WATERLOO HOUSING TRUST FUND / 2024-2025 APPLICATION

Activity 1– Emergency Services and Transitional Housing

All projects funded in this Activity <u>must</u> serve individuals or households with incomes at or below 30% of AMI

PART I- PROJECT OVERVIEW

Organization Name:	
Contact Person:	
Street Address:	
City, State, Zip:	
Phone:	Email:

Project Name: **Tax ID #**

Agency Type: Government   Nonprofit   Other:

There are three programs eligible under Activity 1. Please identify the program(s) you are applying for and <u>complete the applicable Program Section in Part II.</u>

Program 1: Emergency Shelter or Transitional Housing (TH) / Housing First
Program 2: Repair/Renovation/Acquisition/Construction of Shelter or TH
Program 3: Tenant Based Rental Assistance (TBRA**)/Rapid Re-Housing**

Amount Requested:

1. Provide a brief description of the project for which you are applying for funds.

2. Provide a <u>detailed</u> description of your agency's administrative capacity to complete the activity. How will you monitor and track expenditures?

3. What are your proposed outcomes for this project and how will you measure them?

4. What is your project timeline from start to completion? List tasks or milestones.

5. Provide a <u>detailed</u> explanation of the income verification process that will be used to ensure that the participants or households being funded meet the income eligibility guidelines for the WHTF funding.

6. If full funding is not awarded from WHTF, how will this project be completed?

7. Please share any other information you would like the WHTF to know about your program.

PART II – PROGRAM AREA RESPONSES

PROGRAM 1 -EMERGENCY HOUSING
If your proposed project will involve the above, complete these questions below.

1. Name and address of the shelter where services will be provided.

2. Describe how your emergency services/ Housing First program will work, identify any partnerships.

3. Document the need, including bed capacity and space available.

4. How has your agency handled overflow situations in the past?

<u>PROGRAM 2</u>
Repair/Renovation/Acquistion/Construction of Shelter or Transitional Housing

If your proposed project will involve the above, complete these questions below.

1. Provide the address of the building to be impacted by this activity.

2. Describe the need for the project.

3. Describe how you will select the contractor and who will manage the construction process.

4. Attach any renderings, construction quotes, budgets, etc. as applicable to the project.

PROGRAM 3
Tenant Based Rental Assistance (TBRA)/ Rapid Re-Housing

If your proposed project will involve the above, complete these questions.

1. Briefly describe your organization's past experience with providing TBRA resources to applicants.

2. Describe how funds will be provided to assist individuals or households.

3. How will you track services provided to the client population?

4. How will you ensure that units assisted under this program will meet basic Housing Quality Standards?

Part III – ACTIVITY 1 PROGRAM BUDGET

Complete the Program Budget below. You may add supplemental information or a separate project budget, if you feel it will help clarify your costs or proposal.

DESCRIPTION	AMOUNT REQUESTED FROM WHTF	AMOUNT FROM OTHER SOURCES	TOTAL
TOTALS			

Part IV – ATTACHMENTS

- Required Documentation <u>must</u> be included showing proof of 501c3 or other agency status
- Include other documents to support your application as necessary

Part V – CERTIFICATION

I certify that all statements in this application, including all requested supplemental information are true, complete and accurate to the best of my knowledge.

Signature: _____   Date:_____

Title: _____

You may mail or scan / email your application and attachments to INRCOG@inrcog.org.
Due date: NOON March 21, 2024