

**APPLICATION INSTRUCTIONS – COMPETITIVE ROUND**  
**EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM**

1. Complete all pages of the application.
  - ✓ All Non-profit Applicants must submit all items identified on Part V – Non-profit Checklist.
2. Answer all questions. If not applicable to your program, please mark N.A. If more space is needed please provide full answer in an attachment.
3. Submit **ONE** application and supporting information.
4. The application must be signed by the authorized signatory. (Executive Director, or Board Chairperson of the Applicant, as appropriate.)
5. THDA will evaluate each application to determine if the proposal meets threshold criteria. Threshold criteria includes: submission of a complete application; applicant eligibility; evidence of programmatic experience; existing policies and procedures for eviction prevention program; and compliance with THDA-funded programs.
6. All nonprofit organizations must upload all organizational information required to be submitted through THDA’s Participant Information Management System (PIMS). Copies of organizational documents that are required to be submitted through PIMS, but are submitted through another means, will not be considered. Documentation must be submitted along with the completed Checklist to demonstrate that the organization meets threshold requirements and has the capacity to administer the Program.
7. Applications will accepted on February 10, 2023 at 9am (CST).
8. Applications must be submitted through THDA’s Electronic Document Transfer (“EDT”) portal. Applications and supporting documents must be placed in the ERA-EPP Folder. Mailed or emailed applications will not be accepted. **Email [ERA-EPP@thda.org](mailto:ERA-EPP@thda.org) to access the EDT Portal.**
9. Complete applications must be received by THDA on or before 4pm (CST) on March 10, 2023.
10. Please submit a complete application. THDA will provide a limited opportunity of 2 business days for applicants to correct the following threshold factors:
  - Failure to upload all required documents to PIMS.
  - Failure to submit a Certificate of Existence that was issued within the required time established by the application instructions.
  - Failure to sign the application.

**THDA will not provide an opportunity to correct other application items, nor will THDA extend the correction period for the threshold item beyond that identified above.**
11. THDA anticipates notifying successful applicants by March 29, 2023.



**TENNESSEE HOUSING DEVELOPMENT AGENCY  
EMERGENCY RENTAL ASSISTANCE-EVICTION PREVENTION PROGRAM  
COMPETITIVE ROUND APPLICATION**

**PART I: GENERAL APPLICANT INFORMATION**

<b>1.</b>	<b>APPLICANT INFORMATION</b>		
	Organization Legal Name:		
	Mailing Address:		
	City:	Zip:	
	County:		
	Organization's Website:	Phone:	
<b>2.</b>	<b>APPLICANT SIGNATORY</b>		
	Name:		
	Title:		
	Mailing Address:		
	City:	State:	Zip:
	Email Address:	Phone:	
<b>3.</b>	<b>CONTACT PERSON FOR THE APPLICATION</b>		
	Name:		
	Title:		
	Phone:		
	Email:		
<b>4.</b>	<b>TARGET GROUP (Check all that apply)</b>		
	<input type="checkbox"/> Tenants	<input type="checkbox"/> Individuals with Disabilities	
	<input type="checkbox"/> Low income households	<input type="checkbox"/> Elderly (62+)	
	<input type="checkbox"/> Very low income <50% AMI	<input type="checkbox"/> Other:	
	<input type="checkbox"/> Single Partners with children	<input type="checkbox"/> Other:	
<b>5.</b>	<b>COUNTY OR COUNTIES TO BE SERVED:</b>		
<b>6.</b>	<b>DO YOU HAVE AN ACTIVE EVICTION PREVENTION PROGRAM?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>If yes, please provide the following information:</b>		
	Program Name:		
	Program Start Date:		(MM/DD/YYYY)
	Average Amount Funded		Per Year
	Number of Households Served		Per Year
<b>7.</b>	<b>WILL YOUR AGENCY REQUEST ADVANCED FUNDING FOR ERA-EPP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, COMPLETE ATTACHMENT "A"		





8. Describe the applicant's strategic plan to leverage and support other funding sources to provide housing stability.

9. Describe how the applicant's program design meets the objectives of eviction prevention solutions without unnecessary barriers or program requirements.

10. Describe the degree to which the applicant's project tracks outcomes and shows success in connecting individuals with permanent housing stability solutions.

### **PART III: AGENCY AND FISCAL CAPACITY**

1. Describe the relative experience of the individual(s) on staff of the applicant who shall have primary responsibility for the oversight and management of the proposed project.
2. Describe the relative experience in collaborating with relevant public and/or private entities to obtain appropriate mainstream services of behalf of the population to be served.
3. Describe the completeness and appropriateness of budget, which includes both the narrative and the budget proposed for the administration of the ERA-EPP for eligible costs to administer the program.
4. Describe how the applicant's audit and/or financial records support the applicant's ability to cash-flow an advancement or reimbursement program.

