Homeownership Counseling Grant Program

Wells Fargo Housing Foundation

Application Guide

January 2018

Together we'll go far

Eligibility Quiz

Eligibility Quiz

www.cybergrants.com/wellsfargo/HGP/quiz

Homeownership Counseling Grant Program - Eligibility Quiz

Do you represent a U.S. based IRS qualified charitable 501(C)(3) organization with a valid Tax ID #? If so, do you certify that you are an official representative and have authority to submit an application on behalf of the organization?

Yes   No

If No:

Your responses to the quiz questions have indicated that your proposal does not meet our funding guidelines. Please refer to the Housing Foundation website for complete program guidelines: http://www.wellsfargo.com/about/corporate-responsibility/community-giving/housing-foundation.

If Yes:

Does the program/project serve low- to moderate-income individuals/families? (Low- to moderate-income defined by HUD as 80% or less of the Area Median Income (AMI) adjusted for family size).

Yes   No

Eligibility Quiz

If No:

Your responses to the quiz questions have indicated that your proposal does not meet our funding guidelines. Please refer to the Housing Foundation website for complete program guidelines: http://www.wellsfargo.com/about/corporate-responsibility/community-giving/housing-foundation.

If Yes:

Has your organization completed at least two consecutive years of operations as of the date of application?
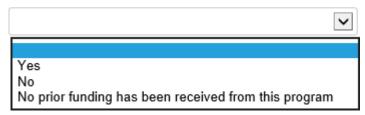
| Yes | No |

If No:

Your responses to the quiz questions have indicated that your proposal does not meet our funding guidelines. Please refer to the Housing Foundation website for complete program guidelines: http://www.wellsfargo.com/about/corporate-responsibility/community-giving/housing-foundation.

If Yes:

If your organization has received prior Homeownership Counseling Grant Program funding, an online impact report must be submitted for consideration of future funding. Any applications submitted from an organization that has an outstanding impact report will be declined. If prior funding was received through this program, was an impact report submitted as stated in the Grant Agreement?

[▼]

Yes
No
No prior funding has been received from this program

Submit

Eligibility Quiz

If No:

If you received grant support in the last two years, you must submit a Nonprofit Online Impact Report prior to applying for new grant funding. If you have questions about this requirement, please contact the Housing Foundation at 612-667-5131.

If Yes, or No prior funding has been received from this program:

I agree that no goods and/or services were promised, in whole or in part, for contributions that may be received as a result of this application.

I agree
I disagree

Submit

If I disagree:

Please contact the Wells Fargo Housing Foundation at (612)667-5131 for further information. Thank You.

If I agree:

Congratulations! You are eligible to apply to the Homeownership Counseing Grant Program. Please click here to be directed to the Login and Registration page.

Registration / Log In

Online Grant Application

www.cybergrants.com/wellsfargo/HGP/application

Homeownership Counseling Grant Program

First time user? Create your password

Please Log In

* indicates required field

NOTE: If you have not previously registered on the Wells Fargo site, please click on the link above for first time users. This will take you to the registration page which is required in order for you to complete an application. If you have previously registered, you may use your existing login credentials. If you need your password reset, please click on the "Forgot your password?" link below. Applications from nonprofits are accepted during set application submission periods, posted on the Homeownership Counseling Grant Program website. For more information about the Homeownership Counseling Grant Program, please visit our website at: Wells Fargo

Click here to download the Homeownership Counseling Grant Program Application Guide to know what information will need to be provided to request grant funding.HCGP Application Guide

Click here to download the Homeownership Counseling Grant Program Impact Report Guide. Review the Impact Report Guide to know what information is required to be provided within one year of grant award.HCGP Impact Report Guide

* E-mail Address:

* Password:

Invitation Code (optional):

Log In

Forgot your password? ◀ **Click here if you forgot your password.**

Please note that you must have cookies and JavaScript enabled on your browser in order to successfully log in.

Click here for technical assistance; available on every page. ▶ Need Support?

Registration Information

* First Name:

* Last Name:

* Telephone Number:

* E-mail Address: Please enter your e-mail address, e.g. yourname@yourdomain.com. You will need your e-mail address to log in.

* Password: The password must be between 7 and 12 characters. Any letter or number is valid. The following special characters are also allowed '!#$-_'. The password 'password' is not valid.

