

**TENNESSEE HOUSING DEVELOPMENT AGENCY
HHF BLIGHT ELIMINATION PROGRAM
NONPROFIT APPLICATION**

1. APPLICANT INFORMATION

Legal Name of Non-Profit Organization: _____

Doing Business as: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Email Address: _____ County: _____

Telephone: (_____) _____ - _____ Website: _____

☐ EIN Number: _____ ☐ FEIN Number: _____

2. PROGRAM ADMINISTRATOR INFORMATION

Program Administrator/Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Telephone: (_____) _____ - _____ Email Address: _____

3. BOARD OF DIRECTORS

Names	Telephone/ Email	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Has the Board approved your organization's participation in the HHF Blight Elimination Program?

___ Yes ___ No

If yes, please provide Board minutes as evidence. **If no,** please explain:

**5. SENIOR MANAGEMENT & ALL PERSONS INVOLVED BLIGHT ELIMINATION PROGRAM
(Volunteer or Employee) -- Attach a resume and detailed experience summary for all staff and volunteers**

Names	Telephone/ Email	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. CURRENT OR PRIOR PARTICIPATION IN ANY THDA, STATE OR FEDERALLY SUBSIDIZED PROGRAMS

Program: _____ From: _____ to _____

Amount of Funds Awarded: \$ _____

Program: _____ From: _____ to _____

Amount of Funds Awarded: \$ _____

Program: _____ From: _____ to _____

Amount of Funds Awarded: \$ _____

Program: _____ From: _____ to _____

Amount of Funds Awarded: \$ _____

7. PREVIOUS CONSTRUCTION PROGRAM EXPERIENCE

Program Name: _____ Source of Funds: _____

From: _____ to _____ # of Homes Demolished: _____ Built: _____

Program Name: _____ Source of Funds: _____

From: _____ to _____ # of Homes Demolished: _____ Built: _____

Program Name: _____ Source of Funds: _____

From: _____ to _____ # of Homes Demolished: _____ Built: _____

8. CONSTRUCTION/LICENSED CONTRACTOR AGREEMENTS OR CONTRACTS

Does the nonprofit have any agreement or contracts with a construction company or companies that would be expected to perform BEP activities including demolition and greening?

___ Yes ___ No

If Yes, please information about such construction company or companies, including, but not limited to experience, licensing, etc. and complete the “**Construction Company Disclosure**” for each entity. **If No**, please explain how your organization envisions identifying, screening and selecting a construction company or companies.

9. CITY/COUNTY AGREEMENTS OR CONTRACTS

Have you ever worked with the City or County to demolish a residence for one of your projects?

___ Yes ___ No If **Yes**, please complete question 10 below:

9a. Program Name: _____ # of Homes Demolished: _____

10. CONFLICTS OF INTEREST/CODE OF CONDUCT

Do you or one of your employees have a Close Relative* working for a City or County that may be involved in the Blight Elimination Program?

___ Yes ___ No

*Close Relative is defined as: Spouse, child, step child, foster child, parent, foster parent, sibling (brother or sister), foster brother or sister, parent-in-law, daughter-in-law, son-in-law, sister-in-law, brother-in-law, grandparent, grandchild, or other family members that reside in the same household.

11. Does the nonprofit have a conflict of interest policy or a code of conduct?

☐ Yes ☐ No

If Yes, please describe how it will be applied to ensure no conflicts of interest in carrying out BEP activities. **If No,** please explain how no conflicts of interest in carrying out BEP activities will be ensured.

12. Has the organization ever been suspended or debarred from participation in any THDA, state, or federally subsidized program(s)?

☐ Yes ☐ No **If Yes,** please explain:

13. Does the organization have any outstanding or unresolved issues identified by THDA in connection with any other THDA program?

☐ Yes ☐ No **If Yes,** please explain:

14. Is the organization in good standing with all state, and federally subsidized programs in which it participates?

☐ Yes ☐ No **If not Yes,** please explain: _____

15. Please attach the following information for this application to be considered complete:

- _____ Copy of most recent business plan or strategic management plan (dated within the last 12 months) and all amendments thereto demonstrating that its purposes include providing decent housing that is affordable to low and very low income persons
- _____ Board minutes approving participation in the HHF Blight Elimination Program
- _____ Two page explanation of the organization's experience in property demolition and or constructing affordable single family housing for low and very low income households over the most recent two (2) calendar years from the date of application to become a Program Participant
- _____ Most recent, dated within the last 12 months, financial audit, audited comparative financial statements, letter of financial review by CPA firm with an arm's length relationship to the organization, balance sheet with cash flow statement and income statement.
- _____ Copy of errors and omissions insurance, if any.
- _____ Copy of most current IRS form 990 filed.
- _____ List of volunteers and staff members employed by the organization as of the date of this Application, who will be involved in this program.
- _____ Resume and detailed work experience for each staff member who will be involved in this program.
- _____ Construction Company Disclosure Form HHF/BEP-1012 or. Detailed explanation of screening and selection process for Construction Companies.
- _____ Copy of Conflict of Interest Policy
- _____ Copy of Code of Conduct
- _____ Proof of Escrow Account set up for BEP funds
- _____ Completed IRS W-9 Form
- _____ Completed ACH Authorization Form FA-0825
- _____ Copy of Voided Check for ACH Authorization Form
- _____ Completed BEP Authorization for Automatic Deposit Form HHF/BEP-1013

16. EXECUTIVE DIRECTOR AND CHAIRMAN OF THE BOARD CERTIFICATION

I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Blight Elimination Program. I further acknowledge that the statements contained in the Application, all relevant Attachments or documents and this Statement submitted to THDA are statements of substance made for the purpose of influencing THDA to approve participation in the Blight Elimination Program by the entity referenced in this Application and to make BEP Program Subsidy available to the entity referenced in this Application, of which this Statement is a part.

Date: _____

Date: _____

Chairman of the Board:

Executive Director:

Signature

Signature

Typed/Printed Name

Typed/Printed Name