**PART IV: COORDINATION FOR HOUSING STABILITY**

1. Describe if the applicant administers an Eviction Prevention Program that actively coordinates with another entity to help provide the program recipient with other services that will help them achieve more housing stability through other programs. Those entities can include, but are not limited to counseling agencies, case workers, social workers, and other state agency funded programs.

**9. CERTIFICATION BY SIGNATORY:**

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 this 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 Board Chairman:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>NON-PROFIT CHECKLIST (to be completed by non-profit applicants only)</b>		
1.	Legal Name of Applicant:	
2.	IRS Tax Exempt Number:	
3.	<p>Documentation to be uploaded and submitted through THDA’s Participant Information Management System (PIMS):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> B. Copy of Organizational Charter</li> <li><input type="checkbox"/> C. Copy of Organizational By-laws</li> <li><input type="checkbox"/> D. List of Board members, including: name, occupation, role on the Board, a description of the member’s primary contribution to the Board, length of service to the Board, date the term of service expires, home address, phone number, and email address. (Form is provided on PIMS website to capture information).</li> <li><input type="checkbox"/> E. Business plan or strategic management plan that demonstrates the agency’s short term and long term goals, objectives, and plans to achieve them.</li> <li><input type="checkbox"/> F. The most recent financial audit or audited financial statements of the organization. If the issuance date of the financial audit or audited financial statement is more than 12 months prior to the date of the application, a statement signed by the Executive Director or Board Chairman must be provided indicating reasons for the delay in obtaining an updated audit.</li> <li><input type="checkbox"/> G. Applicant/Board Member and Corporate Disclosure Forms <i>completed, signed by the organization's Executive Director and <u>each</u> Board Member and notarized.</i></li> <li><input type="checkbox"/> H. Applicant/Board Member and Corporate Disclosure Form completed, <i>signed by the Chairman of the Board or Executive Director on <u>behalf of the organization</u> and notarized.</i></li> </ul>	



4. Documentation to be submitted with this form as attachments to part of Part V of the Application:

- A. 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.

- B. Attach the resolution by the Board of Directors authorizing the submission of this application.
- C. Attach the minutes of the most recent Board meeting at which this application were discussed.
- D. Documentation of operating funds from other sources, including how much annually and from what sources.
- E. 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.

**EMERGENCY RENTAL ASSISTANCE – EVICTION PREVENTION PROGRAM (“ERA-EPP”)  
ADVANCED PAYMENT REQUIREMENTS**

**Grantee Name:** \_\_\_\_\_

- I. THDA will provide approved Grantees with access to a limited amount of their grant award in advance. The amount of funds eligible for advance will be subject to one of 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;
  - 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; and
  - 3. Grantees not currently administering a THDA-funded program will be required to follow the reimbursement process.
  
- II. Grantees must set up a non-interest bearing account to hold advanced funds.
  
- III. Support for how the advanced funds are expended must be retained within each client file and be made immediately available to THDA upon request.
  
- IV. Advanced funds can be used to cover programmatic and administrative costs. The spend down of administrative costs should align with the direct assistance expenditure limits: 89% direct assistance/11% administrative costs.
  
- V. Grantees will have six (6) months to expend the advanced funds. Failure to expend a minimum of 95% the advanced funds within the six (6) month timeline will trigger a repayment of funds and will deem the Grantee ineligible for advanced payments from ERA-EPA for the remaining of the program term.
  
- VI. Grantees that expend a minimum of 90% of their advanced funds can request an additional advancement of funds. The request for additional advanced funds must include a status report that provides a list of the households served and disbursements made with Program funds.
  
- VII. THDA may limit the amount of advanced funds permitted based on the Grantee’s performance in successfully administering the Program, other THDA programs, or other factors at THDA’s sole discretion.

Grantee’s acknowledgement and certification is attached to this page.

**CERTIFICATION BY SIGNATORY:**

By signing the Advanced Payment Requirements form, I acknowledge and agree to administer the Advanced Payments received from THDA to administer the ERA-EPP as listed within this form. Furthermore, I acknowledge and understand the rules, requirements, and guidelines for accessing and administering Advanced Payment funds, as detailed in 2 CFR § 200.305. Failure to expend the Advanced Payment properly, or within the 6-month limit, will require full repayment of the unused balance of 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:**

Executive Director or Board Chairman:

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_