

INSTRUCTIONS FOR SUBMITTING

**2021 THDA CHALLENGE GRANT PROGRAM APPLICATION**

1. Complete pages 2 through 14 of the application.

* All applicants must submit one copy of the most recent audit or audited financial statement.
* All applicants must complete Part I, Part II, Part V, and Part VI.
* All applicants proposing to construct or rehabilitate housing, must complete Part III.
* All applicants proposing non-development housing activities must complete Part IV. Non-Development Housing includes those activities which do not include construction or rehabilitation, including but not limited to, down payment assistance only and housing services to the homeless.
* All non-profit organizations must also complete **Attachment One: Non-Profit Checklist** with supporting documentation. *Note documentation to be submitted through THDA’s Participant Information Management System (PIMS).*
* Applicants proposing **Rental** housing programs must complete **Attachment Two: Rental Housing Feasibility Worksheet**.

2. Answer all questions in relevant Parts. If not applicable to your program, please mark N.A.

3. Application must be typed and printed on one side only.

4. All applications must be uploaded to the EDT – Web Transfer Client System. Email KNorkus@thda.org for access to the site. The organization name and name and email address of agency staff uploading the application will be needed for access to be provided.

5. The Application and supporting information must be uploaded as ONE document.

6. Applications must be uploaded by **11:59 PM CDT, Thursday, August 6, 2020**.

**FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.**

## APPLICATION FOR THE 2021 CHALLENGE GRANT PROGRAM

## TENNESSEE HOUSING DEVELOPMENT AGENCY

**PART I**

1. **Applicant Information**

Organization Name:

Mailing Address:

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County:

 Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Federal Tax Identification #: 62-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or 58-

 State Legislative District: House: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Senate:

Applicant Fiscal Year: State \_\_\_\_ Federal \_\_\_\_ Calendar \_\_\_\_ Other

1. **APPLICANT Executive Director**

Name:

Email Address:

Phone Number:

3. **Proposed Program Administrator (**If Different from Applicant Executive Director)

 Name:

Mailing Address:

 City: Zip Code:

 Telephone #: Fax #:

 Proposed Administrator’s E-mail Address:

4. **application Contact Person**

 If THDA has questions regarding this application, they should contact:

 Name:

Telephone #: E-Mail Address:

5**. HOUSING ACTIVITY TYPE:**

 Homeownership: Number of Units:

 Rental: Number of Units:

Other (Describe):

City or County in which the housing activity will be located:

If a multi-county housing activity, identify each county and indicate the number of units in each county:

6. **Proposed Funding Sources:**

TOTAL CHALLENGE GRANT FUNDS REQUESTED: $

Federal Funds (Describe): $

Local Government Funds (Describe): $

Agency Funds (Describe): $

Other (Describe): $

Other (Describe): $

Other (Describe): $

Other (Describe): $

Other (Describe): $

**TOTAL PROGRAM COST:** **$**

7. Audit or audited financial statement:

\_\_\_\_\_\_\_\_\_ Copy of latest audit or audited financial statement has been uploaded through THDA’s Participant Information Management System (PIMS)

To the best of my knowledge, I certify that the information in this application for Challenge Grant funding 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.

By signing this application for funds, I am also certifying that all documents required to be electronically uploaded to the THDA Participant Management Information System (PIMS) have been uploaded and that those documents reflect the most recent and complete documents available. All applications will be evaluated based on the supporting documents in the PIMS document repository as of the application deadline.

Executive Director, or Chairman of the Board:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PART II

## PROGRAM NARRATIVE

**Please answer each of the questions below. Attach additional sheets of paper as necessary.**

1. Describe your proposed activity. 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 Challenge Grant funds towards the implementation of the housing activity.
2. Describe how this housing activity is a unique milestone or opportunity for the applicant and for Tennessee. Describe how it is outside of the normal course of business of the applicant.
3. Identify how recipients of the proposed program activity will be selected.
4. Identify any proposed partner organizations, if any, that will be involved with the implementation of the housing activity and describe their role in the implementation of the housing activity.
5. Describe how the proposed housing activity demonstrates broad community support and will result in a significant community or regional impact.
6. Attach an implementation plan that includes a listing of the major tasks in the project including when the project will begin and the expected timeframe for completion.
7. Explain how the project will expand or preserve the supply of housing for sale to low and moderate income home buyers, significantly preserve and enhance the supply of existing owner occupied units, expand or preserve the supply of rental housing for low and moderate income households, reduce the number of individuals who are homeless, or move a significant number of a more vulnerable population into housing.
8. A 300% cash leverage of the value of requested Challenge Grant funds is required. All leverage must be used for the proposed housing activity. Include a description of the amount and source of leverage funds and commitment letters or other documentation to support leveraged funds that have already been obtained. All leverage must be raised and firm commitments obtained within nine (9) months of THDA’s commitment of Challenge Grant resources. Provide a plan for the fundraising of the required leverage for the housing activity.
9. Describe the agency’s experience in providing affordable housing, affordable housing-related services, or addressing homelessness in Tennessee.
10. Indicate the length of time the agency has been providing affordable housing or affordable housing related services in Tennessee.

