

EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM (“ERA-EPP”) ADVANCED FUNDING INFORMATION

- A. The amount of funds eligible for each advance is subject to the following limitations:**
- 1) Grantees that have administered a THDA-funded program for five (5) consecutive years or more, and are in good standing, will have access to up to \$100,000 or twenty percent (20%) of the grant award, whichever amount is less, per advance;
 - 2) Grantees that have administered a THDA-funded program within the last two (2) years, and are in good standing, will have access to up to \$50,000 or ten percent (10%) of the grant award, whichever is less, per advance;
 - 3) Grantees not currently administering a THDA-funded program are not eligible for advance payment(s) and will be required to follow the reimbursement process; and
 - 4) THDA may further limit the eligible amount of advanced payment(s) permitted or a Grantee’s eligibility to even receive advance payment(s) based on the Grantee’s subsequent performance in successfully administering this Program and other THDA programs, or other factors, at THDA’s sole discretion.
- B. Grantees must maintain advance payments in interest-bearing accounts, unless of the exceptions under 2 CFR 200.305(b)(8) apply.**
- C. Support for how the advanced funds are expended must be retained within each client file and made available upon THDA’s request for compliance reviews.**
- D. Advanced funds can be used to cover programmatic and administrative costs. No more than eleven percent (11%) of the advanced funds could be used for administrative costs. The spend-down of administrative costs should align with the direct assistance expenditures, 89% direct assistance/11% administrative costs.**
- E. Grantees will have three (3) months to expend each advance payment. Failure to expend a minimum of 95% of an advance payment within the 3- month deadline will trigger a repayment of funds and the Grantee will be ineligible for advance payments from this Program for the remainder of the Term.**
- F. Grantees that expend a minimum of 90% of an advance payment can request an additional advance payment. The request for an additional advance payment must include a status report that provides a list of the households served and disbursements made with Program funds. THDA will make the status report templates available to Grantees that are eligible for advance payment(s).**
- G. This process will continue until the program ends and/or the Grantee expends 100% of their grant award, whichever occurs first.**
- H. THDA, at its sole discretion, may deem a Grantee ineligible to access advance payment(s) if discrepancies are identified through THDA’s Quality Assurance Reviews.**

EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM ("ERA-EPP") ADVANCED PAYMENT REQUEST FORM

Grantee Name: _____

GENERAL INFORMATION

Agency Name:			
Draw Request #:		Date of Request:	
Edison ID:		Program Year:	
Contact Person:		Telephone number:	

ACTIVITY	AMOUNT OF AWARD REQUESTED
For Financial Assistance, Housing Stability, and Admin <ul style="list-style-type: none"> - HOUSING STABILITY ASSISTANCE (Limited to 10% of Award) - ADMIN (Limited to 11% of Award) 	\$

CERTIFICATION BY SIGNATORY:

By signing the Advanced Payment Request form, I acknowledge and agree to administer the Advanced Payment received from THDA to administer the Emergency Rental Assistance Program for the activities the undersigned Grantee has been awarded. Furthermore, I acknowledge and understand the rules, requirements, and guidelines for accessing and administering Advanced Payment funds, as detailed in 2 CFR § 200.305 and THDA's requirements that state **Advanced Payment funding must be spent within 90 days from the date of receipt**. Failure to expend the Advanced Payment properly, or within the time limit provided, will require full repayment of the expended or unexpended balance of the Advanced Payment.

THDA reserves the right to approve or decline requests for Advanced Payment from Grantees who fail to abide by the 2 CFR § 200.305 requirements.

AUTHORIZED SIGNATORY:

Signature of Authorized Personnel: _____

Typed Name: _____

Title: _____ Date: _____