* Confirm Password:

Invitation Code: Enter the invitation code if you were provided with one by the grantmaking organization.

Not required

* Organization Name: Enter the legal name of the organization for which you are applying.

* Zip/Postal Code:

IRS Information

Tax ID/Charity ID (if applicable): Enter the nine digit U.S. Tax ID of the 501(c)(3) non-profit organization for which you are applying. If you do not know the organization's Tax ID, please contact the business office of the organization or call the IRS toll-free at 1-877-829-5500. If your organization is not located in the United States or otherwise does not have a U.S. Tax ID number then leave this field empty.

Tax ID # is required

Save   Cancel

8

Welcome Page

Homeownership Counseling Grant Program

Welcome, mimi phillips!

> **Ensure correct organization selected.**

Welcome, mimi phillips!

The organization you are currently associated with is CyberGrants TEST Organization.

If you work with multiple organizations, click here to add a new organization to your account.

Application Overview

The Wells Fargo Housing Foundation Homeownership Counseling Grant Program grant application consists of eight sections, each of which must be completed for your proposal to be considered. **Please be sure to save your work as you complete the application as it will time out after 30 minutes of inactivity and all unsaved work will be lost.**

1. Contact information pertaining to your organization
2. Basic information pertaining to your organization
3. Detailed information about your organization
4. The proposal your organization is submitting for approval
5. Demographics
6. Attachments relevant to your proposal
7. Community Development Support
8. Final Agreement

Once submitted, your application cannot be modified, so you may wish to familiarize yourself with a READ-ONLY version of the online application before beginning.

READY TO BEGIN? Click the "Start a New Application" link at the end of these instructions.

Helpful Hints
Before you begin, we recommend that you review the following:
- **To save an in-progress application and return to work on it later:** Close your browser after clicking the "Save and Proceed" button.
- **To return to your saved application:** Type the following URL in your browser's address bar to gain access the login screen directly:

www.cybergrants.com/wellsfargo/HGP/application

> **Bookmark URL to return to or preview HCGP application(s).**

You may wish to bookmark this link for future reference.

Once you've logged in again, click the "Continue" link to the left of the application's Project Title, below.
- **To delete an incomplete or erroneous application that you've started:** Click the trash can icon next to its Project Title, below.
- **To print a paper copy of your completed application:** Prior to submitting your application you will see a summary screen of your entire application. Select "Print" from your web browser's "File" menu.
- **To review an application that your organization has previously submitted:** Click the "View" link next to the appropriate Project Title below.

NEED HELP? If you have technical questions regarding this application, use the "Need Support" link located at the bottom of every page to contact our support team.

Welcome Page

	Applications Requiring Action		
Action	**Project Title**	**Application Date**	**Application Amount**
View Original	Homeownership Grant Program	12/29/2015	$250,000.00
		Impact Report(s) Due:	
Report	WFHF Homeownership Grant Program Impact Report (Due 12/29/2016)		

Link to impact reports due on submitted applications

	Submitted Applications		

Display activity for year: 2014 2013

Action	**Project Title**	**Application Date**	**Application Amount**
View	Homeownership Grant Program	01/03/2014	$3,000.00
View	Community Connection Grant Program to support general operating expenses	01/22/2014	$1,000.00

» Start a New Application «

Click here to start a new application.

Need Support?

Click here for technical assistance.

Navigation
Each section of the application will have a timeline like the one below to help you monitor your progress. The arrows (>>)indicate your current position. Clicking a link in the timeline will take you to that section.

Welcome Page	Contact Information	Organization Profile	Organization Details	Project/Program Information	Demographics	Attachments	Community Development Support	Agreement

Request for Proposal

| Welcome Page | Contact Information | Organization Profile | Organization Details | Project/Program Information | Attachments | Demographics | Community Development Support | Agreement |

Contact Information

* indicates required field

☐ **Match:** Check the box to associate this individual with this application.

Name: JOHN DOE
Telephone Number: 7043746128
E-mail Address: john.doe@aol.com

☐ **Match:** Check the box to associate this individual with this application.

Name: MIMI PHILLY
Telephone Number: 123
E-mail Address: marian.phillips@wellsfargo.com

[Save and Proceed]   [Create New]

Need Support?

