

Reminder:

The AHEAD Program does not provide grants for housing projects that would be eligible for subsidy from the Bank's Affordable Housing Program (AHP). Non-AHP-eligible housing initiatives will still be considered for AHEAD funding.

New for 2016:

1. The Bank has removed the limit on the number of applications a member can submit that was in place in 2015.
2. All AHEAD applications must be submitted electronically via the Bank's [secure portal](#). To access the portal, a member must first request a workspace for each application. Only members can access the secure portal at this time.

AHEAD Program Application Instructions

1. The application must be signed by the member and the sponsor.
2. Responses should be limited to the space provided in the application. Attachments should only include the following:
 - a) A completed AHEAD Program Budget Worksheet
 - b) A copy of the project sponsor's most recent IRS certification of nonprofit status 501(c)(3) letter
 - c) A roster of the project sponsor's management team and board of directors (if applicable)
 - d) A copy of the AHEAD Program Portal User Agreement

AHEAD Program Application Deadline and Delivery Instructions

The Bank will accept completed applications between May 3, 2016, and June 2, 2016. **Failure to submit any of the documents listed above by the application deadline will result in the application being deemed ineligible.**

The AHEAD application, including all attachments, must be received by the Bank no later than 5:00 p.m. PDT on Thursday, June 2, 2016.

The Bank cannot accept applications via USPS, fax, courier, or email.

For more information regarding the preparation or submission of AHEAD applications, contact the Community Investment Department at (415) 616-2542, email ahead@fhlsf.com, or visit fhlsf.com.

I. Project Information

Project Name			
Project Address	City	State	ZIP Code
Congressional District in which project is located	County		

II. Member Institution

Name			
Contact Person	Title		
Address	City	State	ZIP Code
Email	Telephone Number		

III. Sponsor Information

Name			
Contact Person	Title		
Address	City	State	ZIP Code
Email	Website Address	Telephone Number	

Type of organization sponsoring the project:

- Nonprofit Community Organization
 Housing Authority
 Other (please describe)

Describe the Sponsor's core mission, management structure, and accomplishments. *(Limit your response to the space provided)*

IV. AHEAD Grant

Amount Requested (not to exceed \$50,000) \$	Project Start Date	Project Completion Date
Has the project or Sponsor received an AHEAD grant in a previous year(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, provide the project name and number and the year and amount of the previously awarded AHEAD grant(s).		

V. Project Summary

Describe the proposed project, its impacts on and benefits to the communities it serves, and its goals. *(Limit your response to the space provided)*

Project Type (Check one box only)

<input type="checkbox"/> Capacity Building	<input type="checkbox"/> Housing Initiative	<input type="checkbox"/> *Other Economic Development	<input type="checkbox"/> Social Services
<input type="checkbox"/> Entrepreneurial/Microenterprise	<input type="checkbox"/> Financial Education	<input type="checkbox"/> Job Training	<input type="checkbox"/> Technical Assistance

*If Other Economic Development selected above, provide a brief explanation of type of economic development project.

Project Impact (Complete as appropriate for the Project Type selected above)

All Project Types

Will the project create or retain jobs? If Yes, estimate the number of jobs to be created or retained.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, No. of Jobs
Do at least 51% of the jobs created or retained by the project or activity have annual salaries at or below 100% of AMI in urban areas, or 115% of AMI in rural areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the project qualify as a small business under section 3(a) of the Small Business Act (15 U.S.C. 632(a))?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the project provide services or benefits (e.g., social services, childcare, public works, etc.) to the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do at least 51% of households who benefit from, or are provided services by, the project or activity have annual incomes at or below 100% of AMI in urban areas, or 115% of AMI in rural areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Capacity Building, Housing Initiative, Other Economic Development or Social Services projects only

Total No. of:

Unique individuals currently being served by the organization	
New unique individuals who will be served by the organization with an AHEAD grant	

Entrepreneurial/Microenterprise projects only

Enterprises currently being served by the organization	
New enterprises who will be served by the organization with an AHEAD grant	

Financial Education projects only

Unique individuals currently enrolled in a financial education program by the organization	
New unique individuals who will be enrolled in financial education program by the organization with an AHEAD grant	

Job Training projects only

Full-time employees working for enterprises supported by the organization	
New Full-time employees who will work for enterprises supported by the organization with an AHEAD grant	

Technical Assistance (TA) projects only

Individuals currently receiving individual or group TA by the organization	
Individuals who will receive individual or group TA by the organization with an AHEAD grant	

Targeted Beneficiaries (Check all that apply)

<input type="checkbox"/> At-Risk Youth/Adolescents	<input type="checkbox"/> Low-to-Moderate Income Families	<input type="checkbox"/> Seniors
<input type="checkbox"/> Women	<input type="checkbox"/> Veterans	<input type="checkbox"/> Other At-Risk Populations (Please describe)

Targeted Service Area (Check one box only)

<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Peri-Urban
<input type="checkbox"/> Other (Please describe)		

Is the project or activity located in one or more of the following targeted areas? (Check all that apply)

As Designated by HUD	As Designated by USDA
<input type="checkbox"/> Urban Empowerment Zone	<input type="checkbox"/> Rural Empowerment Zone
<input type="checkbox"/> Urban Enterprise Community	<input type="checkbox"/> Rural Enterprise Community
<input type="checkbox"/> Urban Champion Community	<input type="checkbox"/> Rural Champion Community

Is the project located within: (Check all that apply)

An urban neighborhood or community with an average median income at or below 100% of AMI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A rural neighborhood or community with an average median income at or below 115% of AMI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
An "Indian Area" as defined by the Native American Housing Assistance and Self Determination Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe how the project's results will be measured/evaluated? (Limit your response to the space provided)

VI. Project Use of Funds

AHEAD funds must be used within 18 months of the effective date of the AHEAD Program Agreement, after which the funds may be subject to cancellation or repayment.

If awarded, will the AHEAD funds be used within 18 months of the effective date? Yes No

Briefly describe how the AHEAD grant will be used during that period and how project operations will be funded in subsequent years.
(Limit your response to the space provided)

Member's financial involvement in the project (Check the applicable box)

<input type="checkbox"/> AHEAD grant	<input type="checkbox"/> Other grant Amount <div style="text-align: right;">\$</div>
<input type="checkbox"/> Loan Type Amount <div style="text-align: right;">\$</div>	<input type="checkbox"/> Member has other non-financial involvement in this project. Describe
<input type="checkbox"/> Member has no other financial involvement in this project.	

Identify other funding sources that are committed or will be sought to provide ongoing support or expansion of the project.

Source	Amount	Requested? Yes/No	Committed? Yes/No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are other organizations materially involved with this project?

Yes No

If Yes, please list the organizations and how they are involved.

Organization	Involvement

VII. Certifications

The Member and Sponsor certify that the information in this AHEAD Program Application is correct, and that the AHEAD grant shall be used only as set forth in this AHEAD Program Application, as approved by the Bank, and in compliance with the AHEAD Program Agreement and the Bank's AHEAD Program Policies and Procedures, as defined in the AHEAD Program Agreement, as may be amended from time to time.

Member Certification

Authorized Signature	Date
Name of Authorized Person	Title
Authorized Signature	Date
Name of Authorized Person	Title

* Note: This form must be signed on behalf of the member by one or more authorized signers, in accordance with the member's authorizations on file with the Bank.

Sponsor Certification

Sponsor Signature	Date
Sponsor Name	Title