

**INSTRUCTIONS FOR SUBMITTING
HTF COMPETITIVE GRANT APPLICATIONS**

1. Complete pages 2 through 12 of the application.
 - ✓ All applicants must submit one copy of their latest audit or audited financial statement.
 - ✓ All non-profit organizations must also complete **Attachment One: Non-Profit Checklist** with supporting documentation.
 - ✓ Applicants proposing rental housing programs must complete **Attachment Two: Rental Housing Feasibility Worksheet (GOLDENROD)**.
2. Answer all questions. If not applicable to your program, please mark N.A.
3. Submit **ONE ORIGINAL APPLICATION** and supporting information. **DO NOT SUBMIT APPLICATIONS IN BINDERS OR FOLDERS.**
4. The applications are due in THDA's Nashville office by 4:30 p.m., Friday, March 12, 2010. If you are not certain that your application will be received on time if delivered through regular mail, you should make other arrangements. Applications received late will not be considered.

Submit application to:

**Tennessee Housing Development Agency
404 James Robertson Parkway, Suite 1200
Nashville, TN. 37243-0900
ATTN: Community Programs Division**

FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.

The Zip Code 37243-0900 sends your application through the State Mail System. If you plan to use the US Postal Service Express Mail or other expedited delivery service, you may want to consider using the zip code 37219 to avoid possible delays by routing through the state mail service.

5. PROJECT TYPE

Homeownership _____ Number of units _____

Rental _____ Number of units _____

City or County in which your project will be located:

If a multi-county project, the number of units in each county:

6. PROPOSED FUNDING SOURCES

TOTAL HTF GRANT FUNDS REQUESTED _____

HTF Competitive Grant Program Funds _____

HTF Administrative Funds _____
(Cannot exceed 7% of total HTF Grant Request)

Other Federal Funds _____

Local Government or Agency Funds _____

Other (describe) _____

TOTAL PROGRAM COST _____

7. AUDIT OR AUDITED FINANCIAL STATEMENT

MUST BE INCLUDED BY ALL APPLICANTS:

_____ Copy of latest audit or audited financial statement

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Mayor, County Executive, Executive Director or Chairman of the Board:

Signature: _____

Typed Name: _____

Title: _____ Date: _____

PART II

PROGRAM NARRATIVE

1. Briefly describe your proposed project. Tell what you are going to do, where you are going to do it, who and how many will benefit, and how you will use the grant funds. Attach an implementation plan that includes a listing of the major tasks in the project and the expected timeframe for completion, such as the date when construction will begin.

11. For rental projects, how will the applicant be involved with the on-going program administration and insuring the provisions of the compliance period?

12. Explain the need for your proposed project.

13. How is the proposed project innovative?

PART III

HTF COMPETITIVE GRANT SUMMARY FORM

OWNER OCCUPIED UNITS

	# of Units	HTF Funds Per Unit	Other Funds Per Unit	Total Cost Per Unit
New Construction		\$	\$	\$
Downpayment Assistance		\$	\$	\$
TOTAL		\$	\$	\$

TENANT OCCUPIED UNITS

	# of Units	HTF Funds Per Unit	Other Funds Per Unit	Total Cost Per Unit
New Construction		\$	\$	\$
Acquisition		\$	\$	\$
Rehabilitation				
Acquisition & Rehabilitation		\$	\$	\$
TOTAL		\$	\$	\$

PART IV
COMPETITIVE GRANT PROJECT BUDGET

Funding Source	Home Ownership	Rental Acquisition	Rental Rehab	Rental New Construct	Admin	TOTAL
HTF FUNDS	\$	\$	\$	\$		\$
Other Federal Funds	\$	\$	\$	\$		\$
Other State Funds	\$	\$	\$	\$		\$
Local Gov't or Agency Funds	\$	\$	\$	\$		\$
First Mortgage Funds	\$	\$	\$	\$		\$
Private Funds	\$	\$	\$	\$		\$
Donated Land, Labor Materials	\$	\$	\$	\$		\$
Other	\$	\$	\$	\$		\$
TOTAL	\$	\$	\$	\$		\$

PART V: NON-PROFIT BOARD COMPOSITION

Copy as necessary for all Board Members

Name: _____
Home Address: _____
Race: _____ Sex: _____ Occupation: _____
Primary Contribution to the Board: _____

Length of Board Service: _____ Date Board Term Expires: _____

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