

## **Application for Initial Feasibility Assistance (IFA)**

Prior to completing this application, please call your CEDAC project manager or the Director of Housing Development.

| Legal Name of Organization: |  |  |  |  |
|-----------------------------|--|--|--|--|
| Addı                        | ess:   |  |  |  |
| Phone:                      |  | Contact Name:  |  |  |
| Title:                      |  | Email Address:   |  |  |
| Nam                         | e of Proposed Project:   |  |  |  |
| Site 2                      | Address:   |  |  |  |
| 1.                          | Is your organization incorporated under Chapter 180 of the Massachusetts General Laws as a non-profit (Please attach your Articles of Organization as well as any amendments, Bylaws, and most recent audited financial statements, including any management letters and board responses, unless CEDAC already has these on file. Feel free to inquire as to what is currently on file.) |  |  |  |
| 2.                          | If the purpose noted in your Articles of Organization does not adequately convey your organization's purpose, please describe your organization's mission below.   |  |  |  |
| 3.                          | What are the major activities your or accomplishments.   | ganization has undertaken in the last year? Please note any special  |  |  |
| 4.                          |  | membership, board composition and other evidence of your as in achieving the participation of target area residents in |  |  |



| 5.                               | Please provide a brief of   | description of the project, the project's location, and the status of site control.     |
|----------------------------------|---|---|
| 6.                               | Please attach a proposed budget for this request and provide a brief narrative as to the specific feasibile questions that your organization will address using the IFA loan funds. This budget is subject to revie and approval by your CEDAC project manager. |   |
|                                  | der to assure that assistance<br>e read and sign the followi  | e is used in conformance with the scope of CEDAC's enabling legislation, ng assurances. |
|                                  |   | , a duly authorized representative of   |
|                                  | (Name)  | will only use CEDAC Initial Feasibility Assistance                                      |
| meet<br>appli<br>Initia<br>the p | the organization's needs; t<br>cable environmental, zonin<br>il Feasibility Assistance res<br>roject's community residen  | · · · · · · · · · · · · · · · · · · ·   |
|                                  | Date  | Signature and Title (Executive Director or Board Chairperson)                           |