

CITY OF CLARKSVILLE CHDO APPLICATION FOR HOME FUNDS



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Part I.....Application
Part II Narrative
Part III.....HOME Program Summary Form
Part IV.....Project Budget
Part V Other Attachments

- ❖ Current Certificate of Existence
- ❖ One Page Explanation of Housing Experience
- ❖ Copy of Charter and By-laws
- ❖ Copy of 501(c)(3) Letter from the IRS
- ❖ Minutes from the Latest Board Meeting
- ❖ List of Board Members
- ❖ Latest Audit
- ❖ Justification for Charging Less than Allowable Rent
- ❖ Implementation Plan
- ❖ Letter of Commitment
- ❖ Purchase & Sales Contract & Pictures

Part I

**CITY OF CLARKSVILLE
CHDO APPLICATION FOR HOME FUNDS**

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City: _____ County: _____

Zip Code: _____ Telephone Number: _____

Applicant's E-Mail Address:

Federal Tax Identification #: _____

APPLICANT TYPE

_____ City or County
_____ CHDO

_____ Non-Profit Organization
_____ Public Agency

PROPOSED PROGRAM ADMINISTRATOR

Name: _____ Title: _____

Mailing Address:

City: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Proposed Administrator's E-Mail Address:

CONTACT PERSON

If there are any questions, in regards to this application, please contact:

Name: _____

Telephone #: _____ E-Mail Address: _____

PROJECT TYPE

_____ Homeowner Rehabilitation	_____ Number of Units
_____ Homeownership	_____ Number of Units
_____ Rental	_____ Number of Units

Address at which your project will be located:

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

PROPOSED FUNDING SOURCES

Applicant must apply for a minimum of \$50,000 or a maximum grant of 15% of HOME funds. Commitment letters for leveraged funds must be attached.

HOME Program Funds _____

HOME Administrative Funds _____
(Not to exceed 7% of the total HOME dollars)

Total HOME Grant _____

Other Federal Funds _____

Local government or Agency Funds _____

Other (describe) _____

TOTAL PROGRAM COST _____

ALL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THEIR APPLICATION:

_____ Copy of latest audit or audited financial statement

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been 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.

Chairman of the Board:

Signature: _____ Printed Name: _____

Title: _____ Date: _____

4. Has the applicant selected a program administrator? If yes, identify the administrator and his relevant experience and training in administering housing programs. How many staff members does the proposed administrator's organization employ?

5. Has the applicant selected the individuals or firms to provide architectural, construction management and/or inspection services? If yes, identify and include a resume of relevant experience.

6. Attach a list of all projects successfully administered, indication which projects are completed and which projects are underway?

7. Will the project be concentrated in one census tract?

8. If your project involves rental property, do you propose assistance for a property owned by a private, for-profit entity, another non-profit organization or for property owned by you as the grantee?

9. Has the applicant selected the individual or firms to provide lead-based paint inspections? If yes, identify the individual or firm.

10. Were applicable procurement procedures followed in the selection of program administrators and/or individuals or firms providing architectural, construction or inspection services?

11. What property standard or local codes will apply to the completed units?

12. Have plans been selected for the design units? Are special energy saving features incorporated? Include cost estimates.

13. How will the applicant be involved with the on-going program administration and insuring the provision of the compliance/affordability period?

14. Will your project target a special needs population? If so, define the population to be served and include documentation confirming that necessary support services will be funded and provided. Projects targeted to the elderly do not qualify as special needs projects.

15. Please explain how your project will qualify under this program.

16. How is the Board of Directors involved in the operation of the agency? How often does the Board meet? How does the Board monitor and provide oversight for the agency's programs? Attach the minutes of the most recent Board meeting.

17. Does the organization receive operating funds from other sources? How much annually and from what sources? Provide documentation.

18. Does the organization operate any other programs other than the proposed HOME program? If yes, what is the program and its funding source? Provide documentation.

Part III
Clarksville CHDO Program Summary Form

OWNER OCCUPIED UNITS

	# of Units	HOME Funds Per Unit	Other Funds Per Unit	Total Cost Per Unit
Rehabilitation				
Homeownership				
TOTAL				

TENANT OCCUPIED UNITS

	# of Units	HOME Funds Per Unit	Other Funds Per Unit	Total Cost Per Unit
New Construction				
Acquisition				
Rehabilitation				
Acquisition & Rehabilitation				
TOTAL				

Part IV
Clarksville CHDO Project Budget

Funding Source	Owner Rehab	Home Ownership	Rental Acquisition	Rental Rehab	Rental New Construct	Admin Funds	TOTAL
HOME Funds							
Other Federal Funds							
Other State Funds							
Local Gov't or Agency Funds							
First Mortgage Funds							
Private Funds							
Donated Land, Labor Materials							
Other							
Total							