**TO BE COMPLETED BY NON-PROFT NEIGHBORHOOD ORGANIZATION REQUESTING PROGRAM ELIGIBLITY**

**SECTION A** Please type or print clearly

**1. ORGANIZATION TO RECEIVE DONATION OR DIRECT SERVICES:** *(Non-profit organization)*

Non-Profit Name:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address: City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Zip: \_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Please provide a brief summary of the proposed use of the Neighborhood Assistance Contribution. (Please provide a brief summary of your program and how the NAA contribution will be used as appendix A keep to one page or less, single spaced)

*DSHA recommends that organizations that participate in the NAA program inform possible contributors to consult with a professional accounting and tax services firm prior to making a contribution for NAA credits.*

**2. Non-Profit Neighborhood Organization Eligibility**

NAA Tax credits are awarded for qualified neighborhood assistance that occurs from financial contributions and through the provision of in-kind goods and services. All contributions must be made to a neighborhood organization for a qualified activity, intended to assist people in impoverished areas, or people who have low- and moderate-income. For individuals the minimum contribution amount is $2,500.00. For businesses the minimum contribution amount is $10,000.00. Maximum contribution amount for both individuals and businesses is $100,000.00.

A. Does the organization receiving the neighborhood assistance qualify as a neighborhood organization? (*A neighborhood organization is defined in the Act as any organization performing neighborhood assistance in an impoverished area or for low- and moderate-income families and holding a ruling from the Internal Revenue Service of the United States Department of the Treasury that the organization is exempt from income taxation under the provisions of the Internal Revenue Code, or any community development corporation or community-based development organization as defined by DSHA.)*

Yes  No

B. Check the types of neighborhood assistance being proposed by this application (Check all that apply)

**Community Services** *(any type of counseling, emergency assistance or medical care furnished to individuals or groups in an impoverished area or for low- and moderate-income families)*

**Crime Prevention** (*any activity that aids in the reduction of crime in an impoverished area or for low- and moderate-income families)*

**Economic Development** (*any activity that aids in business development and ownership in impoverished areas or for low- and moderate-income families)*

**Education** (*any type of scholastic instruction to individuals who reside in an impoverished area or for low- and moderate-income individuals that enables them to meet educational requirements for known job vacancies)*

**Housing** *(any activity that aids in substantial rehabilitation or new construction of rental or owner-occupied residences for low- and moderate-income families in impoverished areas or other areas)*

**Job Training** *(any type of instruction to individuals who reside in an impoverished area or for low- and moderate-income individuals that enables them to acquire vocational skills so that they can become employable or be able to seek a higher grade of employment)*

C. What will be the impact on the impoverished area or low- and moderate-income people?

(*Please check all sections that apply and attach a brief explanation.)*

Empowerment of Citizens

Leverage Additional Funding for Impoverished Areas

Stabilization of Neighborhood

Increased Economic Development (i.e., increase in businesses or jobs in the area)

Affordable Housing

Asset Building (increased homeownership, opening of small businesses, etc.)

Education of Citizens (consumer education, civic or community

building, financial education, etc.)

Other: Please describe: Click or tap here to enter text.

**TO BE COMPLETED BY NON-PROFT NEIGHBORHOOD ORGANIZATION REQUESTING PROGRAM ELIGIBLITY**

**SECTION B** Please type or print clearly

Proposed Activity:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A. What is the expected Budget for the activity? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Provide a budget detailing how contribution will be used as appendix B)

B. Additional funds needed to complete proposed activity: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. How will additional funds be raised? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

D. Will the activity continue after the funds generated by the use of the contribution or

investments are expended?  Yes  No

If yes, describe how the activity will continue and how you anticipate that it will be funded.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

E. Identify the impoverished area being served (name of area, Federal Census Tract number, County) or how assistance will only be used to provide assistance to low- and moderate-income people.

Census Tract: \_\_\_\_\_\_\_\_

Census Tract: \_\_\_\_\_\_\_\_

Census Tract: \_\_\_\_\_\_\_\_

Name of Area: \_\_\_\_\_\_\_\_

F. Outline three to five major goals for the activity, with corresponding objectives. *(Objectives should be measurable)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

G. Please provide a timeline for the completion of the activity funded with neighborhood assistance funds, including when a final report will be sent to DSHA. (Award of future credits to an organization will be dependent on final reports being received by DSHA in a timely manner.)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach the following documents to the application from the non-profit organization that is receiving the contribution:

Attachment A: Synopsis of Program activity and proposed contribution usage

Attachment B: Budget for Activity

Attachment C: Most recent IRS Tax Return or 990 Form (if applicable)

Attachment D: Most recent three years Audited Financial Statements (if available)

Attachment E: Board of Directors List

Attachment F: Annual Report (if available)

Attachment G: 501 (c)(3) Certificate

Attachment H: Non-Profit Organization’s By-Laws