Select an existing contact or create a new contact. Please select <u>one</u> primary contact only.

11

Organization Profile

Organization Profile

Official Name Name associated with specific Tax ID in the IRS Business Master File.
CYBERGRANTS TEST ORGANIZATION

* Organization Name What is the legal name of your organization?

CyberGrants TEST Orgar

AKA Name If your organization is known by another name please enter the name here.

CTO

* Mailing Address

301 S. College Street

Address 2

D1053-251

* City

Charlotte

* State

North Carolina

* ZIP Code

28202

* Telephone

7043746128

NOTE: This is the address where payment will be mailed.

Organization Profile

* Website Address   org@website.org

* Year Founded   2000

Brief History of Organization

brief

(1995 character(s) remaining)

* Mission Statement   Provide a brief mission statement for your organization.

support lmi

(689 character(s) remaining)

* IRS W-9 Form and 501(c)3 determination letter   A completed IRS W-9 form and a copy of the organization's IRS 501(c)3 determination letter is required to be uploaded. Note that the December 2014 version of the W-9 form must be uploaded.
Click here to download IRS W-9 form.
Note: Maximum file size is 10 MB any file format, except HTML, is acceptable.

Upload File

- w9 dec 2014.pdf (116.53 K), uploaded by mimi phillips on 02/11/2016   [Delete File]

Organization Profile

* Is your organization classified as a 509(a)3 supporting organization by the IRS? [dropdown] ⟶ No / **Yes**

If Yes:

Please upload one of the following: (1) IRS letter stating that the organization is Type I or Type II; or (2) external legal opinion stating that the organization is Type I or Type II with a reasoned explanation that references the IRS tax code and illustrates how their organization's governing structure fits into Type I or Type II.   [Upload File]

[Save and Proceed]

Need Support?

Organization Details

* Request Date   Request Date

> 12/27/2016

* Non-discrimination
Does your organization discriminate on the basis of race, ethnicity, color, gender, national origin, religion, age, sexual orientation, gender identity, genetic information, physical or mental disability, pregnancy, marital status, status as a protected veteran or any other status protected by federal, state or local law?

[▼]

If yes, please explain basis for discrimination (e.g. organization serves only one gender).   Note that organizations who respond 'yes' may be subject to additional review.

* Organization's Programs and Services   List programs and services offered by organization

(2000 character maximum)

* Organization's Long Range Goals   List the top 5 strategic goals for your organization.

(2000 character maximum)

* Provide Full Names of Board of Directors - limit to board role of President/Chair, VP, Secretary, Treasurer   Include any professional affiliation and title. For example:
John Smith/Chair - ABC Foundation;
Sue Brown/Treasurer - ABC Foundation

Add to List

Organization Details

* Is your organization part of a national organization affiliate network?

[dropdown ▼] →

No
Yes

If Yes:

If you are a member of a National Organization, please select the appropriate organization from the list below.

If you are a member of a National Organization, please select the appropriate organization from the list below.

[dropdown ▼]

AARP
Enterprise
Fahe
Grounded Solutions
Habitat for Humanity International
HomeFree USA
Homeownership Preservation Foundation
Housing Assistance Council
Housing Partnership Network
National Association for Latino Community Asset Builders (NALCAB)
National Coalition for Asian Pacific American CD (National CAPACD)
National Community Reinvestment Corp (NCRC)
National Council on Aging
National Foundation of Credit Counseling
National Urban League
NeighborWorks America
Rebuilding Together
Rural LISC
UNIDOS USA (NCLR)
None of the above

Organization Details

* Corporate/Foundation Contributors and Dollar Amounts - Limit to Top 5

(ex: Wells Fargo - $10,000; ABC Foundation - $5,000)

(2000 character maximum)

* Notification Information

Please indicate who at grantee organization should be notified of check delivery (enter name and email address) if grant is awarded. This information will display on electronic payment notification sent to grant seeker.

(100 character maximum)

* Organization's Primary Contact at Wells Fargo

Indicate the name and email address of the organization's primary contact at Wells Fargo, if any. Enter "N/A" of not applicable. This question is intended for informational purposes only. The existence of a business relationship with Wells Fargo will not affect an organization's consideration for grants by the Wells Fargo Foundation.

