The Pottawattamie County Housing Trust Fund (PottCoHTF) is accepting proposals for activities which are eligible for assistance under the State of Iowa’s [Local Housing Trust Fund Program](https://www.iowafinance.com/state-housing-trust-fund/local-housing-trust-fund/) (LHTF) and the PottCoHTF [Housing Assistance Plan](http://pottcohtf.org/resources/) (HAP). The PottCoHTF grant application Google Form must be submitted by 4:00 PM on or before February 28, 2025.

Priority will be given to those proposals assisting households at or below 30% of the median family income. All activities must benefit households at or below 80% of median family income. Each applicant will be required to meet with the PottCoHTF Board to review their application prior to any funding decisions. We expect to schedule these meetings for March 4, 2025, to make funding decisions on March 11, 2025.

For more information, please contact the program administrator Bradley Grefe at [bgrefe@mapacog.org](http://bgrefe@mapacog.org/).

# Applicant Information

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

# Project Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Project/Program/Activity:** | | |  |
| **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. | | |
| **Estimated Start Date:** | | MM/DD/YYYY | |
| **Estimated End Date:** | | MM/DD/YYYY | |
| **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. | | | |

# Project Budget & Beneficiaries

*Please refer to the*[*Housing Assistance Plan*](http://pottcohtf.org/wp-content/uploads/2025/01/2025-PottCoHTF-Housing-Assistance-Plan-HAP.pdf)*for program maximums. All PottCoHTF funding needs to benefit individuals and households at or below 80% of the median family income for the Omaha-Council Bluffs Metro Area. Please refer to*[*HUD's Median Family Income Calculations*](https://www.huduser.gov/portal/datasets/il/il2024/2024summary.odn?states=%24states%24&data=2024&inputname=METRO36540M36540*Omaha-Council+Bluffs%2C+NE-IA+HUD+Metro+FMR+Area&stname=%24stname%24&statefp=99&year=2024&selection_type=hmfa)*for current income limits.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Please fill out and attach the** [**Project Budget Form**](http://pottcohtf.org/wp-content/uploads/2025/01/2025-PottCoHTF-Project-Budget-Form.docx)**.** | | | |
| **Amount of PottCoHTF Funding Requested:**  (Please Refer to Housing Assistance Plan for Program Maximums) | $ | | |
| **Amount of Match:** | $ | | |
| **Total Project Cost:** | $ | | |
| **Are PottCoHTF Funds necessary to secure matching funds from another source?** | | Yes: | No: |
| **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) | | | |
| If applicable, 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. | | | |
| Provide an explanation for any atypical expenditures listed in the Budget Summary. | | | |

# Project Feasibility, Staff Capacity, & Monitoring

|  |
| --- |
| 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). |
| 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 3 below.) |
| 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. |
| 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. |

# Insurance & Audit Requirements

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

# Required Attachments

**The following attachments are required for all applicants:**

* 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 list of the current Board of Directors, Officers, Managing Members, or General Partners, as applicable.
* A copy of your organization’s current financial statements.
* An acceptable documentation evidencing authority to make application.

# Additional Attachments for Real Estate Projects

**If your project involves new construction, building rehab, etc. please combine files into one PDF and submit the following, as applicable:**

* A detailed site plan, building designs/construction documents, and building elevations, as applicable.
* A detailed and itemized cost estimate.
* A 10-year project pro forma for rental properties.
* 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.

# Certifications

I certify that I am authorized to submit this application on behalf of my organization and that my organization 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.

**Name:**

**Title:**

