|  |
| --- |
| **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. Rental2. Homeownership Buyer3. Homeowner Rehab | 1. Individual2. Partnership3. Corporation4. Not for Profit6. Other | 1. Owner2. Sponsor3. 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 P.O. Box 7970, Madison, WI 53707-7970