# Stage 2 – Semi-Annual Progress Report Guide

## **SPONSOR**

On the FHLBI.GIVES homepage, review **My Tasks**. When Semi-Annual reports are due, the request will be located under **Disbursement Phase**. Select the drop-down arrow and select **Semi-Annual Progress Report**. On the next screen, you will see the projects that have Semi-Annual Progress reports due. Select the project.

**Progress Report** 

| Progress Report Documents Source of Funds Development Budget Review & Submit |
|------------------------------------------------------------------------------|
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Ensure the project information on the next screen is correct. Then proceed to **Project Construction/Rehab Status.** Answer all questions.

| ss Construction/Rehab Started? *<br>No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                      | Are Cartificates of Coccupancy required for this project? * No Yes - |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|----------------------------------------------------------------------|---|
| Idpated Construction / Rehab Start Date: *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | Last Progress Report | If not funded, anticipated date AHP funds will be requested?         |   |
| Select Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | NA                   | Searci Cata                                                          |   |
| Costs clineBehab Complete? *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                      | Has there here any charges to your increase transition commitments?  |   |
| No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                      |                                                                      |   |
| Ideated Construction Rehab Complete Data: *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | Last Progress Becot  | Description (2000 characters or less)                                |   |
| Senct Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | NA                   | 2000 characters or less.                                             |   |
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| Decupancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | To Date     | Last Progress Report |                                                                      |   |
| tal Number of Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 56          | NA                   |                                                                      | 0 |
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| The state of the s |             |                      |                                                                      |   |
| one remove or ones revealed or occupancy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | NIA                  |                                                                      |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                      |                                                                      |   |
| # of Units Occupied"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | NA                   |                                                                      |   |
| Percentage of Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0           | N/A                  |                                                                      |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                      |                                                                      |   |
| ude any issues related to the project explanations if milestones will not be met that we should b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e aware of? |                      |                                                                      |   |
| 000 characters or less.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                      |                                                                      |   |
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#### Select SAVE before selecting Next.

#### Documents



Upload any documents relevant to the progress of the project not previously provided.

Upon receiving a successful upload, select Next.

### Source of Funds



Update funding sources as related to changes to your project. If there are no updates needed, select **Next.** 

#### **Development Budget**





If all the information has been updated, and the report is complete, select **SEND TO MEMBER BANK**. You will receive confirmation from FHLBI.GIVES that the report has been sent to the Member.

## Member

On the FHLBI.GIVES page, review **My Tasks**. When semi-annual reports are submitted to you, the request will be located under **Disbursement Phase**. Select the drop-down arrow and select **Semi-Annual Progress Report**. On the next screen, you will see the projects that have semi-annual progress reports that have been submitted to you. Select the project you wish to review.

Review the information in each section submitted by the Sponsor. If any of the information needs corrected, you must return the progress report to the Sponsor.

If the information is accurate, you can submit the semi-annual progress report to FHLBI.

| Project Number                                                                                          | New Horizon Apartments       | C Sponsor Name<br>Hoosier Uplands Economic<br>Development Corp. | Member Name Old National Bank                                                                 |   |
|---------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---|
|                                                                                                         |                              |                                                                 | Member Signature                                                                              |   |
| onsor Signature                                                                                         |                              |                                                                 |                                                                                               |   |
| anization Name: Hoosier Upland                                                                          | s Economic Development Corp. |                                                                 | Organization Name: Old National Bank                                                          |   |
| anization Name: Hoosier Upland                                                                          | s Economic Development Corp. |                                                                 | Organization Name: Old National Bank<br>User Id: ahpettemb                                    | [ |
| ionsor Signature<br>ianization Name: Hoosier Upland<br>ir Id: ahpettesp<br>r Name: Erica Petty-Saunders | s Economic Development Corp. |                                                                 | Organization Name: Old National Bank<br>User Id: ahpettemb<br>User Name: Erica Petty-Saunders | ( |

You will receive confirmation of your action via email and Messages on FHLBI.GIVES.