CottCoHTF 2023 Pottawattamie County Housing Trust Fund Application

Section I - General Information

Pottawattamie Count Housina Trust Fund, I

| Name of Applicant/Organization: | |
|---------------------------------------|---|
| Mailing Address: | |
| Contact Person: | |
| | |
| | |
| Section II - Project Information | |
| 2. Estimated Start Date: | Estimated End Date: |
| 3. Amount of Funding Requested (ple | ase refer to Housing Assistance Plan for Program Maximums): |
| 4. Describe the proposed project. Ple | |

- The need or problem that exists How the funds will be utilized to benefit the project •
- Who will carry out the activities •
- **Project location and timing** •
- Any coordination with other agencies to deliver the proposed service •

Project narrative (maximum 2,000 characters).

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5A. Total number of persons, households or units to be served/created:

| B1. Total number of persons at 0-30% median family income: | Estimated income %: |
|---|---------------------|
| B2. Total number of persons at 30-80% medial family income: | Estimated income %: |

6. What PottCoHTF affordable housing priorities are being addressed by your proposed project or activity? (Check all that apply):

- Rental housing including rehabilitation, new construction, emergency housing, transitional housing and permanent supportive housing
- $\hfill\square$ Homeownership assistance, including the acquisition of existing and new residential units
- $\hfill\square$ Owner occupied housing rehabilitation (including minor repairs)
- □ Education of potential renters and owners, including general maintenance information

Section III - Budget Summary

1. Budget Summary Chart (include all funding sources and list general activities such as salaries, administration & operations and acquisition, if applicable):

| | Total Cost | Source of Funds | | | | | |
|----------------------------|------------|--------------------------|----------|----------|----------|----------|--|
| Activity | | Amount from POTTCOHTF | SOURCE A | SOURCE B | SOURCE C | SOURCE D | |
| Overhead Costs | | | | | | | |
| A&E Costs | | | | | | | |
| Construction Costs | | | | | | | |
| Rehabilitation Costs | | | | | | | |
| Down Payment Assistance | | | | | | | |
| Barrier Removal | | | | | | | |
| Other Costs | | | | | | | |
| Other Costs | | | | | | | |
| Total: | | | | | | | |

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2. Financing Sources & Terms (include all funding sources and the type of funds. i.e. forgivable loan, direct loan, grant, equity, in-kind or cash, etc. and check if funds are committed or not):

| Source of Funds | Amount | Туре | Committed | |
|-----------------|--------|------|-----------|----|
| | | | Yes | No |
| A. PottCoHTF | | | | |
| Source A: | | | | |
| Source B: | | | | |
| Source C: | | | | |
| Source D: | | | | |
| Source E: | | | | |
| Source F: | | | | |
| Source G: | | | | |
| Source H: | | | | |
| Source I: | | | | |
| B. Total: | | | | |

Percent PottCoHTF Funds for Project(2A/2B)Total PottCoHTF Costs Per Person(2A/5A on page 3)

3. Supplemental Budget Information:

A. If PottCoHTF funds are needed to secure matching funds from another source, state the source and the amount of funds needed to meet the match requirement (proof of this will be required upon award of funds):

Project narrative (maximum 1,500 characters).

B. Describe your place to use other funds on this project. Only describe funds that are secured. Provide source of funds, amounts and how these funds will be used:

Project narrative (maximum 1,500 characters).

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C. Describe your plans to seek new funding to supplement PottCoHTF funding. Describe the source to which you will apply, the amounts sought and the proposed use of those funds.

Project narrative (maximum 1,000 characters).

D. Describe your use of donated goods and services. Estimate the value of these services and describe how you arrived at these amounts.

Project narrative (maximum 1,000 characters).

E. Please provide an explanation for any unusual budget expenditures listed in the line item budget in the Budget Summary Chart on the previous page.

Project narrative (maximum 1,000 characters).

