

Project Name

**Project Address** 

**Project Completion Date** 

## HOME ANNUAL MATCH CONTRIBUTION REPORT

Zip Code

In accordance with 24 CFR Part 92, the HOME Investment Partnership Program requires annual reporting of eligible non-federal match received for HOME funded projects. As a recipient or sub-recipient of HOME funds, you are required to complete the below information throughout the period of affordability for your project(s). This form along with any supporting documentation must be submitted no later than **July 1st** each year for the period of October 1st through September 30th of the previous year. This information can be submitted via email to admin@ahdi-nd.org or mailed to AHDI at 112 3rd St W, Suite 101, Dickinson, ND 58601

City

County

Instrument Number

State

POA Expiration Date

Project Type	Amount of HOME Fund Expended	ls	Date HOME funds Expended	Amount of Match Liability Incurred
	abor, professional services,	sweat equ	nples of match contributions include ity, supportive services, and procee	e: Cash, exempt or forgiven ds from bond financing. Additional forms and
Type of Match	Date Match Recognized		Value of Match Contribution	Comments

<sup>\*</sup>You must include backup documentation for each match contribution provided, including but not limited to, service contracts, bank statements, general ledger detail for reserve accounts, or a letter from the entity granting tax/fee/charge forgiveness.