|  |  |
| --- | --- |
| 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. Individual  2. Partnership  3. Corporation  4. Not for Profit  6. Other | | 1. Owner  2. Sponsor  3. 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](mailto:DOAAffordableHousingHelp@wisconsin.gov) P.O. Box 7970, Madison, WI 53707-7970