(100 character maximum)

Save and Proceed

Need Support?
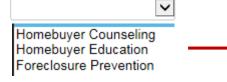
Project/Program Details

Project/Program Information

* indicates required field

* Program
Homeownership Counseling Grant Program

* Event/Project/Program Area Served Select the area where the event/project/program area is being served.

[▼]

* Requested Grant Amount (In U.S. dollars)

[   ]

* Impact Enter the number of member organizations/affiliates that will benefit from this grant funding. If not applicable, enter 0.

[   ]

* Sub-granting If awarded grant funding, will these funds be sub-granted?

[▼]

Total Amount of sub-grant(s)

[   ]

* Total Budget Amount Provide the total amount budgeted for the event/project/program.

[   ]

* Detailed Budget Attach a detailed project budget specific to this grant request.
Note: Maximum file size is 10 MB any file format is acceptable, except html..

Upload File

Project/Program Details

* Provide a list of staff and their roles associated with the event/project/program.

(ex: Jane Doe/Project Manager; Manages project)

[ ]

Add to List

[ ]

Remove from List

* Event/Project/Program Description

Brief description of event/project/program that is specific to this funding request.

[ ]

(2000 character maximum)

* Detailed Event/Project/Program Information

Upload a detailed project summary that specifically explains the event/project/program for which funding is being requested. Explain why your organization is requesting grant dollars for this purpose. Upload a brochure if appropriate.

Upload File

* Describe the success metrics you will use to ensure a successful project/program, including expected outcomes and impact. Be specific.

[ ]

(2000 character maximum)

Project/Program Details

* Program Segment (?)   Select an area where the majority of the grant funds would be spent.

[⌄]

Homebuyer Counseling
Homebuyer Education
Foreclosure Prevention

Homebuyer Counseling: Counselor-to-client assistance that addresses unique financial circumstances and housing issues, and focses on overcoming specific obstacles to achieve housing goals such as repairing credit, locating cash for a down payment, recognizing predatory lending practices, understanding fair lending and fair housing requirements, avoiding foreclosure, or resolving a financial crisis. -Includes credit and budget counseling efforts **Homebuyer Education:** Education with an established curriculum and instructional goals, provided in a group or classroom setting or via other formats (online), that covers such homeownership topics as the home-buying process, how to maintain a home, budgeting, the importance of good credit, and other home buying related subjects. -Pre homebuyer education includes 4-8 hour workshops -Post homebuyer education includes reverse mortgage education efforts **Foreclosure Prevention:** Counseling efforts designed to help families keep homes that are facing foreclosure and stabilize the overall housing market. Provides information and assistance to avoid foreclosure.

Project/Program Details

Counseling/Education	If this project focuses on Counseling/Education, complete this section of the application. If not applicable, continue to the next section.

Funding Purpose Category Indicate the % of this project which will focus on the identified funding purpose categories below. Enter whole numbers only. All values must total to 100%.

[   ] % Pre-Purchase Counseling and Education

[   ] % First Time Homebuyer

[   ] % Post-Purchase Counseling and Education

[   ] % Foreclosure Prevention

[   ] % Other

If Other selected above, indicate the type of pre-purchase workshop/session this grant will focus on. [   ]

Project/Program Details
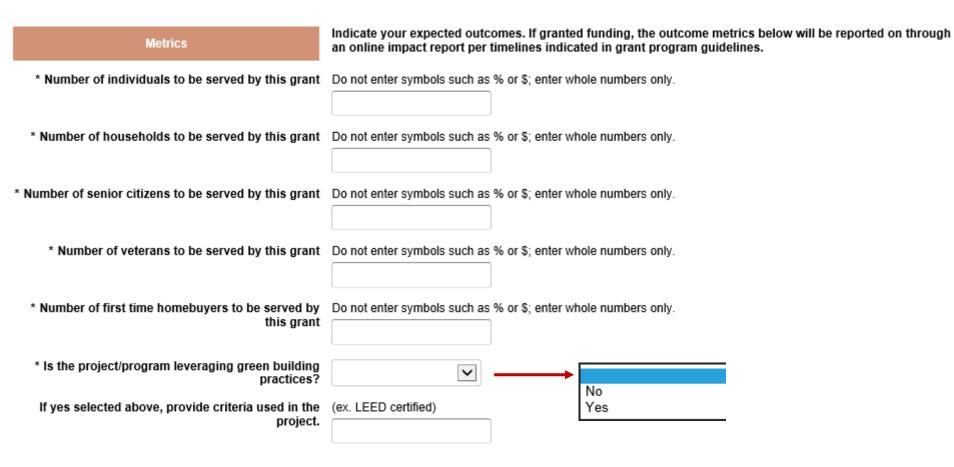
Pre-Purchase Counseling/Education	Indicate the number of pre-purchase workshops/sessions to be provided with this grant funding, if awarded. Enter whole numbers only. If this project does not focus on pre-purchase counseling/education, skip to next section.

