

**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