|  |
| --- |
| Integrated Disbursement and Information System (IDIS) Activity number:        |
|  PROJECT NAME:       |
|  HOME CONTRACT NUMBER:       | **DATE:** |
|  AGENCY NAME:       |
|  AGENCY CONTACT:       |
|  EMAIL:       | PHONE:       |

***ENVIRONMENTAL REVIEW***

|  |  |
| --- | --- |
|  7015.16 Received Date |       |

***HOME FUNDS***

|  |  |
| --- | --- |
| 1. **HOME funds Committed** (including lead hazard reduction costs)
 | $      |
| 1. Other Federal Funding
 | $      |
| 1. Other Funding Sources
 | $      |
|  Total Estimated Cost (1. + 2.+ 3.) | $      |
|  Total Cost Associated with Lead Hazard Reduction | $      |
|  Total Estimated Rehab Costs Less Lead Hazard Reduction Costs | $      |

***SOURCES OF MATCH (please identify)***

|  |  |
| --- | --- |
|       | $      |
|       | $      |

***PROJECT ACTIVITY INFORMATION***

|  |  |
| --- | --- |
| Total housing units completed |  |
| HOME Assisted Units |  |
| **Activity Type:**  |  | **Type of Ownership:**  |  | **CHDO Role:**  |  |
| 1. Rehabilitation Only
2. New Construction Only
3. Acquisition Only
4. Acquisition & Rehabilitation

5.Acquisition & New Construction | 1. Individual2. Partnership3. Corporation4. Not for Profit6. Other | 1. Owner2. Sponsor3. Developer |

***PROJECT ACTIVITY LOCATION***

|  |  |
| --- | --- |
| Project Address |       |
| Project Street Address |       |
| Project City/Zip+4 |       |       |
| Project County |       |

|  |  |
| --- | --- |
| Printed Name of Authorizing Individual       | Title      |
| Signature of Authorizing Individual | Date      |

Submit the Activity Set-Up Report to: HOME RHD Program

DOAAffordableHousingHelp@wisconsin.gov P.O. Box 7970, Madison, WI 53707-7970