

INSTRUCTIONS FOR SUBMITTING

**THTF CREATING HOMES INITIATIVE – 2 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 issuance date of the financial audit or audited financial statement is more than 12 months prior to the date of this application, a statement indicating the reason for the delay in obtaining an updated audit must be submitted along with 2019 unaudited financial statements that may include, but are not limited to, the balance sheet and profit and loss statements.
* All applicants must complete **Attachment Two: Rental Housing Feasibility Worksheet**.
* All applicants must submit a current Board Resolution approving submission of this application.
* All non-profit organizations must also complete **Attachment One: Non-Profit Checklist** with supporting documentation. *Note documentation that must be submitted through PIMS.*

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

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

4. Submit **ONE ORIGINAL APPLICATION** and supporting information. **DO NOT SUBMIT APPLICATIONS IN BINDERS OR FOLDERS**.

5. Applications are due in THDA’s Nashville office by **4:00 p.m. CST, Thursday, January 16, 2020.** If you are not certain that your application will arrive 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**

**Andrew Jackson Building**

**502 Deaderick Street, Third Floor**

**Nashville, TN 37243**

**ATTN: Community Programs Division**

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

**Please note that applications that are electronically sent to a courier service often arrive at THDA unsigned by the individual authorized to submit the application. Be sure to take the necessary steps to ensure that a signed application is delivered to THDA by the application due date.**

## APPLICATION FOR THE CREATING HOMES INITIATIVE – 2 GRANT PROGRAM

## TENNESSEE HOUSING DEVELOPMENT AGENCY

**PART I**

1. **Applicant Information**

Name of Applicant:

 Mailing Address:

 City: County:

 Zip Code: Telephone #:

 Name of Application Signatory:

 Signatory’s E-mail Address:

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

 State Legislative District: House: Senate:

Applicant Fiscal Year: State Federal Calendar Other

2. **Applicant Type**

 \_\_\_\_\_\_\_\_ Non-Profit Organization \_\_\_\_\_\_\_\_ Public Housing Authority

3. **Proposed Program Administrator**

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

Mailing Address:

 City: Zip Code:

 Telephone #: Fax #:

 Proposed Administrator’s E-mail Address:

4. **application Contact Person**

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

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

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

5**. RENTAL Project TYPE:**

 Single Family \_\_\_\_\_\_\_\_\_\_\_\_ Number of units \_\_\_\_\_\_\_\_\_\_

 Multi-Family \_\_\_\_\_\_\_\_\_\_\_\_ 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 sources of funds for acquisition & development**

TOTAL CHI-2 GRANT FUNDS REQUESTED:

CHI-2 Grant Project Funds:

CHI-2 Developer Fee (Cannot exceed 7% of total CHI-2 Grant Request):

Other Funds for Acquisition and Development:

|  |  |  |  |
| --- | --- | --- | --- |
| **FUNDING TYPE** | **AMOUNT** | **FUNDING SOURCE** | **COMMITMENT LETTER Y/N** |
| HOME | $ |  |  |
| CDBG | $ |  |  |
| FHLB | $ |  |  |
| USDA RURAL DEVELOPMENT | $ |  |  |
| BARNES FUND | $ |  |  |
| LIHC | $ |  |  |
| BANK LOAN | $ |  |  |
| AGENCY CASH | $ |  |  |
| CAPITAL CAMPAIGN | $ |  |  |
| OTHER – DESCRIBE | $ |  |  |
| OTHER – DESCRIBE | $ |  |  |
| OTHER – DESCRIBE | $ |  |  |
| OTHER – DESCRIBE | $ |  |  |

 **TOTAL ACQUISITION & DEVELOPMENT COSTS: $**

7. Audit or audited financial statement (applies to all applicants)

 Copy of latest audit or audited financial statement has been uploaded into 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

## Please describe your proposed project.

## What you are going to do? Will the project involve acquisition and rehabilitation or new construction?

1. How will the CHI-2 grant funds be used?

## Where will the proposed project be located? Include street address or addresses (if known), city and county. Use additional sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Street Address (If Known)** | **City** | **County** | **# of Units** |
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## Who (what population or populations) will benefit from the proposed project?

## How many households will be served from the proposed project?

1. Describe the source or sources and amount of matching funds. Note that proposals are not required to match CHI-2 funds. However, applications with firm documentation of eligible match sources will be prioritized.
2. Indicate each match source, the value of match to be provided by each source, and indicate if commitment letters are included with the application. Please attach an additional sheet if necessary.

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| --- | --- | --- |
| **Match Source** | **Amount** | **Commitment Letter Y/N** |
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1. 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.
2. Has the applicant applied for Low Income Housing Credits (LIHC)?

If yes, proceed to the questions below. If no, proceed to question #5.

