CEDAR FALLS HOUSING TRUST FUND / 2027-2028 APPLICATION

Activity 1 - Owner Occupied Rehabilitation and/or Repair

PART I- PROJECT OVERVIEW

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

Project Name:_____ **Tax ID #** _____

Agency Type: ☐ Government ☐ Nonprofit ☐ Other:

Please identify the amount of funds you are seeking for the program(s) for which you are seeking funds.

	Amount Requested
Activity 1 - Owner Occupied Rehabilitation and/or Repair	

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? How many households / units will be assisted?**

4. **How will you identify and approve applicants?**

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

6. **What is your timeline for this project? Please list project tasks or milestones.**

7. **Provide a brief explanation of the income verification process that the organization will utilize to ensure that the homeowners being funded meet the income eligibility guidelines.**

8. **Provide a brief explanation of the process the organization will utilize to ensure that the homeowner's repair need exists, the repair has been completed, and all parties are satisfied with the result.**

9. **Will the homeowner be expected to contribute to the cost of the improvements? If yes, describe how that process will work.**

10. **Will the dollars invested in a home be secured using a recordable document, such as a mortgage, a lien against the home, and/or a promissory note? If yes, how will this be accomplished?**

11. **How will contractors be selected? How will the organization ensure that any sub-contractors that are utilized have been paid for the work they completed?**

Part II – 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 Source	TOTAL
TOTALS			

Part III – ATTACHMENTS

- Documentation of 501c3 or other agency status
- Other documents to support your application as necessary

Part IV – 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: 12:30 PM, January 5, 2027