

ORGANIZATION INFORMATION

Organization

Address:

_____		_____
Street Address		Apt/Unit #
_____	_____	_____
City	State	Zip Code

Which best describes your organization?

- Religious Congregation or Place of Worship
- Faith-Affiliated Non-Profit Organization
- Other, please describe: _____

Briefly describe your organization's mission and the community you serve (2-3 sentences):

Has leadership approval been obtained to explore this project?

- Yes In-Progress/Under Discussion Not Yet

If applicable, please describe who must approve the project and current status (e.g., board, leadership, etc.):

What type of project are you exploring?

- | | |
|---|---|
| <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Community Center / Community Service Space |
| <input type="checkbox"/> Transitional or Supportive Housing | <input type="checkbox"/> Mixed-Use Community Development |
| <input type="checkbox"/> Shelter or Emergency Housing | <input type="checkbox"/> Other: _____ |

Briefly describe the project you are considering.

What are you hoping to create and who will it serve?

What stage is this project currently in?

- Early Idea / Exploring Possibilities
- Preliminary Planning Discussions
- Feasibility Exploration Underway
- Partner Conversations Underway
- Other: _____

SITE INFORMATION

Proposed Development Address (if applicable):

	Street Address	Apt/Unit #
City	State	Zip Code

The property is:

- Owned by the Organization
- Under Contract / Planned Purchase
- Being Explored for Acquisition
- Not Yet Identified

Approximate size of the site (if known): _____

Current use of the site or building: _____

Has any site feasibility work been completed?

- No feasibility work completed yet
- Preliminary conversations with professionals
- Initial feasibility review completed
- Formal feasibility study completed

PROJECT ALIGNMENT & COMMUNITY

Who will benefit from this project and how will this project benefit the surrounding community?

(e.g., low-income households, families, seniors, individuals experiencing homelessness, community members, etc.)

Is the proposed project located within the City of Charlotte limits? Yes No

If not in Charlotte, please explain location: _____

** Projects located outside Charlotte city limits but within Mecklenburg County may be considered depending on the strength of the application. **

USE OF TECHNICAL ASSISTANCE GRANT

If awarded, how would your organization use the technical assistance grant? (check all that apply):

- Feasibility Study
- Architectural Design or Concept Plans
- Site Planning
- Development Consulting
- Financial Modeling / Project Analysis
- Other: _____

Briefly describe how these services would help advance your project.

DISCLAIMER & SIGNATURE

- I confirm that my answers are true and complete to the best of my knowledge.
- I confirm that the proposed project is located within Charlotte city limits and/or Mecklenburg County. Our organization understands this grant supports technical assistance and planning activities, not construction. Our organization intends to pursue a project that provides a community benefit such as housing or a community-serving space.

Signature: _____

Date: _____