



## INSTRUCTIONS FOR SUBMITTING

### Tennessee Housing Trust Fund – Capacity Building Program Grant Application

1. Complete all pages of the application.
  - ✓ All applicants must submit one copy of their latest audit or audited financial statement through THDA’s Participant Information Management System (PIMS). If the audit period covered by the financial audit or audited financial statement is more than 12 months prior to the due date of this application, a statement indicating the reason for the delay in obtaining an updated audit must be submitted along with 2023 unaudited financial statements that may include but are not limited to the balance sheet and profit and loss statements.
  - ✓ All applicants must submit a current Board Resolution approving submission of this application.
  - ✓ All applicants must complete **Attachment One: Non-Profit Checklist** and submit supporting documentation, including documentation to be uploaded to PIMS. The Threshold Section of PIMS must be completed.
2. Answer all questions individually. If not applicable to your project, please mark N/A.
3. For any question where the answer will not fit in the space provided, please include an attachment and label the attachment to correspond to the question number being answered.
4. All applications must be typed.
5. The format of this application must not be altered.
6. All attachments to the application must be appropriately labeled.
7. All applications must be uploaded to the EDT – Web Transfer Client System. Email [THTF@thda.org](mailto:THTF@thda.org) for access to the site. The following will be needed when access is requested:
  - a. Organization name
  - b. Name, email address, and phone number of agency staff uploading the application
8. All applications **must be uploaded to EDT** as **one pdf document**. Send email to [THTF@thda.org](mailto:THTF@thda.org) after the application has been uploaded. Applications submitted by any other means will not be accepted.
9. Applications must be uploaded by **4:00 PM Central Time, Thursday, September 19, 2024**.

10. Capacity Building funds will be awarded on a first come, first served basis to qualified applicants until the allocated funding is exhausted.

**APPLICATION FOR THE 2025 CAPACITY BUILDING PROGRAM  
TENNESSEE HOUSING DEVELOPMENT AGENCY**

**PART I**

**1. APPLICANT INFORMATION**

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

Mailing Address: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

Federal Tax Identification #: \_\_\_\_\_

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

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

**2. APPLICANT EXECUTIVE DIRECTOR**

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

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

Telephone #: \_\_\_\_\_

**3. PROPOSED PROGRAM ADMINISTRATOR**

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

Mailing Address: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Proposed Administrator's E-mail Address: \_\_\_\_\_

**4. CONTACT PERSON**

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

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

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

5. **PROJECT TYPE. SELECT PROJECT TYPE BELOW.**

**FACILITY CAPACITY, EXPANSION OR IMPROVEMENT:**

New Construction \_\_\_\_\_

Rehabilitation \_\_\_\_\_

Acquisition \_\_\_\_\_

**FACILITY CAPACITY, IT SYSTEMS**

IT System Expansion \_\_\_\_\_

IT System Improvement \_\_\_\_\_

**MANAGEMENT CAPACITY**

Strategic Plan \_\_\_\_\_

Succession Management Plan \_\_\_\_\_

6. **PROPOSED FUNDING SOURCES**

TOTAL THTF Capacity Grant FUNDS REQUESTED \$ \_\_\_\_\_

Federal Funds (Describe): \_\_\_\_\_ \$ \_\_\_\_\_

Local Government Funds (Describe): \_\_\_\_\_ \$ \_\_\_\_\_

Agency Funds (Describe): \_\_\_\_\_ \$ \_\_\_\_\_

Other (Describe): \_\_\_\_\_ \$ \_\_\_\_\_

Other (Describe): \_\_\_\_\_ \$ \_\_\_\_\_

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 (***All Applicants must upload through PIMS***)

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.

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**

1. Please describe your proposed project under the categories indicated below as applicable. If more space is needed, please include an attachment and label the attachment to correspond to the question number being answered. All attachments should be placed in numerical order corresponding to the appropriate question at the end of the application. Please answer in 200 words or less.

A. Facility Expansion or Improvement.

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B. Information Technology System Expansion or Improvement.

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C. Strategic and/or Succession Management Plan.

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2. Where will the proposed project be located? Include street address, city, and county.

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3. Describe the primary purpose or mission of the organization, including the new construction and/or rehabilitation of single family or multifamily units.

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4. How long the applicant has been developing affordable housing in Tennessee?

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5. Describe the applicant's experience in the development of affordable housing in Tennessee.

A. When did the applicant begin developing affordable housing in Tennessee?

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B. Describe the types of affordable housing the applicant has developed in Tennessee.

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C. Does the applicant have an affordable housing project currently underway in Tennessee? If yes, where is the project located and describe the type of project being developed.

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D. Describe the last affordable housing project completed in Tennessee including the type of project developed and where the project is located.

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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.

A. Is the project currently underway?

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B. If the project is not currently underway, will it begin within 6 months of grant award?

7. If the application is for facility expansion, who will be the administrator of the development phase of the proposed project? Identify his/her relevant experience and training in administering housing development projects.

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8. If the application is for IT system expansion or improvements, who will be the administrator or project lead during project implementation? Describe his/her relevant experience in administering similar activities.

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9. If the project will involve facility capacity expansion or improvement involving new construction or rehabilitation, has the applicant selected the individuals or firms to provide architectural, construction management, and/or inspection services? If yes, identify his or her relevant experience and include a resume. Please provide resumes even if the THTF request is for acquisition only.

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10. Describe the procurement process used in the selection of architectural, construction, construction management, and/or inspection services.

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11. If the project will involve facility capacity expansion or improvement, will the construction, rehabilitation, or IT system expansion/ improvement occur at the applicant's current office location or a different site?

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A. If the project will occur at the applicant's current office location, attach recorded warranty deed or deeds.

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B. If the project activity will occur at a different site, please explain.

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12. Will the project include facility acquisition? If yes, attach documentation for purchase (sales contract or option).

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13. If applicable, have architectural plans been selected for new construction or substantial rehabilitation projects?

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14. Attach the following documents as applicable.

- (1) cost estimates (all projects including construction, rehabilitation, acquisition, IT system improvements/expansion, strategic plan, succession management plan)

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- (2) plans and specifications including site plan, floor plan, front, back, side elevations or work write-ups

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- (3) photographs

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**PART III**  
**THTF CAPACITY BUILDING PROGRAM PROJECT BUDGET**

<b>Funding Source</b>	<b>New Construction</b>	<b>Rehabilitation</b>	<b>Acquisition</b>	<b>IT System</b>	<b>Strategic Plan</b>	<b>Succession Plan</b>	<b>TOTAL</b>
<b>THDA THTF Capacity Building Grant Funds</b>	\$	\$	\$	\$	\$	\$	\$
<b>Federal Funds</b>	\$	\$	\$	\$	\$	\$	\$
<b>Other State Funds</b>	\$	\$	\$	\$	\$	\$	\$
<b>Local Gov't or Agency Funds</b>	\$	\$	\$	\$	\$	\$	\$
<b>First Mortgage Funds</b>	\$	\$	\$	\$	\$	\$	\$
<b>Private Funds</b>	\$	\$	\$	\$	\$	\$	\$

<b>Other (Describe)</b>	\$	\$	\$	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$	\$	\$	\$

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)
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**Board Member Information**

Copy as necessary for all Board Members  
(NOTE: Fillable form is available on PIMS website)

To be completed by all Board Members of agency applying for THDA program funds [If applying for Low Income Housing Tax Credit Program, use Attachments 16 and 17 as provided in PIMS]

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