be assisted with HOME funding. Persons to be assisted should be described in terms of race, ethnicity, and income level. Include any necessary data to support the clientele who will benefit from the program/project.*

[Empty rectangular box for text entry]

5. *Please describe your organization's method for determining income eligibility.*

[Empty rectangular box for text entry]

<b>BUDGET PROPOSAL CONTINUED</b>			
<b>Line Items</b>	<b>HOME Funds</b>	<b>Other Funds</b>	<b>Total Funds</b>
<b>HOME Eligible Activities</b>			
<b>Homebuyer Rehabilitation</b>			
1. Repair	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. Reconstruction	\$	\$	\$
<b>Total Homebuyer Rehabilitation</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Homebuyer Activities</b>			
1. Acquisition	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. New Construction	\$	\$	\$
4. Down-Payment Assistance	\$	\$	\$
<b>Total Homebuyer Activities</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Rental Housing</b>			
1. Acquisition	\$	\$	\$
2. Rehabilitation	\$	\$	\$
3. New Construction	\$	\$	\$
<b>Total Rental Housing</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Tenant-Based Rental Assistance</b>			
1. Monthly Rental Assistance	\$	\$	\$
2. Security Deposit	\$	\$	\$
3. Utility Deposit	\$	\$	\$
<b>Total TBRA Assistance</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>GRAND TOTAL OF ALL COMPONENTS</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**BUDGET PROPOSAL NARRATIVE**

1. For each line item listed in your budget, provide a detailed description of how HOME funds will be used to support your program.

2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years for this project.

**VIII. PROPOSED MATCH & SOURCES**

Per 24 CFR 92.218, Subrecipients must make a matching contribution of 25% for HOME funds used. Match may be cash or “in-kind”, but it must be documented during program operations, reported monthly with each request for reimbursement, and is subject to review during monitoring. The match must be used in providing the same or closely related services. Please list sources and uses of the proposed match in the spaces provided below.

Agency/ Organization/Grantee/Donor	Source (Non-Federal, In-Kind, etc.)	Amount of Match (For 25% of HOME Funds Requested)



**IX. CONFLICT OF INTEREST ACKNOWLEDGEMENT**

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members?  
Yes  No   
If yes, please explain in detail and document the staff person’s involvement with these grant funds in the section below.

Do any family relationships (by blood or marriage) exist between staff in your organization and/or City Council for the City of Anniston?  
Yes  No   
If yes, please explain in detail and document the staff person’s involvement with these grant funds in the section below.

**ACKNOWLEDGED RESPONSIBILITY TO ABIDE BY ALL HUD AND CITY OF ANNISTON REQUIREMENTS**

The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by HUD and the City of Anniston. Please select the following link to comprehensively review the HOME regulations, 24 CFR Part 92.  
Yes  No

**CERTIFICATION**

I certify that the applicant agency meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with all federal requirements. I also certify that the organization is a certified IRS 501(c) (3) non-profit or governmental agency. I agree to adhere to the above provisions for all programs receiving assistance from the US Department of Housing & Urban Development. All board and staff members have disclosed any potential conflicts of interest that could violate HOME Program regulations at this time or Fa later date. I further certify that I have reviewed the contents of this application and the rating form and deem them to be accurate and true.

***Authorized Representative***

**Signature** **Date**

**Printed Name** **Title**