

CABARRUS-IREDELL-ROWAN HOME CONSORTIUM

2023-2024

HOME FUNDING ACTION PLAN



***ACTION PLANS DUE FEBRUARY 17, 2023**

Submit application to:

City of Concord
Attn: Pepper Bego
Planning & Neighborhood Development Department
P.O. Box 308
Concord, NC 28026
704-920-5133
begop@concordnc.gov



ACTION PLAN INFORMATION

HOME Consortium Member:

Rowan County, NC

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Consortium HOME Subrecipient

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CHDO

PROJECT/ACTIVITY DESCRIPTION

Project/Program Title: Do Not Intend to Seek Funding this Program Cycle

Project/Program Location: Rowan County, NC

Type of Activity (check all that applies in your proposed plan)

___ New construction for Homeownership ___ New construction for rental

___ Owner-Occupied Rehabilitation ___ Rental Rehabilitation

___ Acquisition/Rehab/Resale ___ Down Payment Assistance

X Other (specify): Do Not Intend to Submit an Application for 2023-24

Proposed Activity Description. Please provide details stating the activities planned to undertake including; the number and type of housing, other units expected as a result of these activities, and target client group.

Proposed Project/Activity Information

How many units will be

Newly constructed

Rehabilitated

Provided DPA

Acquired

Demolished/Cleared

Fair Housing Activities

Please describe the Fair Housing activities you plan to undertake in the upcoming program year.

PROJECT/ACTIVITY BUDGET AND FUNDING

Proposed Budget

Show all funding sources for the activities project or projects you plan to undertake.
Be sure to include program income.

Project Revenue

	Source	Amount
HOME funds being requested		
HOME funds from prior year(s)		
HOME Program Income		
Other Federal Funds		
State/Local Funds (list)		
Bank Loans		
Other Cash Contributions		
Private Grants		
Total Funds Available*		

Provide the details of all loans and/or grants, other than HOME, listed above for the project.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

- a) Employees of or closely related to employees of your agency
or the member government through which this application is made: YES ____ NO ____
- b) Members of or closely related to members of City Council
or Commission of the member government through which this
application is made: YES ____ NO ____
- c) Current beneficiaries of the program for which funds are requested: YES ____ NO ____
- d) Paid providers of goods or services to the program or having other
financial interest in the program: YES ____ NO ____

If you have answered **YES** to any question, **please attach a full explanation**. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.

To the best of my knowledge and belief all data in this HOME Funding Action Plan are true and current. The document has been duly authorized by the governing board/leadership of the HOME Consortium Member and do not request funding for the FY 2023-24 program.

Signature of Certifying Official

Date