

COMMUNITY MENTORS PROGRAM

APPLICATIONS DUE: NOVEMBER 15, 2021

Please refer to the Community Mentors Program Guide while completing this application.

LEAD PARTNER INFORMATION:

- FHLBank Indianapolis Member Financial Institution
 Community Organization

Organization Name:	
Organization Address:	
City:	State:
Contact Name:	Contact Title:
Contact Email:	Contact Phone:

PARTNER ORGANIZATION INFORMATION:

Do you have a partner organization (i.e., If you are a FHLBank Indianapolis Member, are you partnering with a community organization to host the event or vice versa?) A partner organization is not required. If you do not have one, please skip to Community Information.

Organization Name:	
Organization Address:	
City:	State:
Contact Name:	Contact Title:
Contact Email:	Contact Phone:

COMMUNITY INFORMATION:

- Community Name/Location: Indiana Michigan
 Community Type: Neighborhood Multi-Neighborhood City Multi-City County Region
 Does community have a current planning/strategy document they are working from? Yes No
 Year of Plan:

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Brief History of Community:

Strengths of Community (including economic and community development efforts):

Weaknesses of Community (including economic and community development efforts)

Describe Local Housing Market Challenges and Opportunities

Describe current community challenges to be addressed during workshop:

Describe current plans and efforts taken to address these challenges:

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COMMUNITY MENTORS EVENT INFORMATION:

Why do you want to host a Community Mentors Event?

Please list the three top issues that Community Mentors could help address during workshop.

1.
2.
3.

What do you want to get out of the Community Mentors Event?

EVENT PARTICIPANT INFORMATION:

Estimated number of participants at event:

Do you currently have a list of attendees you would like to invite (including names, industry and

email addresses): Yes No

Do the anticipated invitees already convene on a regular basis? Yes No

If yes, please describe the nature of the group and why you currently convene.

Are there plans for the group (that is convening for the event) to meet after the event? Yes No

If yes, please describe:

Who will be in charge of convening the group after the event?

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EVENT SPACE INFORMATION:

Event Space Name:	
Event Space Contact Name:	
Contact Email:	Contact Phone:
Is catering available at this event space? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EVENT DATE INFORMATION:

Preferred month (in 2022) to host event:

Preferred day to host event:

IMPLEMENTATION GRANT INFORMATION:

How do you anticipate using the implementation funding:

Implementation Grant Budget:

	\$
	\$
	\$
	\$
TOTAL	\$ 10,000.00

Please submit application to housing@fhlbi.com by 5:00 pm (Eastern)
 For program questions, please contact the appropriate Outreach Partner based on the community location.

Indiana Communities: Megan Coler-Hasser at mcoler@fhlbi.com
 Michigan Communities: Anna Shires at ashires@fhlbi.com