



WATERLOO HOUSING TRUST FUND / 2023-2024 APPLICATION

Activity 1- Emergency Services and Transitional Housing

All projects funded in this Activity must 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 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

Amount Requested:

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

2. Provide a detailed 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 detailed 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.

PROGRAM 2

REPAIR / RENOVATION / ACQUISITION NEW CONSTRUCTION PROJECTS

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) / Housing First Projects

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

1. Briefly describe your organization's past experience in the delivery of TBRA and/or Housing First program.

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 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 must 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 27, 2023