

Heirs' Property Family Wealth Protection Fund 2024 Application



Applicant

FHLBank Atlanta Member Name:

(List official name without abbreviations unless the abbreviation is a part of the official name)

Street Address:

City:

State:

Zip:

Contact Person:

Title:

Phone:

Email:

Co-Applicant

Organization Name:

(List official name without abbreviations unless the abbreviation is a part of the official name)

Street Address:

City:

State:

Zip:

Contact Person:

Title:

Phone:

Email:

Organization Tax ID:

Date Established:

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Use of Funds

The projected outcomes provided below will directly correlate to the evaluation of the requested award and will be used for monitoring and reporting if an award is received.

	18 Month Goal Number to be Completed <i>(within 18 months of receipt of award)</i>	<u>Non</u> -FHLBank Atlanta \$ Amount of Funds Committed	FHLBank Atlanta \$ Grant Amount Requested** <i>(up to \$500,000)</i>
Heirs' Property Prevention Services: <ul style="list-style-type: none"> • Creation of Estate Plans • Wills • Deeds • Trusts • Other security instruments 			
Heirs Property Resolution Services: <ul style="list-style-type: none"> • Clearing of Tangled Titles for properties* 			
Totals	NA	NA	

* Titles being cleared must be for properties located in census tracts identified as Low, Moderate or Middle Income as defined by FFIEC (www.ffiec.gov) based on property address. For any property owner who received a cleared title, they must also execute an estate plan or similar document to secure the property.

**Grant Amounts Request over \$200,000 require matching funds of 1:1 for entire amount of grant request.

Proposed Program Information

Description:

Describe the proposed heirs' property initiative that the Family Wealth Protection Fund grant will be used to support:

Marketing:

Describe how the Family Wealth Protection Funds will be marketed to all the organization's service area(s) and how grant funds will be distributed equitably to eligible recipients with heirs' property related issues.

Indicate Geographic Areas to be Served in the grid below. Only areas in FHLBank Atlanta district are eligible.

Alabama		Maryland	
District of Columbia		North Carolina	
Florida		South Carolina	
Georgia		Virginia	

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Experience:

Describe prior experience of organization in work related to Heirs' Property Prevention and Resolution and with implementing any similar initiative(s):

Prior Experience Performance History	2023	2024 YTD
Number of properties with titles cleared		
Value of property with cleared title (estimate)		
Number of individuals who executed a Will or similar document		

Organizational Staffing:

Number of Current FTEs					
Paid Staff		Pro Bono Staff		Staff to be hired for FWP work	

Other Funding Commitments:

Describe the other funding commitments and expected timeframe for receipt of the matching funds and any restrictions on their use.

Description of matching funds of up to \$500,000 for requested grant amount

Please prepare the application submission as a single PDF file with supporting documentation in the following order:

1. The fully executed application with supporting information.
2. Copy of the organizational documents such as current W9, IRS determination letter or government authorization.
3. For requested grant amounts in excess of \$200,000, submit evidence of matching funds of 1:1 for entire grant request amount. Evidence must show committed amount and the source of funds which will be verified during underwriting.

Applications received from the organization without member execution will not be accepted.

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Certification

The undersigned FHLBank Atlanta member institution hereby applies for a grant, pursuant to and subject to the terms of the previously executed Advances and Security Agreement (as such agreement may be amended, restated, or otherwise modified), and the Member Products and Credit Policy of FHLBank Atlanta (Bank) in effect at the time of disbursement.

The member institution and the co-applicant organization certify that any grant which will not be, or ceases to be, used for the purpose approved by the Bank will be recaptured and the unused or improperly used grant will be returned to the Bank.

The member institution and the co-applicant organization certify that the grant will be used in material compliance with all other applicable federal, state and local laws, rules, regulations, ordinances and codes, including, but not limited to, Fair Housing, Fair Lending, Unfair, Deceptive, or Abusive Acts or Practices (UDAAPs), and Equal Opportunity laws and regulations relating to the Project.

The co-applicant organization agrees to deliver to the Bank all reports, certifications, and supporting documents as the Bank may request.

By signing below the member institution and the co-applicant organization each certifies to the best of their knowledge the information in this application is true and correct and has met all the above criteria for the Family Wealth Protection Fund Program.

**Print Name of FHLBank
Atlanta Member:**

Authorized Signature of FHLBank Atlanta Member Institution*:
**Applications must be signed by a member contact authorized by the Bank.*

Print Name and Title of Signer: **Print Email Address and Phone Number of
Contact at FHLBank Atlanta Member Institution:** **Date:**

**Print Address of
Co-Applicant Organization:**

**Authorized Signature of
Co-Applicant Organization:**

Print Name and Title of Signer: **Print Email Address and Phone Number of
Contact at Co-Applicant Organization:** **Date:**

FHLBank Atlanta will accept applications from members
October 1, 2024 through October 31, 2024.

Please email the application and supporting documentation as a PDF to
FHLBankAtlantaHeirsProperty@fhlbatl.com