



**NOTICE OF FUNDING AVAILABILITY (NOFA)  
2011/12  
POLK COUNTY HOUSING TRUST FUND (PCHTF)**

**POLK COUNTY  
HOUSING  
TRUST FUND**

Basic Needs | Powerful Solutions

**CAPITAL IMPROVEMENT OF EXISTING AFFORDABLE  
RENTAL HOUSING**

**SECTION I – GUIDELINES FOR APPLICANTS**

**Completing and submitting the Application**

1. The PCHTF Board of Directors sets the amount of funding to be dispersed under this NOFA on an annual basis. Total available this year is: **\$300,000.00**
2. Funding applications will be taken beginning **August 5, 2011**, continuing until funds are fully expended, or the end of the PCHTF fiscal year, whichever comes first.
3. Applicants should submit **one** (1) hard copy original and electronically to:

Polk County Housing Trust Fund  
108 3<sup>rd</sup> Street, Suite 350  
Des Moines, IA 50309

If the PCHTF does not have a current copy of the Applicant's financial information, e.g., Audit, Articles of Incorporation, etc., include it with the original.

4. The PCHTF reserves the right to reject any and all applications under the NOFA.
5. If you have questions regarding the application process, please contact us at 282-3233.

**Funding Restrictions**

1. The maximum amount that the PCHTF will fund any unit in a project is \$5,000 or single family address is \$25,000.00 in any 10 year period. The maximum funding for any project is \$150,000 within a 10 year period.
2. The PCHTF loans/grants under this NOFA must be used for **extraordinary repairs, capital improvements or to bring unit(s) to rental code standards** and funds must be used for **existing rental units. Funds may not be used for recurring annual repairs and/or maintenance of the rental units.** The PCHTF portion of the total budget must be used to cover major building systems and other capital items.

**Capital Improvements** is defined as an improvement that extends the life of a project.

**Extraordinary Repairs** are repairs of one or more of the major building systems: electrical, mechanical, plumbing and structural (including but not limited to roof, girders, foundation)

3. Approved funding may be less than the amount requested by the Applicant.
4. PCHTF loans/grants must be used for rental housing units for families or individuals at or below 50% of area annual median household income, adjusted for family size, for the Polk County MSA as published by the Department of Housing and Urban Development (HUD).

### **Eligibility**

1. Applicants may be for-profit or non-profit organizations.
2. The PCHTF will not generally fund assisted living projects. Individuals and families residing in projects funded by PCHTF must be able to live independently.

### **Grants vs. Loans**

All projects in excess of \$7,500.00, whether a grant or a loan, will be secured by a five year lien to ensure the affordability guidelines are maintained.

Loans will be preferred to grants whenever the project feasibility demonstrates the ability to repay.

**Loans:** 51-80% MFI Not available in this funding cycle.

#### **Loan/Grant Combination:**

1. For projects serving families between 31-50% MFI a no interest loan may be combined with a forgivable grant.

#### **Grants:**

1. Grants will be awarded only to projects intended to achieve rent levels affordable at or below 30% of the median income.
2. Grants will be forgivable on a declining scale.
3. If during the time of forgiveness, the requirements of the grant are violated, the remaining portion of the grant will be reimbursed to the PCHTF immediately.

### **Other General Conditions**

The Applicant must supply the following information as part of the application package or as part of the contracting process: A Sources and Uses Budget and Per Unit Rehabilitation Cost.

### **Once the Application is submitted:**

The process is as follows:

1. The application will be reviewed by a committee of staff and Development Committee members. Applicants will be interviewed, if necessary, either via telephone or in person.
2. Reviewers will make a recommendation to the Board of Directors who will determine funding at the next regularly scheduled Board meeting.
3. The PCHTF may, in its sole and subjective opinion, reject any or all projects that do not meet program guidelines and priorities or do not demonstrate feasibility.

Applicants who are denied funding may resubmit a revised application.

**SECTION II – THE APPLICATION**

**1. APPLICANT INFORMATION**

PROJECT  
NAME: \_\_\_\_\_

NAME OF  
DEVELOPER: \_\_\_\_\_

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E MAIL  
ADDRESS: \_\_\_\_\_

PROJECT OWNER NAME:  
\_\_\_\_\_

FEDERAL TAX ID # FOR PROJECT OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

**2. AMOUNT & TYPE OF SUBSIDY REQUESTED FROM PCHTF:**

Please indicate the allocation of units in the project across the MFI ranges

	<b># of Units</b>	<b>Subsidy Request</b>
30% MFI or below		
51%- 80% MFI		
31%-50% MFI		
<b>Total Affordable Unit</b>		
Above 80% MFI		
<b>Total Units in Project</b>		

**Amount of PCHTF Funds Requested: \$ \_\_\_\_\_**

\_\_\_\_\_ Grant

\_\_\_\_\_ Loan

\_\_\_\_\_ Combination

**NOTE: The maximum repayment term of a loan from the PCHTF shall not exceed the affordability term of the project and in no event may exceed 10 years.**

Please indicate here if there are any special financing circumstances relating to your project:

## **PROJECT INFORMATION**

Please include all of the following information, and attach to the application as a relevant exhibit.

