PDF REFERENCE COPY: 2023-24 NAP Application

The 2023-24 NAP Application will open on Monday, April 3rd, 2023 and will close on Monday, May 1st, 2023 at 5 PM ET. New applications and updates to submitted applications will not be accepted after May 1st, 2023. Please review the NAP Program Manual or email nap@ihcda.in.gov with any questions or concerns.

Organization Information

Please Note: An organization's name on the application MUST match the organization's name on the Indiana Secretary of State website: **https://bsd.sos.in.gov/publicbusinesssearch**

1. Organization Name:

2. CEO/Executive Director Name:

First Name   Last Name

3. CEO/Executive Director Email Address:

4. Is the CEO/Executive Director the Primary NAP Contact?

○ Yes
○ No

5. NAP Primary Contact Name (or secondary contact if CEO/ED is primary):

First Name   Last Name

6. NAP Primary Contact Title (or secondary if CEO/ED is primary):

[   ]

7. NAP Primary Contact Email Address (or secondary if CEO/ED is primary):

[   ]

8. Name/Title of individual completing report:

[   ]

9. Organization Address:

[   ]
Street Address

[   ]
Street Address Line 2

[   ]   [   ]
City   State / Province

[   ]
Postal / Zip Code

10. Organization Phone Number:

[   ]   [   ]
Area Code   Phone Number

Organization Eligibility

In order to be eligible for NAP credits, organizations must be a 501(c)3 organization and be registered as an active, non-profit domestic corporation with the State of Indiana.

11. Organization EIN Number:

[   ]

12. Has your organization received ANY grant from IHCDA in the past (NAP or other programs included)?

◯ Yes
◯ No

13. Has your organization received a 501(c)3 ruling from the Internal Revenue Service?

◯ Yes
◯ No

15. Has your organization filed as a Non-Profit Domestic Corporation in the State of Indiana?

◯ Yes
◯ No

16. Is your organization in good standing with the Office of the Indiana Secretary of State?

◯ Yes
◯ No

In order to confirm your organization's good standing, please search for your organization on the INBiz website below:
https://bsd.sos.in.gov/publicbusinesssearch
Once you locate your organization and see that it says "Non-Profit Domestic Corporation" and "Active," use the "Print Entity Details" button in the top right corner to generate a PDF with your organization's information and the date that information was accessed. Then upload that PDF using the button below.

Program Eligibility and Description

Below are the types of programs or activities that an organizations must provide in order to be eligible for NAP credits. If the listed descriptions do not fit your organization, your organization is most likely not eligible for credits according to Indiana Code 6-3.1-9. If more than one answer applies, choose the one that is more closely associated with the work you support (or plan to support) with funds raised from selling NAP credits. PLEASE NOTE: If the definition of the service you provide includes an "economically disadvantaged area," you will need to identify which area your organization plans to provide services in. If the service definition includes "economically disadvantaged household," you will need to provide a definition of that and how your organization verifies income.

If you need help identifying whether the area you serve is a designated economically disadvantaged area, you can check using the following links:
- **Urban Enterprise Zones**
- **Opportunity Zones**
- **Qualified Census Tracts**

18. Which of the following service categories and services will your organization provide with the funds raised from your NAP credits? Choose one category and one corresponding service within that category.

Note: This version of question 18 has been expanded for the pdf reference copy of this application to show all options, as the original version of the question on the JotForm application involves making selections from dropdown menus, and thus, was unable to be displayed accurately on the pdf version. The categories (A-E) correspond with the first dropdown menu on the JotForm application, and the eligible services (numbered) within each category correspond with the second dropdown menu. You should select one category and then one eligible service from within the category you selected.

    A. **Services Provided in Designated Economically Disadvantaged Areas:**
        1. Neighborhood assistance (A) in the form of financial assistance, labor, material, and technical advice to aid in the physical or economic improvement of any part or all of an economically disadvantaged area.
        2. Counseling and advice in an economically disadvantaged area.

        3.

Emergency assistance in an economically disadvantaged area.
4. Medical care in an economically disadvantaged area.
5. Development and/or management of recreational facilities in an economically disadvantaged area.
6. Development and/or management of housing facilities in an economically disadvantaged area.
7. Economic development assistance in an economically disadvantaged area.
B. **Services Provided to INDIVIDUALS LIVING IN Designated Economically Disadvantaged Areas:**
1. Job training (A) that provides individuals living in an economically disadvantaged area with vocation skills so that they can become employable or have the ability to seek a higher grade of employment.
2. Education, in the form of scholastic instruction or scholarship assistance, that enables individuals living in an economically disadvantaged area to prepare for better life opportunities.
3. Crime prevention or reduction (A) activities in an economically disadvantaged area.
C. **Services for Economically Disadvantaged Households:**
1. Job training (B) that provides individuals in economically disadvantaged households with vocation skills so that they can become employable or have the ability to seek a higher grade of employment.
2. Crime prevention or reduction (B) activities in economically disadvantaged households.
D. **Services Provided Specifically for Individuals who are Ex-Offenders Who Have Completed their Criminal Sentences or are Serving a Term of Probation or Parole:**
1. Job training that provides ex-offenders with vocation skills so that they can become employable or have the ability to seek a higher grade of employment.
2. Education, in the form of scholastic instruction or scholarship assistance, that enables ex-offenders to prepare for better life opportunities.
3. Counseling and advice for ex-offenders.
4. Emergency assistance for ex-offenders.
5. Medical care for ex-offenders.
6. Development and/or management of recreational facilities for ex-offenders.
7. Development and/or management of housing facilities for ex-offenders.
E. **Other Eligible Services**
1. Neighborhood assistance (B) in the form of technical advice to promote higher employment in any neighborhood in Indiana.

