

INSTRUCTIONS FOR SUBMITTING

**THTF COMPETITIVE GRANTS 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 issuance date of the financial audit or audited financial statement is more than 12 months prior to the date of this application, a statement indicating the reason for the delay in obtaining an updated audit must be submitted along with 2019 unaudited financial statements that may include but are not limited to the balance sheet and profit and loss statements.
* All applicants must complete **Attachment Two: Rental Housing Feasibility Worksheet**.
* All applicants must submit a current Board Resolution approving submission of this application.
* All non-profit organizations must also complete **Attachment One: Non-Profit Checklist** with supporting documentation. *Note documentation that must be submitted through THDA’s Participant Information Management System (PIMS).*

2. Answer all questions. If not applicable to your program, please mark N/A.

3. Application must be typed and printed on one side only.

4. Submit **ONE ORIGINAL APPLICATION** and supporting information. **DO NOT SUBMIT APPLICATIONS IN BINDERS OR FOLDERS**.

5. The applications are due in THDA’s Nashville office by 4:00 p.m. CDT, Thursday, March 19, 2020. If you are not certain that your application will arrive on time if delivered through regular mail, you should make other arrangements. Applications received late will not be considered.

Submit application to:

**Tennessee Housing Development Agency**

**Andrew Jackson Building**

**502 Deaderick Street, Third Floor**

**Nashville, TN 37243**

**ATTN: Community Programs Division**

**FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.**

**Please note that applications that are electronically sent to a courier service often arrive at THDA unsigned by the individual authorized to submit the application. Be sure to take the necessary steps to ensure that a signed application is delivered to THDA by the application due date.**

## APPLICATION FOR THE 2020 SPRING ROUND COMPETITIVE GRANTS 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 Type**

 \_\_\_\_\_\_\_\_ City or County \_\_\_\_\_\_\_\_ Non-profit Organization

 \_\_\_\_\_\_\_\_ Development District \_\_\_\_\_\_\_\_ Public Agency

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**. RENTAL Project TYPE:**

 Single Family \_\_\_\_\_\_\_\_\_\_\_\_ Number of units \_\_\_\_\_\_\_\_\_\_

 Multi-Family \_\_\_\_\_\_\_\_\_\_\_\_ Number of units \_\_\_\_\_\_\_\_\_\_

City or County in which your project will be located:

If a multi-county project, the number of units in each county:

6. **Proposed Funding Sources**

TOTAL THTF Competitive Grants FUNDS REQUESTED

THTF Competitive Grants Project Funds

THTF Competitive Grants Administrative Funds

(Cannot exceed 7% of total THTF Grant Request)

Federal Funds (describe)

Local Government or Agency Funds (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.

Mayor, County Executive, Executive Director, or Chairman of the Board:

Signature:

Typed Name:

Title: Date:

## PART II

## PROGRAM NARRATIVE

## Please describe your proposed project.

## What you are going to do? (Please note whether the proposed project will be permanent or transitional housing)

1. How will the grant funds be used?

## Where will the proposed project be located? Include street address or addresses (if known), city and county.

## Who (what population or populations) will benefit from the proposed project?

## How many households will be served from the proposed project?

1. Describe the source or sources and amount of matching funds. A 50% match of project development dollars is required. Administrative funds are not required to be matched.
2. Indicate each match source and the value of match to be provided by each source. Please attach additional sheet if necessary.

|  |  |
| --- | --- |
| **Match Source** | **Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. List commitment letters included in the application for each source, if available.
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. Has the applicant applied for Low Income Housing Tax Credits? If yes, please proceed to the questions below.
	1. What is the name of the development owner?
	2. Please include a copy of the organizational chart.
	3. Have the tax credits already been awarded?
	4. If yes, what is the amount of the award?
	5. If yes, what is the TN #?
4. Who will be the administrator of the development phase of the proposed project? Identify his/her relevant experience and training in administering housing programs.
5. Indicate the length of time the applicant has been providing affordable housing or affordable housing related services in Tennessee.
6. Describe the applicant’s experience in providing affordable housing or affordable housing related services in Tennessee.
7. Identify how long the applicant has been providing affordable housing and/or related services to the targeted population.
8. Indicate all rental projects successfully developed or underway by the applicant. Identify projects funded by THDA and the THDA funding source. Use additional sheets if necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Year** | **THDA Funding Source** | **Address** | **# of Units** | **Complete/ Underway** | **Year Completed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. 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.
2. Describe the procurement process used in the selection of architectural, construction management, and/or inspection services.
3. Have architectural plans been selected for the units?
4. For new construction or rehabilitation projects, are universal design, visitability, or accessibility features included in the design? If yes, identify those features.
5. In addition to THDA’s Design Standards for New Construction or Rehabilitation as applicable, what property standards will apply to the completed units?
6. For construction or rehabilitation projects, are energy conservation measures to be included in the design of the units? If yes, identify those measures.
7. Have housing units been identified for acquisition and/or rehabilitation, or have sites been identified for new construction? If yes, identify on a map.
8. If housing units have 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.

