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**2020 Capacity Building Grant  
Application Form**

# Applicant Information

## Proposed Program Administrator

Name: Click here to enter text.

Title: Click here to enter text.

Mailing Address: Click here to enter text.

City: Click here to enter text.

Zip Code: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

## Application Contact Person

Name: Click here to enter text.

Title: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

## Organization Information

Organization Name: Click here to enter text.

Organization Type: Click here to enter text.

Street: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Phone: Click here to enter text.

Fax: Click here to enter text.

Organization Website: Click here to enter text.

TAX ID: Click here to enter text.

Service Area: Click here to enter text.

## 

## Executive Director Information

First Name of ED: Click here to enter text.

Last Name of ED: Click here to enter text.

Email: Click here to enter text.

Phone: Click here to enter text.

# Organization

## Organization Information

1. **List the organization’s mission**

Click here to enter text.

1. **Identify the year that your organization was established?**

Click here to enter text.

1. **Provide a statement describing your organization’s affordable housing experience, including a description of your organization’s housing-related program(s) and/or service(s), such as:**
   * Housing development
   * Home purchase assistance
   * Home repair/modification
   * Housing counseling and/or education
   * Community revitalization
   * Supportive services
   * Administration of government assistance (other than above)
   * Other

Click here to enter text.

1. **List the number of clients and/or households served by your organization in the previous calendar year.**

Click here to enter text.

1. **List of staff members employed by the organization, including:**

* How many are full-time or part-time
* Their specific responsibilities related to housing programs
* How many years of experience each staff member has in housing-related programs and services

## Board and Community Involvement

1. **Do members of your Board of Directors regularly attend Board meetings?   
   Y/N**
2. **Does your Board of Directors support your organization, via donations or other support?**

**Y/N**

1. **Does your Board of Directors provide viable ideas for increasing funding?  
   Y/N**
2. **Please describe the ideas provided for increasing funding.**

Click here to enter text.

1. **Does your organization have community support of its organization? (Community Support: Dedication to supporting the mission of your organization through financial, volunteer or other support)**

**Y/N**

1. **Please describe the community’s support of your organization.**

Click here to enter text.

# strategic plan

## Strategic Plan

1. **Has your organization developed a strategic plan?**

No

Yes

1. **If yes, list the date of your organization’s most recent strategic plan.**

Click here to enter text.

**If funding is being sought for the creation of a strategic plan, please provide the following information:**

1. **Describe how the organization will ensure the creation of a strategic plan that will be useful to the organization.**

Click here to enter text.

1. **List the name and title of the person(s) that will participate in the strategic planning process.**

Click here to enter text.

1. **List the name and title of the person(s) responsible for ensuring the strategic plan is completed within the grant’s period of performance, if awarded.**

Click here to enter text.

1. **List the name and title of the person(s) that will be responsible for the implementation of the strategic plan upon its completion.**

Click here to enter text.

# SUCCCESSION MANAGEMENT plan

## Succession Management Plan

1. **Has your organization developed a succession management plan?**

No

Yes

1. **If yes, list the date of your organization’s most recent succession management plan.**

Click here to enter text.

**If funding is being sought for the creation of a succession management plan, please provide the following information:**

1. **List the organization’s strategy for ensuring the creation of a succession management plan that will be useful to the organization.**

Click here to enter text.

1. **List the name and title of the person(s) that will participate in the succession management planning process.**

Click here to enter text.

1. **List the name and title of the person(s) responsible for ensuring the succession management plan is completed within the grant’s period of performance, if awarded.**

Click here to enter text.

1. **List the name and title of the person(s) that will be responsible for the implementation of the succession management plan upon its completion.**

Click here to enter text.

# Budget

## Proposed Budget – Consultant’s Estimate

| Line Item | Grant Projected Expenditures | Cash Match Amount from Other Sources |
| --- | --- | --- |
| Consultant’s Estimate | Click here to enter text. | Click here to enter text. |
| Totals | Click here to enter text. | Click here to enter text. |

| Required Matching Funds | | | |
| --- | --- | --- | --- |
| Organization’s Annual Budget | < $500,000 | $500,000 - $1,000,000 | >$1,000,000 |
| Percentage Match Required | 10% | 30% | 50% |

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:

# Attachment Checklist

1. Documentation to be uploaded and submitted through THDA’s Participant Information Management System (PIMS). Upload items A-G.

A.  Documentation of an IRS designation under Section 501(c)(3) or 501(c)(4) of the federal tax code. A 501(c)(3) non-profit organization may not submit an application until they have received their designation from the IRS. A 501(c)(4) non-profit applicant must provide documentation satisfactory to THDA, in its sole discretion, that the non-profit has filed the necessary material with the IRS and received a response from the IRS demonstrating 501(c)(4) status.

B  Copy of Organizational Charter and By-laws.

C.  Completed Board Information sheet for each board member.

D.  Most recent Strategic Plan of the organization. If the applicant has not adopted a strategic plan, the applicant must provide a letter from the Executive Director to that effect.

E.  The most recent financial audit or audited financial statements of the organization.

F.  Signed and notarized Disclosure Statement for each board member and the Executive Director.

G.  Signed and notarized Disclosure Statement for the organization. The organization’s Disclosure Statement must be signed by the Executive Director or the Chairman of the Board.

NOTE: All Disclosure Statements in items F and G should be uploaded together into PIMS as a single packet of Disclosures.

2.  If the nonprofit is organized and existing under the laws of Tennessee, a current Certificate of Existence from the Tennessee Secretary of State's office. The certificate must be purchased from the Secretary of State's office and must be dated no more than **30 days** prior to the application due date.

OR

If the nonprofit is organized and existing in a state outside of Tennessee, (1) a current Certificate of Existence from the office of the Secretary of State in which the organization is organized and existing and dated no more than **30 days** prior to the application due date AND (2) a Certificate of Authorization to do business in Tennessee from the Tennessee Secretary of State and dated no more than **30 days** prior to the application date.

3.  Documents for consultants not approved by one of the four organizations listed in section 2.0 of the Handbook:

State Corporation Commission Certification

Dun & Bradstreet Report

2 letters of reference

Resumes of consulting staff who will contribute to this project

4.  Staff Organizational Chart

5.  Résumés of Senior Staff of the Organization

6.  Copy of a current resolution by the Board of Directors or governing body approving the submission of the application under the 2020 Capacity Building Grant Program

7.  Consultant’s Estimate/Budget, to include:

Proposed Activities

Line Item Costs