|  |  |  |
| --- | --- | --- |
| **IDIS ACTIVITY #:** (To be completed by DOH Staff) | | |
| **DATE:** | **CONTRACT** **#:** | |
| AGENCY NAME: | | PHONE: |
| AGENCY CONTACT: | | EMAIL: |

***ENVIRONMENTAL REVIEW***

|  |  |
| --- | --- |
| Approximate age of Building |  |
| Completed copies of the Statutory Checklist (Attachment 7-1) and Rehabilitation  Environmental Review (Attachment 7-2) are in the activity file at the Awardee’s office. | YES  NO |

***HOME FUNDS***

|  |  |
| --- | --- |
| 1. **HOME funds Committed** (including lead hazard reduction costs) | $ |
| 1. Other Federal Funding | $ |
| 1. Other Funding Sources | $ |
| Total Estimated Cost (1. + 2.+ 3.) | $ |
| Total Cost Associated with Lead Hazard Reduction | $ |
| Total Estimated Rehab Costs Less Lead Hazard Reduction Costs | $ |

***SOURCES OF MATCH (please identify)***

|  |  |
| --- | --- |
|  | $ |
|  | $ |

***ACTIVITY INFORMATION***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Units at Completion | | |  | | HOME Assisted Units | | |  | |
| **Activity Setup Type:** |  | **Tenure Type:** | |  | **Type of Ownership:** |  | **CHDO Code:** | |  |
| 1. Rehab Only 2. New Construction Only 3. Acquisition Only 4. Acquisition & Rehab   5.Acquisition & New Construction | | 1. Rental  2. Homeownership Buyer  3. Homeowner Rehab | | | 1. Individual  2. Partnership  3. Corporation  4. Not for Profit  6. Other | | 1. Owner  2. Sponsor  3. Developer | | |

|  |  |  |
| --- | --- | --- |
| Project Address |  | |
| Owner Information |  | |
| Name |  | |
| Address (street/p.o. box) |  | |
| City/Zip |  |  |
| County |  | |
| Telephone |  | |

|  |  |
| --- | --- |
| Printed Name of Authorizing Individual | Title |
| Signature | Date |

Submit the Activity Set-Up Report to: HOME RHD Program

[DOAAffordableHousing@wisconsin.gov](mailto:DOAAffordableHousing@wisconsin.gov?subject=RHD%20Activity%20Set-up%20Report) P.O. Box 7970, Madison, WI 53707-7970