CEDAR FALLS HOUSING TRUST FUND / 2027-2028 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

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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 <u>detailed</u> 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.**

PART II – PROGRAM AREA RESPONSES

PROGRAM 1 – Emergency Housing

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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?**

PROGRAM 2 - Repair / Renovation / Acquisition / New Construction Projects

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

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, January 5, 2025