Attachment A
Funding Approval and HOME Investment Partnerships Agreement form HUD-40093

This form must be used if 1) the State is transferring funds to a new Jurisdiction or 2) if the City/Urban County is declining HOME funds. Send the form via fax (202-708-1744) or pouch mail to Headquarters, CPD/OAHP, ATTN: Director, Financial and Information Services Division, Room 7164.

1. The State is transferring HOME funds to a new Jurisdiction in order for them to meet the minimum threshold amount to become a Participating Jurisdiction (PJ)

The State of ______________________________ Grant Number ____________________ is transferring
Name of the State transferring HOME funds State Grant Number

$ ____________________ to ____________________ Grant Number ____________________
Amount of HOME funds being transferred Name of the PJ receiving the HOME Funds New PJ Grant Number

Revised obligation for the State $ ____________________
Original allocation minus the amount transferred

Revised obligation for the new PJ $ ____________________
Original allocation plus the amount transferred

If the State and new Participating Jurisdiction are overseen by different Field Offices:

State’s Field Office ________________________________

New Jurisdiction’s Field Office ________________________________

2. The City/Urban County is declining HOME funds

The City/Urban County of ________________________________ is declining the FY (yyyy) ____________________
Name of jurisdiction that declined HOME funds

allocation of $ ____________________

Revised obligation for the State $ ____________________
Original allocation plus the amount declined

If the declining Jurisdiction and the State are overseen by different Field Offices:

State’s Field Office ________________________________

Declining Jurisdiction’s Field Office ________________________________

Prepared by ____________________ at ph/email: ____________________ in ____________________. 
Name Field Office

Form HUD-4093A (5/2000)