



INSTRUCTIONS FOR SUBMITTING

Tennessee Housing Trust Fund – Capacity Building Pilot 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 non-profit organizations must complete **Attachment One: Non-Profit Checklist** and submit supporting documentation, including documentation to be uploaded to PIMS.
2. Answer all questions individually. If not applicable to your project, please mark N/A.
3. For any question where the narrative 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 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 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, February 29, 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 2024 CAPACITY BUILDING PILOT 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:**

New Construction _____

Rehabilitation _____

Acquisition _____

City or County in which your project will be located: _____

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. If more space is needed to answer any of the questions below, 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.

A. What you are going to do? (Please answer in 200 words or less).

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

2. 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.

3. 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.

4. Please state the length of time the applicant has been providing affordable housing in Tennessee.

5. Describe the applicant’s experience in the development of affordable housing in Tennessee. Including the development and provision of housing for low and very low income households.

6. 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.

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

8. Have architectural plans been selected for new construction or substantial rehabilitation projects?

9. For new construction or rehabilitation projects, are universal design, visitability, or accessibility features included in the design? If yes, identify those features.

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

11. For construction or rehabilitation projects, are energy conservation measures to be included in the design? If yes, identify those measures.

12. Has the location been identified for acquisition and/or rehabilitation, or has the site been identified for new construction? If yes, identify on a map.

13. If the site has 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.

14. If the site has been identified for acquisition and/or rehabilitation, or if the site has been identified for new construction, attach descriptive data, including:

- (1) plans and specifications or work write-ups
- (2) cost estimates
- (3) Photographs

PART III

THTF CAPACITY BUILDING PILOT PROGRAM PROJECT BUDGET

Funding Source	Acquisition	Rehabilitation	New Construction	TOTAL
THDA THTF Capacity Building Grant Funds	\$	\$	\$	\$
Federal Funds	\$	\$	\$	\$
Other State Funds	\$	\$	\$	\$
Local Gov't or Agency Funds	\$	\$	\$	\$
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.	
2.	
3.	
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7.	
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9.	
10.	
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18.	
19.	
20.	

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

**ATTACHMENT ONE: NON-PROFIT CHECKLIST – TN HOUSING TRUST
FUND CAPACITY BUILDING PROGRAM**

1. Legal Name of Organization: _____
2. IRS Tax Exempt Number: _____
3. Documentation to be uploaded and submitted through THDA’s Participant Information Management System (PIMS). Upload items A-G to PIMS.
 - 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. Board Member Information Form for each Board Member.
 - D. Business plan or strategic management plan that demonstrates the agency’s short term and long term goals, objectives, and plans to achieve them.
 - E. The most recent financial audit or audited financial statements of the organization. If the period covered by the financial audit or audited financial statement is more than 12 months prior to the due date of the 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.
 - F. Applicant Board Member and Corporate Disclosure Forms *completed, signed by the organization's Executive Director and each Board Member and notarized.*
 - G. Applicant/Board Member and Corporate Disclosure Form *completed, signed by the Chairman of the Board or Executive Director on behalf of the organization and notarized.*
4. 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 within **30 calendar days** of the application to THDA.

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 within **30 calendar days** of the application to THDA **and** (2) a Certificate of Authorization to do business in Tennessee from the Tennessee Secretary of State and dated within **30 calendar days** of the application to THDA.

5. One page explanation of how the Board of Directors is involved in the operation of the agency, including how often the Board meets, how the Board monitors and provides oversight for the agency's programs.
6. Attach the resolution by the Board of Directors authorizing the submission of this application.
7. Attach the minutes of the most recent Board meeting at which this application and/or proposal were discussed.
8. List of staff members employed by the organization, including how many are full-time or part-time, their specific responsibilities related to housing programs, and how many years of experience each staff member has in housing development.
9. Documentation of agency operating funds from other sources, including how much annually and from what sources.
10. Explanation of any other programs operated by the organization, including the program(s) and its funding source(s). Do not include a description of the future activities proposed in this application for which funds are sought.