**PART III**

 **DEVELOPMENT HOUSING ACTIVITIES**

**For projects that propose the development (new construction or rehabilitation) of housing, including the rehabilitation of owner-occupied housing, provide responses immediately following each question below. Mark any question which is not applicable to the proposed activity as “N/A”.**

1. Who will be the administrator/project lead of the development phase of the project? Identify his/her relevant experience and training in administering housing development programs.
2. Attach a list of all homeownership or rental projects successfully administered over the past ten years, indicating which projects are completed and which projects are underway. As applicable, identify any projects that have been funded by THDA and the THDA program providing the funding resource.
3. Has the applicant selected the individuals or firms to provide architectural, construction management, and/or inspection services? If yes, identify and include a resume of his/her relevant experience and describe the procurement process used. Please provide resumes.
4. If new construction:
5. Have architectural plans been selected for the units?
6. Include plans and specifications or work write-ups.
7. Are universal design, visitability, or accessibility features included in the design? If so, identify those features.
8. If rehabilitation, have housing units been identified for rehabilitation? If so, attach descriptive data, including photographs, plans and specifications or work write-ups.

6. What property standards will apply to the completed units?

7. Identify energy conservation measures to be included in the design of the units.

8. Is acquisition of sites required for the implementation of the housing activity? If yes, have sites been identified? Identify sites on a map and, if acquisition has been completed or is underway, attach documentation for purchase (sales contract, option, or warranty deed).

9. If acquisition is a required part of the housing activity and site control has not been secured, describe the applicant’s history of securing ownership control of the property type described in the program narrative section of this application over the last 5 years.

10. Is there an estimate for construction or rehabilitation costs? Include written cost estimates.

11. For projects involving the construction of housing for sale to eligible homebuyers:

A. Is there a pool of potential home buyers with whom the applicant is working?

B. If yes, identify the size of the pool and the average length of time it takes a homebuyer to qualify for

 the permanent mortgage.

C. Is there a permanent mortgage lender with whom the applicant is working?

12. For rental activities, describe the plan to market the proposed units to eligible renters.

13. For rental activities, identify the organization who will provide property management services and describe the experience of that organization in providing property management services.

14. If your project is providing housing for ex-offenders, please provide the following:

1. Copy of policies and procedures guiding the operation of your program
2. Describe screening and selection procedures
3. Documentation confirming that necessary support services will be funded and provided
4. If proposing a rental or transitional housing project, copy of your application for tenancy
5. If proposing a transitional housing project, documentation confirming that your agency is included on the Tennessee Department of Corrections list of approved transitional housing providers.
6. Will your project target a special needs population? If so, define the population to be served and include documentation confirming that necessary support services will be funded and provided.

16. If providing housing for individuals with physical, emotional, mental, or developmental disabilities,

 describe how the housing will meet each of the following qualities of settings standards in order to be

 eligible for reimbursement as described by the Centers for Medicare and Medicaid Services.

Housing funded for individuals with disabilities must meet the qualities of settings standards that determine eligibility for reimbursement under the Medicaid home and community-based services that were established by the Centers for Medicare and Medicaid Services (CMS) in the final rule dated January 16, 2014:

<https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>.

The final rule requires that all home and community-based settings meet certain qualifications, including:

1. The setting is integrated and supports full access to the greater community;
2. Is selected by the individual from among setting options;
3. Ensures individual rights of privacy, dignity, and respect, and freedom from coercion and restraint;
4. Optimizes autonomy and independence in making life choices; and,
5. Facilitates choice regarding services and who provides them.

