

**FUNDING REQUEST FORM  
CITY OF READING & BERKS COUNTY  
HOME INVESTMENT PARTNERSHIPS (HOME) PROGRAM  
FFY2027**

Assistance in completing this request is available by calling the Berks Redevelopment Authority at 610-478-6325 OR City of Reading Community Development Office at 610-655-6211, between the hours of 8:00 a.m. and 4:00 p.m., Monday to Friday.

Please answer all questions on this form that are applicable to your project as specifically as possible (print or type). Attach additional information, beyond the required documents, if needed with your request form, in order to more fully answer the pertinent questions.

*All projects funded by the HOME Program must be consistent with the City & County Comprehensive and Five-Year Consolidated Plans.*

*In addition, please complete and attach the Subsidy Layering Analysis for the project  
For more information see <https://www.hud.gov/sites/documents/15-11cpdn.pdf>*

**I. GENERAL INFORMATION**

A. Date: \_\_\_\_\_

B. Submitted By: \_\_\_\_\_

C. Title: \_\_\_\_\_

D. Organization: \_\_\_\_\_

E. Address: \_\_\_\_\_  
\_\_\_\_\_

F. Telephone: \_\_\_\_\_

G. Contact Person: \_\_\_\_\_

H. Contact Person Telephone: \_\_\_\_\_

I. FAX: \_\_\_\_\_ Email: \_\_\_\_\_

J. Total Budget: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

K. Project Name: \_\_\_\_\_

L. Brief Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M. Project Location: \_\_\_\_\_

N. Census Tract(s): \_\_\_\_\_

## II. CHECKLIST OF REQUIRED DOCUMENTS

- \_\_\_\_\_ 1. Narrative data on project and applicant
- \_\_\_\_\_ 2. Articles of Incorporation and Bylaws
- \_\_\_\_\_ 3. State and Federal Tax Exemption Determination letters
- \_\_\_\_\_ 4. List of Board of Directors
- \_\_\_\_\_ 5. Board of Directors' authorization to request funds
- \_\_\_\_\_ 6. Board of Directors' designation of authorized official
- \_\_\_\_\_ 7. Organizational chart
- \_\_\_\_\_ 8. Resume of program administrator
- \_\_\_\_\_ 9. Resume of fiscal officer
- \_\_\_\_\_ 10. Financial statement and most recent audit
- \_\_\_\_\_ 11. Copy of most recent strategic plan or similar planning document
- \_\_\_\_\_ 12. Performance Measurement Form
- \_\_\_\_\_ 13. Current annual salary of Executive Director.

## III. NARRATIVE

The City and County does not require a particular format for this section however, the narrative be typewritten and should not exceed 3 pages.

### A. Project Summary

Briefly describe the proposed project. The narrative should include the need or problem to be addressed in relation to City and/or County Comprehensive Plan and Consolidated Plans, as well as the population to be served or the area to benefit. Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method of approach, and the implementation schedule. Include the proposed budget, specifying line item costs such as personnel, supplies, equipment, travel, etc. Discuss the intended staffing pattern, and finally other sources of funding sought and secured.

B. Organization Information

*Background*

Include the length of time the organization has been in operation, the date of incorporation, the purpose of the organization, and the type of corporation. Describe the type of services provided, the organization's capabilities, the number and characteristics of clients served, and license to operate (if appropriate).

*Personnel*

Briefly describe the organization's existing staff positions and qualifications, and state whether or not the organization has a personnel policy manual with an affirmative action plan and grievance procedure.

*Financial*

Describe the organization's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the organization's fiscal management including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

*Audit Requirements*

The Organization is informed that if funded by the HOME Program, the Organization may be subject to the audit requirements of 2 CFR Part 200.

*Insurance/Bond/Worker's Compensation*

State whether or not the organization has liability insurance coverage, in what amount, and with what insuring organization. State whether or not the organization pays all payroll taxes and worker's compensation as required by Federal and State Law. State whether or not the organization has fidelity bond coverage for principal staff who handle the organization's accounts, in what amount, and with what insuring organization.

*Additional Information*

Include any other pertinent information.

**IV. STANDARD REQUIRED DOCUMENTS**

A. Articles of Incorporation/Bylaws

Articles of Incorporation/Bylaws Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or organization.

B. Non-profit determination

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.

C. List of the Board of Directors

A list of the current board of directors or other governing body of the organization must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

D. Authorization to Request Funds

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

E. Authorized Official

Documentation must be submitted of the governing body's action authorizing the representative of the organization to negotiate for and contractually bind the organization. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

F. Organizational Chart

An organizational chart must be provided which describes the organization's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions of shared responsibility.

G. Resume of the Chief Program Administrator

H. Resume of the Chief Fiscal Officer

I. Financial Statement and Audit

J. Copy of Strategic Plan or similar planning document.

K. Performance Measurement Form

L. Current annual salary of Executive Director

**V. BUDGET SUMMARY**

Provide financial data requested below. Costs should be based on the best information available at the time of the request. When providing the information, consider the following: (a) a project must be complete in a single phase if possible; (b) Federal wage rates apply to projects with 12 units or more; (c) projects may not begin construction until \_\_\_\_\_.

Total estimated cost of project: \$ \_\_\_\_\_

Amount of funds requested: \$ \_\_\_\_\_

It is important to try to obtain funds to offset the demand for the limited amount of HOME Program funds. If the project requires a renewal of funds every year, the City and/or County can not guarantee that renewal.

- A. List the amount and source of other funds that will be used in addition to the HOME Program funds being requested.
- B. If HOME Program funds are needed to secure matching funds from another source, state the source and the amount of funds to be matched.
- C. Amount and detailed uses of any developer's fee.

**VI. CERTIFICATION**

This funding request for HOME Program funds was discussed at a public meeting held on (date)\_\_\_\_\_and was approved by the \_\_\_\_\_on (date)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Deadline for completed request and supporting documentation is June 30, 2026 and must be sent to:

For **City** HOME Funding -  
 City of Reading Community Development Department  
 City Hall Office 3-12  
 815 Washington Street  
 Reading, PA 19601  
 610-655-6211

For **County** HOME Funding -  
 Berks Redevelopment Authority  
 400 E. Wyomissing Avenue  
 Ground Floor, Suite Two  
 Mohnton, PA 19540  
 610-478-6325

**For Government Use Only**

Project #	Date Received:
Eligible:	Regulation:
Census Tract:	Block Group: