# Section I – Applicant Information

|  |  |
| --- | --- |
| **Name of Applicant/Organization:** |  |
| **Mailing Address:** |  |
| **City/State/ZIP:** |  |
| **Contact Person & Title:** |  |
| **Telephone:** |  |
| **Email Address:** |  |

# Section II – Project Information

|  |  |
| --- | --- |
| 1. **Name of Project/Program/Activity:**
 |  |
| 1. **Estimated Start Date:**
 | MM/YYYY |
| **Estimated End Date:** | MM/YYYY |
| *Funds will be available immediately upon the execution of the PottCoHTF Grant agreement and released in accordance with the terms contained in the agreement.* |
| 1. **What PottCoHTF affordable housing priority is being addressed by your proposed project or activity? (Check One)**
 |
|  |  | 1. Owner-occupied home rehab, emergency repairs, or accessibility improvements.
 |
|  | 1. Construction of owner-occupied housing units, including down payment assistance.
 |
|  | 1. Construction or rehab of rental housing units, including emergency and transitional units.
 |
|  | 1. Rental assistance; including application fees, deposit, first-month’s rent, or eviction aversion assistance.
 |
|  | 1. Homeowner, renter, or landlord education programs.
 |
| 1. **Amount of Funding Requested:** (Please Refer to Housing Assistance Plan for Program Maximums)
 | $ |
|  |
| 1. **Program Beneficiaries.** (Please Refer to [HUD Income Limits](https://www.huduser.gov/portal/datasets/home-datasets/files/HOME_IncomeLmts_State_IA_2023.pdf) for Omaha-Council Bluffs Metro Area)
 |
| **Estimated # of beneficiaries in 0-30% median family income category:** |  | **Percent:** | % |
| **Estimated # of beneficiaries in 31-80% median family income category:** |  | **Percent:** | % |
| **Estimated total # of persons, households, or units to be served/created:** |  | **Percent:** | **100%** |

|  |
| --- |
| 1. **Project Narrative: Describe the proposed project. Identify the need or problem that exists and how the funds will be utilized to benefit the project. Be specific in describing who will carry out the activities, the project location, and timing of the project. Describe any coordination your organization will have with other agencies in delivering the proposed service and leveraging resources. (Max. 2,000 Characters)**
 |
|  |
| 1. **Provide information on what the project/program/activity is or plans to do to reduce energy consumption or otherwise reduce impacts to the environment (i.e. using recycled materials, EnergyStar appliances, education/outreach efforts). Note that while this is highly encouraged by PottCoHTF, it is not a requirement for grant approval. (Max. 1,000 Characters)**
 |
|  |

# Section III – Project Budget

|  |
| --- |
| 1. **Budget Summary. Identify the cost and source of the activity/activities requested for funding as well as any salaries, administration, operations and acquisition, that are applicable to the project.**

(Please Refer to Housing Assistance Plan for Program Match Requirements) |
| **Activity** | **Total****Cost** | **Source of Funds** |
| **PottCoHTF** | **Applicant** | **Other** |
| **Overhead Costs** | $ | $ | $ | $ |
| **Architectural & Engineering Costs** | $ | $ | $ | $ |
| **Acquisition Costs** | $ | $ | $ | $ |
| **Construction/Rehab Costs** | $ | $ | $ | $ |
| **Rent/Down Payment Assistance** | $ | $ | $ | $ |
| **Homeless Prevention Assistance** | $ | $ | $ | $ |
| **Education/Training Costs** | $ | $ | $ | $ |
| **Other:** | $ | $ | $ | $ |
| **TOTALS:** | $ | $ | $ | $ |

|  |
| --- |
| 1. **Financing Sources and Terms. Include all funding sources and the type of funds.**
 |
| **Source** | **Amount** | **Type** | **Committed?** |
| **Yes** | **No** |
| **Pottawattamie County Housing Trust Fund** | $ | G |  | X |
| **Applicant** | $ |  |  |  |
| **Other:** | $ |  |  |  |
| **Other:** | $ |  |  |  |
| **Other:** | $ |  |  |  |
| **Other:** | $ |  |  |  |
| **Other:**  | $ |  |  |  |
| **Other:** | $ |  |  |  |
| **TOTAL:** | $ | - |
| Type Codes: C: Cash, E: Equity, G: Grant, DL: Direct Loan, FL: Forgivable Loan, IK: In-Kind, O: Other |

|  |  |  |
| --- | --- | --- |
| 1. **PottCoHTF Funds as a Percent of Total Project Cost:**
 | % | (PottCoHTF Funds ÷ Total Project Cost) |
|  |
| 1. **PottCoHTF Funds per beneficiary:**
 | % | (PottCoHTF Funds ÷ Number of Beneficiaries) |

|  |  |  |
| --- | --- | --- |
| 1. **Are PottCoHTF Funds necessary to secure matching funds from another source?**
 | Yes:  | No:  |
| * 1. **If Yes, please list the source(s) and the amount(s) of funds needed to meet the match requirement. (Note: We will request proof upon award of funds) (Max. 500 Characters)**
 |
|  |
| 1. **Describe any plans to seek funding to supplement PottCoHTF funds for this project. Describe the source to which you will apply, the amounts, and the proposed use of those funds. (Max. 1,500 Characters)**
 |
|  |
| 1. **Describe your use of donated or in-kind goods and services for this project. Estimate the value of those goods and services. Describe how you determined the values. (Max. 1,000 Characters)**
 |
|  |
| 1. **Provide an explanation for any atypical expenditures listed in the Budget Summary. (Max. 1,000 Characters)**
 |
|  |

# Section IV – Project Feasibility, Staff Capacity, & Monitoring

|  |
| --- |
| 1. **Outline the proposed timeline for the commitment and expenditure of the funding requested. Please include other project factors that may impact the timeline (i.e. acquisition, rezoning, construction schedule, and/or applications for other funds). (Max. 2,500 Characters)**
 |
|  |
| 1. **List the personnel that will be involved in executing the project. Include a brief description of their experience and provide evidence of your organization’s capacity to complete the proposed project within the established timeframe and budget. (Max. 2,000 Characters)**
 |
|  |
| 1. **Do you or does anyone in your agency have a conflict of interest concerning the funds being sought in the application? Note that this includes any potential conflicts of interest between your organization and any member of the PottCoHTF Board.** Yes: No: (If yes, please explain in Question 2 above.)
 |
| 1. **Describe how your or your agency will monitor progress on implementing the program, including all data collection tools sued to verify the achievement of program goals and objectives. (Max. 1,500 Characters)**
 |
|  |

# Section V – Insurance & Audit Requirements

|  |  |  |
| --- | --- | --- |
| * + - 1. **Do you or your agency have liability insurance?**
 | Yes:  | No:  |
| * + - * 1. **Amount of Coverage:**
 |  |
| * + - * 1. **Insurance Company:**
 |  |
| * + - 1. **Do you/does your agency pay all payroll taxes and worker’s compensation as required by federal and state laws?**
 |
|  | Yes:  | No:  |
| * + - 1. **Do you/your agency have fidelity bond coverage for principal staff who handle the agency’s accounts?**
 |
|  | Yes:  | No:  |
| * + - 1. **Date of last audit:**
 |  |

# Section VI –Required Attachments

1. **Additional requirements for ORGANIZATIONS that must be submitted:**
* A copy of your entity’s organizational documents.
* The organization’s IRS determination letter granting organizational 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 has not been received, provide an explanation of the organization’s current tax status.
* A copy of your organization’s current financial statements.
* A list of the current Board of Directors, Officers, Managing Members, or General Partners, as applicable.
* An acceptable documentation evidencing authority to make application.
1. **Additional requirements for REAL ESTATE PROJECTS that must be submitted:**
* A detailed site plan, building designs/construction documents, and building elevations, as applicable.
* A detailed and itemized cost estimate.
* A source and use of funds for the project.
* A 10-year project pro forma, if applicable.
* Provide information concerning the proposed side regarding site control, zoning, flood hazards, etc.
* List the three most recent projects that your agency has developed that are similar to the proposed project, including location and year completed.
* A signed financial statement indicating income, assets, and obligations.

**List any additional attachments. (Max. 500 Characters)**

|  |
| --- |
|  |

# Section VII – Certifications & Submission Instructions

I certify that **[AGENCYNAME]** is in compliance with and agrees to continue to comply with [Section 16.9](https://www.legis.iowa.gov/docs/code/2022/16.9.pdf), [Section 216.8](https://www.legis.iowa.gov/docs/code/216.8.pdf), and [Section 216.8A](https://www.legis.iowa.gov/docs/code/216.8A.pdf) of the Iowa Code and with the provisions of the [Fair Housing Act](https://www.hud.gov/program_offices/fair_housing_equal_opp/fair_housing_and_related_law), as amended.

**Print Name & Title:**

Official Signature Date

# Submission Instructions

Typed proposals must be hand-delivered, received via mail, or emailed to the Program Administrator by 4:30 PM on January 26, 2024. No proposals or modifications to proposals will be accepted after this date and time.

Note: Additional information may be requested depending on your specific project.

For additional information or to submit proposals, please contact:

Bradley J. Grefe, PottCoHTF Program Administrator

Metropolitan Area Planning Agency (MAPA)

2222 Cuming St., Omaha, NE 68102

(402) 444-6866 x3234

bgrefe@mapacog.org