Additionally for provider owned or controlled residential settings, the following additional requirements apply:

1. The individual has a lease or other legally enforceable agreement providing similar protections;
2. The individual has privacy in their unit including lockable doors, choice of roommates, and freedom to furnish or decorate the unit;
3. The individual controls his/her own schedule, including access to food at any time;
4. The individual can have visitors at any time; and,
5. The setting is physically accessible.

**Part IV**

 **Non-Development Housing Activities**

**For projects that propose housing activities which do not include the new construction or rehabilitation of housing, provide responses immediately following each question below.**

1. Who will be the administrator/project lead of the housing activity implementation? Identify his/her relevant experience and training in administering housing programs.
2. Describe similar type activities to the one proposed in this application that the organization has implemented over the past ten (10) years.
3. Identify how outreach will be conducted to beneficiaries of the proposed activity.

## PART V

## THDA CHALLENGE GRANT SUMMARY FORM

## DEVELOPMENT - HOMEOWNERSHIP ACTIVITIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **# of Units** | **Challenge Grant FundsPer Unit** | **Other FundsPer Unit** | **Total CostPer Unit** |
|  New Construction for Sale |  | **$** | **$** | **$** |
| Rehabilitation for Sale |  | **$** | **$** | **$** |
| Homeowner Rehabilitation |  | **$** | **$** | **$** |
| TOTAL |  | **$** | **$** | **$** |

## PART V

## THDA CHALLENGE GRANT SUMMARY FORM

DEVELOPMENT - RENTAL ACTIVITIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **# of Units** | **Challenge Grant FundsPer Unit** | **Other FundsPer Unit** | **Total CostPer Unit** |
| New Construction |  | **$** | **$** | **$** |
| Rehabilitation |  | **$** | **$** | **$** |
| TOTAL |  | **$** | **$** | **$** |

## PART V

## THDA CHALLENGE GRANT SUMMARY FORM

OTHER HOUSING ACTIVITIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **# of Households to be Served** | **Challenge Grant FundsPer Household** | **Other FundsPer Household** | **Total CostPer Household** |
| Activity 1: |  | **$** | **$** | **$** |
| Activity 2: |  | **$** | **$** | **$** |
| Activity 3: |  | **$** | **$** | **$** |
| TOTAL |  | **$** | **$** | **$** |

**PART VI**

##### THDA CHALLENGE GRANT PROJECT BUDGET

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Source** | **Development Homeowner Rehabilitation** | **Development Site Acquisition For Sale to LMI Buyers**  | **Development Rehab For Sale to LMI Buyers** | **Development New Construction For Sale to LMI Buyers** | **Development Rental** **Site Acquisition** | **Development RentalRehab** | **Development Rental** **New Construction** | **Non-Development Housing Activities** | **TOTAL** |
| **THDA** **Challenge Grant Funds** | $ | $ | $ | $ | $ | $ | $ | $ | $ |
|  **Federal Funds** | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| **Other State Funds** | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| **Agency Funds** | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| **Local Gov't Funds** |  |  |  |  |  |  |  |  |  |
| **Funding Source** | **Development Homeowner Rehabilitation** | **Development** **Site Acquisition For Sale to LMI Buyers** | **Development Rehab For Sale to LMI Buyers** | **Development New Construction For Sale to LMI Buyers** | **Development Rental**  **Site Acquisition** | **Development RentalRehab** | **Development Rental** **New Construction** | **Non-Development Housing Activities** | **TOTAL** |
| **First Mortgage Funds** | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| **Private Funds** | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| Other – Describe: | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| TOTAL | $ | $ | $ | $ | $ | $ | $ | $ | $ |

**Please enter names and positions for each member of the Board of Directors. Attach additional sheet if necessary.**

|  |  |
| --- | --- |
| **BOARD MEMBER NAME** | **POSITION (Chairman, Treasurer, Secretary, Board Member, Other)** |
| 1.
 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Board Member Information:**

Copy as necessary for all Board Members

NOTE: This form must be uploaded to PIMS. Fillable form is available on PIMS website and on Challenge Grant page of THDA website

To be completed by all board members of agency applying for THDA program funds

**Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Officer? Yes\_\_\_\_ No\_\_\_\_

If yes, list position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Expertise/Contribution to the Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Board Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Board Term Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**--------------------------------For Organizations Seeking CHDO Designation Only--------------------------**

Low-Income Rep to the Board? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

*If Yes:*

Resident of low-income neighborhood: \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Elected representative of low-income neighborhood organization: \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Low-income resident with annual household income below 80% of Area Median Income:

\_\_\_\_\_\_Yes \_\_\_\_\_\_No