



CEDAR FALLS HOUSING TRUST FUND / 2025-2026 APPLICATION

Activity 3 – Emergency Shelter and Transitional Housing Services

All funded projects in this Activity must serve individuals or households at or below 30% of Area Median Income

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 3. Please identify the program(s) you are applying for and complete the applicable Program Section in Part II.

Program 1: Emergency Housing	
Program 2: Repair/Renovation/Acquisition/New Construction	
Program 3: Tenant Based Rental Assistance / Housing First / Utility Assistance	

Amount Requested	
------------------	--

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

- 2. Explain 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 (i.e. how many people, households or families do you anticipate serving)?**

- 4. What is your project timeline from start to completion? Please list the tasks or milestones.**

- 5. Provide a detailed explanation of the income verification process that will be used to ensure that participants or households being funded meet the income eligibility guidelines for the CFHTF funding.**

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

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

PROGRAM 3 - Tenant Based Rental Assistance (TBRA) / Housing First Projects

- 1. Briefly describe your organization's past experience in the delivery of Tenant Based Rental Assistance and/or Housing First services.**
- 2. Describe how funds will be provided to assist individuals. How will you work with Landlords?**
- 3. How will you track services provided to the client population?**
- 4. How will you ensure that the 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 CFHTF	AMOUNT FROM OTHER SOURCES	TOTAL
TOTALS			

Part IV – ATTACHMENTS

- Documentation of 501c3 or other agency status
- 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 icorbin@inrcog.org.
Due date: 12:30 PM, March 15, 2025**