



**SET-ASIDE COMMUNITY ACTION AGENCY (“CAA”) APPLICATION INSTRUCTIONS  
EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM**

1. All Set-Aside Community Action Applicants must complete Part 1 of the application, and also include:
  - ✓ Most recent audit or audited financial statement
  - ✓ Staff Roster/Contact Sheet
  - ✓ Board Member Information:  
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.
2. Submit **ONE** application and supporting information.
3. 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.
4. The application must be signed by the authorized signatory. (Mayor, Executive Director, or Board Chairperson of the applicant, as appropriate.)
5. Applications will accepted on February 10, 2023 at 9am (CST).
6. 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.**
7. Complete applications must be received by THDA on or before 4pm (CST) on March 10, 2023.
8. Please submit a complete application. THDA will provide a limited opportunity of 2 business days for applicants to correct the following items:
  - Failure to upload all required documents.
  - Failure to answer all of the application questions.
  - 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.**
9. THDA anticipates notifying successful applicants by March 29, 2023.



**TENNESSEE HOUSING DEVELOPMENT AGENCY  
EMERGENCY RENTAL ASSISTANCE - EVICTION PREVENTION PROGRAM  
CAA APPLICATION – SET-ASIDE**

**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, 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. ALL APPLICANTS MUST INCLUDE:**

- Most recent audit or audited financial statement
- Staff/roster contact list
- Board member list

**PART II: APPLICANT NARRATIVE AND EXPERIENCE**

9. Describe the applicant's five (5) years of experience in administering programs that help prevent evictions and/or prevent homelessness. List the program names and the number of years administrating them.
10. Describe the applicant's existing Policies and Procedures, or Guide, which outlines how eligibility is determined and documented for existing programs.
11. Describe the applicant's existing Policies and Procedures, or Guide, that prevent providing duplicative benefits to applicants.

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

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

**14. 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 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.

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

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

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

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

**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: \_\_\_\_\_