- Exh.1 A summary of the project including type, location, and services offered. If the project includes more than one location, please list the addresses of each location.
  
- Exh.2 A physical description of the facilities, a breakdown according to the number of bedrooms, square footage of the units, and a brief history on the development of the project to date including how the project was initiated.
  
- Exh.3 Copies of rental inspections and/or inspection reports; or other applicable State or local inspection reports.
  
- Exh.4 Capital Improvement Plan.
  
- Exh.5 Contractor bids or estimates used in proposed construction/rehabilitation budget.
  
- Exh.6 Any additional information in this section that may be relevant to the property.
  
- Exh.7 A description of all collateral proposed to be provided by the Applicant to secure its obligations to the PCHTF. Include in the description an indication of the type of collateral, its estimated value and a description of any outstanding liens or encumbrances on such collateral in connection with other financial assistance for the project.

Exh.8 A pro forma budget with a minimum 10-year projection. The pro forma must demonstrate that revenues and expenses are reasonable for the market in which the project is located.

Exh.9 Sources of match funding.

Exh.10 Financial plan for sustainability (repair and replacement reserves) for the property.

**CAPITAL IMPROVEMENTS OF EXISTING AFFORDABLE RENTAL  
HOUSING GRANT/LOAN**

**APPLICANT CERTIFICATION**

Applicant hereby certifies with respect to this application and the project for which the PCHTF assistance is requested as follows:

- All information and representations contained in this application and the attachments hereto are true and accurate.
- Applicant will comply with all applicable federal, state and local laws and regulations in completing and operating the project, including, without limitation, local zoning laws and codes and Fair Housing Laws.
- Applicant certifies that the funds requested will be used by the Applicant only for eligible costs associated with the project.
- Applicant has the ability and capacity to implement the project and has duly committed its own funds to the project as described in the application.
- No project costs for which PCHTF assistance is requested have been incurred by the Applicant to the date hereof (outside of costs associated with project feasibility), or will be incurred by Applicant prior to PCHTF approval of the project.
- Applicant (if other than a political subdivision or governmental agency) hereby gives permission to the PCHTF to research Applicant's history, make credit checks, contact Applicant's financial institution, and perform other related activities necessary for the reasonable evaluation of this application.
- Applicant certifies that they understand that the NOFA and all of its requirements and this application will be incorporated into the Grant/Loan Agreement if approved for funding.
- Applicant understands that information submitted to the PCHTF relating to this application may be public information.

APPLICANT: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name and title

**PROJECT SOURCES FUNDS**

**COST PER UNIT OF AFFORDABLE UNITS:**

\$ \_\_\_\_\_

**TOTAL COST OF AFFORDABLE UNITS:**

\$ \_\_\_\_\_

**TOTAL PROJECT COST:**

\$ \_\_\_\_\_

**AFFORDABLE UNITS AS A % OF TOTAL COSTS:**

\_\_\_\_\_

**Funding Sources**

Please summarize all funding sources in the following table and indicate their commitment status.

<b>FUNDING SOURCE:</b>	<b>AMOUNT</b>	<b>COMMITTED Y/N</b>	<b>DATE OF COMMITMENT</b>	<b>% OF TOTAL SOURCES</b>	<b>NOTES</b>
PCHTF					
APPLICATION					
<b>TOTAL:</b>					

**Rental Structure**

The Applicant must indicate the rent structure.

Bedroom size	30% or below MFI		31-40% MFI		41 - 50% MFI		51 - 60% MFI		Market units		Total units & Rents	
	<u>#</u>	<u>\$Rent</u>	<u>#</u>	<u>\$Rent</u>	<u>#</u>	<u>\$Rent</u>	<u>#</u>	<u>\$Rent</u>	<u>#</u>	<u>\$Rent</u>	<u>#</u>	<u>\$Rent</u>
1 BR												
2 BR												
3+ BR												
Total Units/Rent*												
% of Total Project **												

\* Total Rent should equal the sum of the rents for each bedroom size unit (e.g., the number of 1 BR units times the monthly rent plus the number of 2 BR units times the monthly rent, etc.)

\*\* % of Total Project should for units should be the number of units in each income category as a percentage of the total units. For rents, it should be the total rent in each income category as a percentage of the total rent.