Budgeting/Financial Education Do not enter symbols such as % or $; enter whole numbers only.

Credit Counseling Do not enter symbols such as % or $; enter whole numbers only.

First Time Homebuyer Do not enter symbols such as % or $; enter whole numbers only.

Homebuyer Workshops Do not enter symbols such as % or $; enter whole numbers only.

Other Do not enter symbols such as % or $; enter whole numbers only.

If Other selected above, indicate the type of pre-purchase workshop/session this grant will focus on.

Project/Program Details

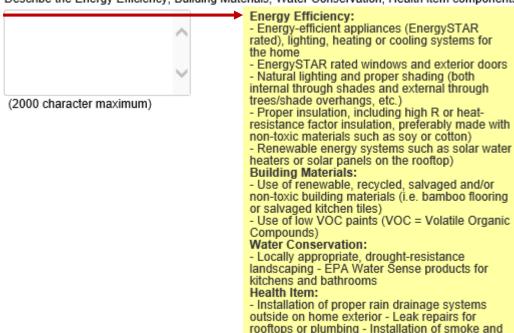| Post-Purchase Counseling/Education/Foreclosure Prevention	Indicate the number of <u>post-purchase and foreclosure prevention</u> workshops/sessions to be provided with this grant funding, if awarded. Enter whole numbers only. If this project does not focus on post-purchase counseling/education/foreclosure prevention, skip to next section.
Budgeting/Financial Education	Do not enter symbols such as % or $; enter whole numbers only.
Foreclosure Prevention	Do not enter symbols such as % or $; enter whole numbers only.
Home Maintenance	Do not enter symbols such as % or $; enter whole numbers only.
Reverse Mortgage, Home Equity Loan, etc.	Do not enter symbols such as % or $; enter whole numbers only.
Other	Do not enter symbols such as % or $; enter whole numbers only.
If Other selected above, indicate the type of post-purchase workshop/session this grant will focus on.	

Project/Program Details

Type of Workshops/Sessions	Indicate the number of workshops/sessions to be provided with this grant funding, if awarded. Enter whole numbers only.
Counselor-to-Client Assistance (1:1)	Do not enter symbols such as % or $; enter whole numbers only.
Face-to-Face via Group Education (Classroom)	Do not enter symbols such as % or $; enter whole numbers only.
Online/Internet	Do not enter symbols such as % or $; enter whole numbers only.
Telephone Counseling	Do not enter symbols such as % or $; enter whole numbers only.

Project/Program Details

Metrics	Indicate your expected outcomes. If granted funding, the outcome metrics below will be reported on through an online impact report per timelines indicated in grant program guidelines.
* Number of individuals to be served by this grant	Do not enter symbols such as % or $; enter whole numbers only.
* Number of households to be served by this grant	Do not enter symbols such as % or $; enter whole numbers only.
* Number of senior citizens to be served by this grant	Do not enter symbols such as % or $; enter whole numbers only.
* Number of veterans to be served by this grant	Do not enter symbols such as % or $; enter whole numbers only.
* Number of first time homebuyers to be served by this grant	Do not enter symbols such as % or $; enter whole numbers only.
* Is the project/program leveraging green building practices?	⌄ → No / Yes
If yes selected above, provide criteria used in the project.	(ex. LEED certified)

Project/Program Details

If yes selected above, provide information regarding the green component(s) of your project. (?)

Describe the Energy Efficiency, Building Materials, Water Conservation, Health item components of this project.