* 1. What is the name of the development owner?
	2. Please include a copy of the organizational chart.
	3. Have the tax credits already been awarded?
	4. If yes, what is the amount of the award?
	5. What is the LIHC TN #?
1. Who will be the administrator of the development phase of the proposed project? Identify his/her relevant experience and training in administering housing programs.
2. Describe the applicant’s experience in working with individuals with opioid use disorder and/or other substance use disorders.
3. List any certifications or licenses held by the applicant related to working with individuals with opioid use disorder and/or other substance use disorders.
4. Indicate the length of time the applicant has been providing affordable housing or affordable housing related services in Tennessee.
5. Describe the applicant’s experience in providing affordable housing or affordable housing related services in Tennessee.
6. Identify how long the applicant has been providing affordable housing and/or related services to individuals with opioid use disorder and/or substance abuse disorder.
7. Indicate all rental projects successfully developed or underway by the applicant over the last 10 years. Identify the funding source. If THDA is funding source, identify program. Use additional sheets if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funding Year** | **Funding Source(s)** | **Address** | **# of Units** | **Complete/ Underway** | **Year Completed** |
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1. Have housing units been identified for acquisition and/or rehabilitation, or have sites been identified for new construction? If yes, identify on a map.
2. If housing units have been identified for acquisition and/or rehabilitation or new construction, attach documentation for purchase (sales contract or option) if available. If the property is already owned by the applicant, attach recorded warranty deed or deeds.
3. If housing units have been identified for acquisition and/or rehabilitation, or if sites have been identified for new construction, attach descriptive data, including:
4. plans and specifications or work write-ups
5. cost estimates
6. photographs
7. 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 CHI-2 request is for acquisition only.
8. Describe the procurement process used in the selection of architectural, construction management, and/or inspection services.
9. Have architectural plans been selected for the units? Do the plans conform to THDA’s Design Standards for New Construction or Rehabilitation, as applicable.
10. For new construction or rehabilitation projects, are universal design, visitability, or accessibility features included in the design? If yes, identify those features.
11. In addition to THDA’s Design Standards for New Construction or Rehabilitation as applicable, what property standards will apply to the completed units?
12. For construction or rehabilitation projects, are energy conservation measures to be included in the design of the units? If yes, identify those measures.
13. How will the applicant be involved with the following:
14. Ongoing program administration?
15. Ensuring the provisions of the compliance period?
16. Property management?
17. If the applicant will be providing property management, how many years experience does the applicant have in providing property management for affordable rental housing?
18. If the applicant will not be providing property management services, has the applicant selected the individuals or firms to provide property management services?

If yes, identify the property manager’s relevant experience and include a resume. Please provide resumes even if the CHI-2 request is for acquisition only.

1. If the applicant will not be providing property management services, describe the procurement process used in the selection of property management services, if applicable.
2. Explain the need for the proposed project.
3. How is the proposed project innovative?
4. How will potential tenants be made aware of the proposed development?
5. If funded, what efforts will be made to provide outreach to minority and underserved populations?

1. How will tenants of the proposed development be selected?
2. What is the marketing and public relations plan to accentuate the achievements of the proposed project?
3. What is the plan and timetable to keep the Communications Division of THDA involved in the success stories of the project?
4. Will the project provide services to support the Health, Purpose and Community dimensions of recovery as described in Section A of the CHI-2 Program Description? If yes, describe the services to be provided in support of each dimension and attach support service commitment letters if available.
5. List support service commitment letters that are included with the application.
6. What is the funding source for the services that will be provided?
7. Will the services be located in the same county as the housing? If no, in what county will the services be located?
8. How will transportation to the services be provided?
9. Will assistance be provided to program participants in obtaining or maintaining employment? If yes, describe the employment assistance to be provided.
10. If the housing to be provided will include family members of the individual in recovery, will services be available to each household member that will support the success of the individual in recovery? If yes, describe the services to be provided.
11. List support service commitment letters that are included with the application.
12. What is the funding source for the services that will be provided?
13. Will the services be located in the same county as the housing? If no, in what county will the services be located?
14. How will transportation to the services be provided?

##

##  PART III

## CREATING HOMES INITIATIVE – 2 SUMMARY FORM

RENTAL UNITS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **# of Units** | **CHI - 2 FundsPer Unit** | **Other FundsPer Unit** | **Total CostPer Unit** |
| **New Construction** |  | **$** | **$** | **$** |
| **Acquisition** |  | **$** | **$** | **$** |
| **Rehabilitation** |  | **$** | **$** | **$** |
| **TOTAL** |  | **$** | **$** | **$** |

**PART IV**

##### CREATING HOMES INITIATIVE – 2 PROJECT BUDGET

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funding Source** | **Rental Acquisition** | **RentalRehabilitation** | **Rental New Construction** | **Developer Fee** | **TOTAL** |
| **CHI -2 FUNDS** | $ | $ | $ | $ | $ |
| **Federal Funds** | $ | $ | $ | $ | $ |
| **Other State Funds** | $ | $ | $ | $ | $ |
| **Local Gov't or Agency Funds** | $ | $ | $ | $ | $ |
| **First Mortgage Funds** | $ | $ | $ | $ | $ |
| **Private Funds** | $ | $ | $ | $ | $ |
| Donated Land, Labor Materials | $ | $ | $ | $ | $ |
| Other | $ | $ | $ | $ | $ |
| TOTAL | $ | $ | $ | $ | $ |

**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 also applying to Low Income Housing 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