1. If housing units have been identified for acquisition and/or rehabilitation, or if sites have been identified for new construction, attach descriptive data, including:
2. plans and specifications or work write-ups
3. cost estimates
4. Photographs
5. If site control has not been secured, describe the applicant’s history of securing ownership control of the property type described in the program narrative section of this application over the last 5 years.
6. Does the application propose that at least 50% of the sites on which the THTF-funded housing will be constructed are sites which meet one of the following criteria:
7. The site will be acquired through the land bank authority established within the community.
8. The site will be acquired and the nuisance abated through THDA’s Blight Elimination Program.
9. The site was acquired and the nuisance abated as a demolition activity under the NSP1 or NSP3 programs and no NSP-eligible use has been established on the property.

If yes, describe which criteria will be met and any other parties, if necessary, which will participate in fulfilling this commitment. Attach written confirmation from any third party, that will participate in fulfilling this commitment.

1. How will the applicant be involved with the following:
2. Ongoing program administration?
3. Ensuring the provisions of the compliance period?
4. Property management?
5. If the applicant will not be providing property management services, has the applicant selected the individuals or firms to provide property management services? If yes, identify the property manager’s relevant experience and include a resume. Please provide resumes even if the THTF request is for acquisition only.
6. If the applicant will not be providing property management services, describe the procurement process used in the selection of property management services, if applicable.
7. Explain the need for the proposed project.
8. How is the proposed project innovative?
9. How will potential program recipients be made aware of the proposed program?
10. If funded, what efforts will be made to provide outreach to minority and underserved populations?

1. How will recipients of the proposed program be selected?
2. What is the marketing and public relations plan to accentuate the achievements of the proposed project?
3. What is the plan and timetable to keep the Communications Division of THDA involved in the success stories of the project?
4. Will the project target a special needs population? If yes, define the population to be served.
5. Describe any support services that will be provided and attach firm support service commitment letters to the application if available.
6. List support service commitment letters that are included with the application.
7. If providing housing for individuals with physical, emotional, mental, or developmental disabilities, describe how the housing will meet each of the qualities of settings eligible for reimbursement as described by the Centers for Medicare and Medicaid Services. (*See the 2020 Tennessee Housing Trust Fund Spring Round Competitive Grants Program Description, Section C -2 for a description of the requirements).*
8. Will the proposed project set aside a percentage of units for:
9. Youth transitioning from foster care? Yes No

If yes – what percentage of units will be set aside? \_\_\_\_\_\_\_\_\_

Number of units to be set aside? \_\_\_\_\_\_\_\_\_

1. Ex-offenders? Yes No

If yes – what percentage of units will be set aside? \_\_\_\_\_\_\_\_\_

Number of units to be set aside? \_\_\_\_\_\_\_\_\_

1. Homeless veterans? Yes No

If yes – what percentage of units will be set aside? \_\_\_\_\_\_\_\_\_

Number of units to be set aside? \_\_\_\_\_\_\_\_\_

1. Will the proposed project set aside the following:
2. 25% of the units for households with incomes between Yes No

 0% - 30% AMI?

Number of units to be set aside? \_\_\_\_\_\_\_\_\_

1. 50% of the units for households with incomes between Yes No

0% - 50 % AMI?

Number of units to be set aside? \_\_\_\_\_\_\_\_\_

1. If the project is providing housing for ex-offenders, please provide the following:
2. Copy of policies and procedures guiding the operation of the program
3. Description of screening and selection procedures
4. Documentation confirming that necessary support services will be funded and provided
5. Copy of the program’s application for tenancy
6. Documentation confirming that your agency is included on the Tennessee Department of Corrections list of approved transitional housing providers

##  PART III

## THTF COMPETITIVE GRANTS SUMMARY FORM

RENTAL UNITS

NOTE: Do not include THTF Administrative Funds in these values.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **# of Units** | **THTF FundsPer Unit** | **Other FundsPer Unit** | **Total CostPer Unit** |
| New Construction |  | **$** | **$** | **$** |
| Acquisition |  | **$** | **$** | **$** |
| Rehabilitation |  | **$** | **$** | **$** |
| TOTAL |  | **$** | **$** | **$** |

**PART IV**

##### COMPETITIVE GRANTS PROJECT BUDGET

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Funding Source** | **Rental Acquisition** | **RentalRehabilitation** | **Rental New Construction** | **Administration** | **TOTAL** |
| **THTF 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.
 |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**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