(2000 character maximum)

Energy Efficiency:
- Energy-efficient appliances (EnergySTAR rated), lighting, heating or cooling systems for the home
- EnergySTAR rated windows and exterior doors
- Natural lighting and proper shading (both internal through shades and external through trees/shade overhangs, etc.)
- Proper insulation, including high R or heat-resistance factor insulation, preferably made with non-toxic materials such as soy or cotton)
- Renewable energy systems such as solar water heaters or solar panels on the rooftop)
Building Materials:
- Use of renewable, recycled, salvaged and/or non-toxic building materials (i.e. bamboo flooring or salvaged kitchen tiles)
- Use of low VOC paints (VOC = Volatile Organic Compounds)
Water Conservation:
- Locally appropriate, drought-resistance landscaping - EPA Water Sense products for kitchens and bathrooms
Health Item:
- Installation of proper rain drainage systems outside on home exterior - Leak repairs for rooftops or plumbing - Installation of smoke and carbon monoxide monitors to ensure indoor air quality - Installation of kitchen/bathroom fans for air ventilation and to prevent mold - Sealing home cracks to prevent pests and rodents

* If the project/program is located in a rural area,, indicate the Census Tract Code location of the project. If not Rural, enter N/A.

Census Tract Code information can be obtained from https://geomap.ffiec.gov/FFIECGeocMap/GEOcodeMap1.aspx

* Is the project/program rehabbing a Real Estate Owned Property?

No
Yes

If yes, who was the REO property acquired from? (city, bank, etc.)

Provide the full name of the company or municipality.

Save and Proceed

Need Support?

Attachments

* indicates required field

In order to fully process this application, financial documentation covering the past two years must be provided.

1. Click on the "Browse" button
2. Go to the location of the document on your computer
3. Highlight the document and click "OK"
4. Click "Upload"

Note: The maximum size allowed is 10MB (i.e. 10485760 Kilobytes). If your file is larger than the maximum size allowed, please click here to access instructions on how to resize your file.

* Form 990 and Audited Financial Statement   Attach a copy of the organization's most recently filed IRS form 990 including schedule A, if applicable, (can be downloaded from guidestar.org); and most recent audited financial statement. We encourage you to upload bothdocments in order for us to be able to fully review your application. Note: Macimum file size is 10 MB any file format is acceptable, except HTML. If you file exceeds the maximum file size, please break your document down into more than one file in order to upload.

Upload File

Save and Proceed

Need Support?

Demographics

* indicates required field

We gather the following data for tracking purposes only and do not base our grant decisions on the information collected. We do not share your specific information with any other organization. We refer to this information as we seek to measure our giving history against our diversity mission. Our diversity mission encompasses a commitment to being an inclusive company where all people are treated fairly, recognized for their individuality, promoted based on performance, and encouraged to reach their full potential. We believe in recognizing, understanding, and respecting differences among all people.

* **Ethnicity/Race** (?)   What is the breakdown of those to be served by this grant, if awarded?
Enter whole numbers only. All values must total 100 percent.
Click on the "?" to the left for category definitions and please provide your best estimate if this number is not officially tracked by your organization.

Hispanic or Latino (Ethnicity): Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
American Indian/Alaskan Native (Race): Origins in any of the original peoples of North America, people who maintain cultural identification through tribal affiliation or community recognition; not of Hispanic or Latino origin.
Asian (Race): Origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam; not of Hispanic or Latino origin.
Native Hawaiian or Other Pacific Islander (Race): Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands; not of Hispanic or Latino origin.
White (Race): Origins in any of the original peoples of Europe, North Africa, or the Middle East; not of Hispanic or Latino origin.
Two or More Races: People who identify with more than one of the above five races; not of Hispanic or Latino origin.

%   Hispanic or Latino

%   American Indian/Alaskan Native

%   Asian

%   Black or African American

%   Native Hawaiian or Other Pacific Islander

%   White

%   Two or More Races

Complete all demographic information, if known.

If not known, please provide a best estimate.

Enter whole numbers only. Do not enter % sign in any field.

* **Gender**   What is the gender breakdown of those to be served by this grant, if awarded?
Enter whole numbers only. All values must total 100 percent.

%   of Men Served

%   of Women Served

28

Demographics

* Age Group What is the age breakdown of those to be served by this grant, if awarded?
Enter whole numbers only. All values must total 100 percent.

