



POLK COUNTY
**HOUSING
 TRUST FUND**

Basic Needs | Powerful Solutions

APPLICATION FOR FUNDING FY2019

July 1, 2018 - June 30, 2019

Polk County Housing Trust Fund

Program and Supportive Services

Vision

Everyone has equal opportunity for safe, stable, affordable homes within the communities where they choose to live, work, play and learn.

Mission

To provide strategic leadership, expertise and resources to strengthen communities by expanding affordable housing choices in Polk County.

Polk County Housing Trust Fund strives to support the development and preservation of safe, stable and affordable housing in Polk County and to help improve the lives of households living in that housing. We work towards this goal through our support of programs and organizations that improve resident stability and self-sufficiency that lead to successful housing outcomes.

Applications due 3:00 p.m. May 8, 2018

Deliver one hard and one electronic copy to PCHTF offices: 505 5th Ave., Ste. 1000
 Des Moines, IA 50309

Applicant Name:

Mailing Address:

Agency Contact Person:

Title:

Telephone:

Email Address:

FUNDING REQUEST

AMOUNT

FUNDING REQUEST	AMOUNT
Programs or Services	

General Conditions:

All funding allocated on account of this application is at the sole discretion of the Polk County Housing Trust Fund Board of Directors.

All PCHTF funding is subject to a contract that pays awards in up to 12 equal monthly installments and includes, among other things, the right of the PCHTF to withhold installment payments in the event the Grantee is out of compliance with its reporting requirements.

All Permanent Supportive Housing programs funded by the PCHTF are required to exclusively fill program vacancies using the Polk County Continuum of Care Centralized Intake System.

Criteria for Funding:

When allocating funding for Programs and Services the Polk County Housing Trust Fund considers certain client outcomes, positive indicators of a movement toward self-sufficiency and long-term housing stability.

High Scoring applications will demonstrate alignment with the following criteria:

- # of households served at/below 30% AMI
- # of households stably housed for 12 months
- # of households stably housed for 24 months
- # of residents increasing income by 20%+

In addition to the criteria above, additional scoring will be awarded for programs demonstrating alignment with these additional criteria:

- # of job placements
- # of individuals completing financial education program
- # of households completing homeowner education program
- # of households placed into permanent housing
- # of households purchasing a home
- # of foreclosures prevented
- Average wage of job placement
- Other data that demonstrates evidence of stability and/or self-sufficiency

Finally, programs applying for re-funding will receive additional consideration based on achievement of performance targets established in prior application(s).

ATTACH THE FOLLOWING INFORMATION IN NARRATIVE FORM
PLEASE BE AS CLEAR AND CONCISE AS POSSIBLE WHEN COMPLETING THIS SECTION.

Program and Supportive Services:

Please describe the program and describe the supportive services and how/when/where they are provided for your clients. Please provide a detailed breakdown of the population you serve by age, gender, marital status and by their percentage of AMI earned.

Information should specifically identify the program staff and their responsibilities in providing the services.

NOTE: For applicants with existing PSS contracts.

of clients accepted to program last year _____
 # of clients accepted last year from Centralized Intake _____
 # of clients last year referred by Centralized Intake but denied _____ (attach a narrative explaining detailed reason for denial)

Is your program designed and operated in accordance with Housing First philosophy? Please explain in a narrative form.

Other Information:

For programs not accepting clients from Centralized Intake, describe your marketing and outreach activities and those which specifically address hard to reach populations. Include any marketing materials your agency uses to reach your target populations.

Describe how you work and collaborate with other agencies to meet the needs of your clients and to help clients increase income and maintain housing stability.

If resources were no object, what could you do to most improve the outcomes for your most vulnerable clients.

Please list all funding sources for this program, certification, and any licensing bodies that regularly monitor the programs funded under this application.

Performance Measures:

All Applicants – Please consider the list of Criteria for Funding above and determine the program’s 2018/19 goals in each of the first four criteria categories.

Criteria	2018/19 Performance Targets (Goals)
<ul style="list-style-type: none"> • # of households served at/below 30% AMI • # of households stably housed for 12 months • # of households stably housed for 24 months • # of residents increasing income by 20%+ 	

Additional Criteria (from list above)	2018/19 Performance Targets (Goals)

NOTE: Identified Performance Targets will be included in Applicant’s Contract for receipt of funds allocated on account of this Application.

Applicants complete for previously funded programs only - From your previous year’s application list your 2017/18 Performance Targets (goals) for each funded category and the ACTUAL Performance Measures (outcomes). Please use the provided grid format but use as much space as necessary.

	2017/18 Performance Targets (Goals from last year’s app)	2017/18 Performance Measures (Outcomes)
Programs and Services		

Please use the provided format but use as much space as necessary.

ATTACHMENTS TO THE APPLICATION:

Financial Information:

A copy of your most recent completed Audited Financial Statement.

Your organization’s current **total** operating budget including sources and uses; if a meaningful part of your organization’s work is not providing or preserving affordable housing units (for example neighborhood redevelopment) then the total budget should be submitted along with how the sources and uses are split between activities. Please indicate the amount allocated for programs/services outside of Polk County.

If you are applying for funding for a supportive service program(s) provide an operating budget for that program including sources of funds. If the program funding request includes part of the organization’s general overhead expense, please indicate that amount as a line item expense along with a notation of the percentage of that line item of your organization’s total general overhead expense.

Additional Information:

A copy of your most current Strategic Plan.

A copy of your organization’s public marketing materials for the program for which funding is sought.

A copy of your last Annual Report.

Copies of all public acknowledgements of your organization's partnership with the Polk County Housing Trust Fund over the past twelve months.

Appeal of Allocation:

An appeal of an allocation made on account of this Application is governed by the PCHTF Appeal Process.

Applicant:

By _____

Applicant's Board Chair:

Signature

Adopted 4/2013
Revised 12/2014
Revised 3/2015
Revised 4/2016
Revised 4/2017
Revised 4/2018