PottCoHTF requires that all grant recipients obtain at least two bids from qualified contractors prior to any work being commenced. Grantee may choose to have the work done by either contractor; however, PottCoHTF reserves the right, in its sole discretion, to reimburse only the **lesser amount** of the two bids. In special circumstances, PottCoHTF may waive this provision upon written request, detailing the circumstances, prior to commencement of the project.

Section IV - Project Feasibility, Staff Capacity & Monitoring

A. Outline the proposed timetable for the commitment and expenditure of the funding being requested (include other project factors such as rezoning, construction schedule, or application(s) for other funding). Please Note: If funded, this schedule will be utilized in the grant agreement between the applicant and PottCoHTF.

Project narrative (maximum 1,000 characters).

B. Please list the personnel that will be involved in this project and carrying out the project activities. Include a brief description of their experience and provide evidence of your or your organization's capacity to complete the proposed project within the established time frame and budget.

Project narrative (maximum 1,500 characters).

C. Describe how you or your agency will monitor progress in implementing the program, including all data collection tools used to verify achievement of program goals and objectives.

Project narrative (maximum 1,500 characters).

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D. Provide information on what the project or activity is or will be doing to reduce energy consumption and help the environment (Energy Star appliances, education, recycling efforts, etc.). Please note: While this is highly encouraged by PottCoHTF, it is not a grant requirement for grant approval.

Project narrative (maximum 1,000 characters).

E. Do you or your agency have a conflict of interest concerning the funds being sought in this application? Please note: This should include any potential conflicts of interest between your organization and any member of the PottCoHTF board.

🗆 Yes

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If yes, please explain. (maximum 1,000 characters).

Section V - Insurance & Audit Requirements

1. Do you or your agency have liability insurance coverage?

□ Yes No No Amount of Coverage: Insuring Company:

- 2. Do you or your agency pay all payroll taxes & worker's compensation as required by federal & state laws? 🗆 Yes 🗆 No
- 3. Do you or your agency have fidelity bond coverage for principal staff who handle the agency's accounts? 🗆 Yes □ No
- 4. Date of last audit:

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Section VI - Required Attachments

- 1. Additional requirements for <u>ORGANIZATIONS</u> that must be submitted:
 - □ A copy of your entity's organizational documents.
 - □ The organizations IRS determination letter granting organization exemption under Section 503(c)(3) status and public charity status under Section 509(a) of the Internal Revenue Code, if applicable (if such a letter had not been received, explain the organization's current tax status).
 - □ A copy of your organization's current financial statements.
 - □ A listing of the current Board of Director's and Officers Managing Members or General Partners, as applicable.
 - □ An acceptable documentation evidencing authority to make application.
- 2. Additional requirements for <u>REAL ESTATE PROJECTS</u> that must be submitted:
 - □ A detailed site plan, building floor designs, and building elevations, if available.
 - $\hfill\square$ A detailed and itemized cost estimate.
 - $\hfill\square$ A source and use of funds for the project.
 - □ A 10 year project pro forma, if applicable.
 - □ Provide information concerning the proposed site regarding site control, zoning, flood hazards, etc.
 - □ List the three most recent projects, similar to the proposed project, your agency has developed, including location & year completed.
 - □ List all partners involved in the project and the roles each will undertake.
 - □ A signed financial statement indicating income, assets & obligations.

List any other attachments. (maximum 1,500 characters).

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Section VII - Signature, Fair Housing Certification & Submission Instructions

I further certify that ______ is in compliance with and agrees to continue to comply with Section 16.9 of the Act and Section 216.8 and 216.8A of the Iowa Code and with the provisions of the Fair Housing Act, as amended.

Official Signature Name and Title Date

Submission Instructions:

Typed proposals must be hand delivered, received via mail or emailed by 1:00 p.m. on or before February 10, 2023. No proposals or modifications to proposals will be accepted after this date and time.

Please note: Additional application information may be required depending on your specific request.

For more information or to submit proposals, please contact:

Grant Anderson Manager of Community and Economic Development Metropolitan Area Planning Agency (MAPA) 2222 Cuming Street, Omaha, NE 68102 Office: 402-444-6866 ext. 3222 ganderson@mapacog.org