[   ] % Children (Birth-17 yrs)

[   ] % Young Adults (18-24 years)

[   ] % Adults (25-64 yrs)

[   ] % Senior Citizens (65 yrs+)

[   ] % All Ages

% of LGBTQ Population Served If this does not apply, leave blank.

[   ]

* Support for Persons with Disabilities (PWD) Enter the percentage of support for Persons with Disabilities (PWD) to be served by this grant, if awarded.
Entries must total 100%.

[   ] % PWD

[   ] % Non-PWD

* Support for Military/Veterans Enter the percentage of Military/Veteran personnel to be served by this grant, if awarded.
Entries must total 100%.

[   ] % Military/Veteran Personnel

[   ] % Non-Military/Veteran

Save and Proceed

Need Support?

29

Community Development Support

Community Development Support

* indicates required field

Please determine if your project/program benefits low- and moderate-income populations (those earning 80% or less of the area median family income) in one of the following Community Development categories:

- **Affordable Housing** - The project/program will support the creation or promotion of affordable housing (including rental and owner occupied), provide services or technical assistance such as credit counseling, homebuyer and home maintenance counseling, financial planning, or other financial services related to homeownership targeted to low- and moderate-income populations.

- **Community Services** - The project/program will provide community services targeted to low- and moderate-income populations, including but not limited to educational services, health and essential services; job training, day care services, etc.

- **Economic Development - (Small Business/Small Farm)** - The project/program will promote economic development by providing financing, services or technical assistance that targets businesses or farms with annual revenues of $1 million or less.

- **Neighborhood Revitalization/Stabilization** - The project/program will support activities that stabilize or revitalize low- and moderate-income neighborhoods, designated disaster areas; or distressed, underserved middle-income areas.

* Community Development Category   NOTE: Select one of the following two categories: Affordable Housing or Neighborhood Revitalization/Stabilization. Other categories listed do not apply to this program.

[dropdown ▼]

Affordable Housing
Community Services
Economic Development (Small Business/Small Farm)
Neighborhood Revitalization/Stabilization
Not Applicable

Community Development Support

* Community Development Description

Describe how your project/program benefits low-and moderate-income populations in the selected Community Development category.

(2000 character maximum)

* Low to Moderate Income Group Served?

Will the project/program funded by the grant proceeds primarily benefit low- and moderate-income populations (those earning 80% or less of the area median family income)? Please refer to the FFIEC's website (http://www.ffiec.gov/geocode/default.aspx) to determine the HUD Estimated MSA/MD/non-MSA/MD Median Family Income.

No
Yes

If yes, please provide the percentage of low- and moderate-income clients served:

Enter the percentage of LMI clients served. Do not include the percentage sign; please only include numerals.

This information is:

LMI data is current as of:

MM/DD/YYYY

* Please provide the name, title, phone and email address of the individual supplying this information.

(255 character maximum)

Save and Proceed

Need Support?

Grant Seeker Acknowledgments

* indicates required field

You must agree to the statements below in order to submit this application.

* Confirmation
Selecting this field confirms your agreement that no goods or services will be provided exclusively to any Wells Fargo organization and/or its team members as a result of receiving this donation, if awarded.

☐ No goods/services/benefits are provided exclusively to Wells Fargo, its affiliates or team members.

Acknowledgement
On behalf of the organization(s) for which I am submitting this information, I represent that the information submitted in this application is true and correct, and I agree that it may be relied upon by Wells Fargo for its intended purpose. This information has been reviewed and approved by a staff member of the nonprofit organization.

☐ I agree

Save and Proceed

Need Support?

Review and Submit

Review Your Application

- At this time, you will have the opportunity to review your application. This is your opportunity to edit any of the information that has been entered before submitting the application.

- If edits are necessary, please click on that individual section. Once that change is made select save and proceed until you return to the "Review Your Application" page.

Submit Your Application

- Submit your application by selecting the "Submit" button at the bottom of the page.

Email Confirmation

- You will receive an email confirmation acknowledging our receipt of your application.

Resources

- **Program Questions**
  - Michelle Grier at michelle.grier@wellsfargo.com

- **Application, Report and Compliance Questions**
  - The Wells Fargo Housing Foundation at wfhf@wellsfargo.com

- **Technical Assistance**
  - "Need Support" link within application site
  - Marian Phillips at marian.phillips@wellsfargo.com