19. What is the name of the project or program that NAP funds will support?

[   ]

20. Provide a brief description of the program or project that the funds raised from selling your NAP funds will support, including how the project fits the NAP-eligible service chosen for Question #18. Be as specific and concise as possible. (100 word limit):

[   ]

0/100

21. If you selected "Services Provided in Economically Disadvantaged Areas" or "Services Provided to Individuals Living in Economically Disadvantaged Areas" for Question 18, what type of federally or locally designated economically disadvantaged area will your organization provide the proposed NAP-funded services in?

○ Enterprise Zone

○ Opportunity Zone

○ Qualified Census Tract

○ Other - MUST BE APPROVED IN WRITING BY IHCDA PRIOR TO SUBMISSION OR APPLICATION WILL BE DENIED

○ N/A - Proposed service not tied to a specific area.

22. What is the full name of the economically disadvantaged area that will be served with funds raised from your NAP credits (including whether it is an Urban Enterprise Zone, Opportunity Zone, or Qualified Census Tract)? If you have IHCDA approval to use an other designated economically disadvantaged area, please list the specific area along with which authority authorized this designation. If you choose to serve more than one area with your NAP credits, ONLY LIST UP TO FIVE different economically disadvantaged areas. If you plan to use NAP funds in a larger area than that, you MUST contact IHCDA prior to submitting your application for approval. If your service is not tied to a specific area, enter N/A in the box below.

0/25

23. "Economically disadvantaged household" means a household with an annual income that is at or below eighty percent (80%) of the area median income or any other federally designated target population. If you selected Services for Economically Disadvantaged Households" or "Services Provided Specifically for Individuals who are Ex-Offenders Who Have Completed their Criminal Sentences or are Serving a Term of Probation or Parole" in Question 18, which federally designated target population will your organization provide the proposed services to?

○ Households at or below eighty (80%) of the area median income

○ Individuals who are Ex-Offenders Who Have Completed their Criminal Sentences or are Serving a Term of Probation or Parole

○ Other Federally Designated Target Population

○ N/A - Proposed service not tied to a target population

24. Describe how your organization checks that a household or individual meets the definition of the federally designated target population. If you chose "other federally designated target population," please name that population. If your service is not tied to a specific target population, enter N/A in the box below.

25. Describe how and where your agency will provide the services described above in your chosen economically disadvantaged area or for your chosen economically disadvantaged household/target population. (25 word limit):

0/25

Credit Request

Returning organizations can request up to $15,000 in NAP tax credits. Agencies that are completely new to the program, or that didn't receive any credits in either 2021 or 2022, will only be able to request up to $5,000. If an organization has not received credits in at least one of the last two program rounds or has missed a reporting requirement and requests for more than $5,000, that request will automatically be updated to $5,000 during the application review process.

26. Did your organization participate in the 2022 NAP program round?
○ Yes
○ No

27. If yes, did your agency meet all required benchmark reporting deadlines?
○ Yes
○ No

28. Did your organization participate in the 2021 NAP program round?
○ Yes
○ No

29. If yes, did your agency meet the required closeout reporting deadline?
○ Yes
○ No

30. NAP Credit request:

ex: 15,000

Benchmark Acknowledgement and Application Certification

Below are the dates when NAP administrators must sell a certain percentage of their credits by, and when they must report those sales. Missing benchmarks or submitting late reports may lead to an organization losing eligibility for 2023 or 2024 NAP credits.

Benchmark or Report	Due Date
60% Credits Sold	December 31, 2023
60% Benchmark Report	January 16, 2024
100% Credits Sold	March 31, 2024
100% Benchmark Report	April 15, 2024
Closeout Report	September 23, 2024

31. By submitting this application, I am agreeing for my organization to adhere to the required reports/benchmarks and acknowledge that failure to do so will mean losing eligibility for 2024 NAP Credits.

◯ Yes

32. Does you organization agree to NOT use funds raised from distributing NAP credit to support inherently religious activities such as worship, religious instruction or promoting religious beliefs as a part of program services? If your organization conducts religious activities, the activities must be offered separately in another time or location form the program supported by NAP funds.

◯ Yes, we agree we will not use NAP funds to support religious activities

33. Does your organization agree to NOT discriminate against clients based on religious belief and to not require that clients attend or participate in religious activities to receive NAP-funded services?

◯ Yes, we agree to not discriminate against clients based on religious belief and to not require attendance at religious activities in order to receive NAP-supported services

34. I hereby certify that my agency will spend any funds raised from distributing NAP credits in the chosen areas described in this application, or will contact IHCDA if unforeseen circumstances prevent that from happening.

◯ Yes

35. I hereby certify that all information is stated herein, as well as any information provided in an accompaniment herewith, is true and accurate. I further certify that I have been authorized by my organization to submit this NAP Credit Application

◯ Yes

Application Submission

36. Provide your email so you can receive confirmation that we have received your application

example@example.com

You may print your form now, or when you receive the email confirmation of your submission, which will include a copy of your submitted application. You MUST hit "Submit" in order for IHCDA to receive and review your application.

Submit Application