

Application Instructions

- This application is a fillable PDF designed to be completed electronically instead of printing and scanning.
- The applicant must complete and submit the application in partnership with an FHLBank Chicago member. Signatures representing the applicant and FHLBank Chicago member institution are required.
- Submit the completed application and supporting documentation as one PDF to <u>ci@fhlbc.com</u> by July 14, 2023.
- For questions and technical assistance, please contact Community Investment at <u>ci@fhlbc.com</u> or 312.565.5824.

Applicant Information

Name of Organization:
Contact Person:
Title:
Address:
City:
State:
Zip Code:
Telephone Number:
Email Address:
Member Information
Name of Institution:
Member Number:
Contact Person:
Title:

Address:

City:

_

State:

Zip Code:

Telephone Number:

Email Address:



COMMUNITY FIRST[®]DIVERSE DEVELOPER INITIATIVE APPLICATION

Grant Request

Amount Requested:

\$____

(The target grant amount is \$50,000 to \$250,000. Requests for other grant amounts will be considered on a case-by-case basis. The initiative can be supplemented with other funding sources).

Proposed Use of Funds:

Fellowships/Internships

Narrative

To be completed by the Applicant organization seeking grant funds. Answers to this section will help FHLBank Chicago evaluate and score the application. As a reminder, scoring is only one aspect of the application and the highest scores do not automatically translate into an award. Priority will be given to Applicants who did not receive a Community First Diverse Developer Initiative award in 2022.

1. Describe the applicant's mission and a brief history. Please include the applicant's geographic service footprint.



COMMUNITY FIRST[®]DIVERSE DEVELOPER INITIATIVE APPLICATION

2. Describe the applicant's previous experience supporting career development initiatives for diverse developers of affordable housing in Illinois and Wisconsin. If the applicant develops affordable housing, please describe development experience as well.

3. Describe the applicant's strategy to support career initiatives for diverse developers of affordable housing in Illinois and Wisconsin, and how the proposed use of grant funds will help achieve this strategy.



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4. Describe the population the applicant aims to serve through the Diverse Developer Initiative as well as the barriers this population faces entering and/or advancing in the industry.

5. Describe the resources dedicated to managing grant funding (e.g., staffing, technology, and impact metrics reporting).



Supporting Documentation

Please attach the following <u>required</u> materials to your application as one PDF.

- 1. Budget with detailed support for the proposed use of funds
- 2. Timeline for implementation
- 3. Proposed impact metrics

You may attach the following optional materials to your application as one PDF as well.

- 1. Organizational strategic plan (if applicable)
- 2. Any other materials to support the application

Certification and Signature – Applicant

The undersigned certifies that:

- 1. All information provided above is accurate and necessary steps were taken to ensure its accuracy; and
- 2. The applicant meets the eligibility requirements of the Federal Home Loan Bank of Chicago's Community First Diverse Developer Initiative.

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Certification and Signature – Member

The undersigned, with full authority to make the certification below on behalf of the member,

herby certifies that:

- All information provided above is accurate and all necessary steps were taken to ensure its accuracy; including the exercise of a due diligence "know your customer" review to determine sufficient familiarity with the applicant and its suitability for the program.
- 2. The applicant meets the eligibility requirements of the Federal Home Loan Bank of Chicago's Community First Diverse Developer Initiative.
- 3. The applicant is a client of the member, and the member is unaware of any unresolved acts of fraud, nor any criminal, civil, or administrative proceedings involving the applicant or the actions of its employees while acting in their professional capacity.

Authorized Signature:
Name
Title:
Date:
and submit the explication and supporting decompatation as one DDF to sightly a same h

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