



**POLK COUNTY HOUSING TRUST FUND  
(PCHTF)**

**2018-2019**

POLK COUNTY  
**HOUSING  
TRUST FUND**

**PRE-DEVELOPMENT/TECHNICAL ASSISTANCE GRANT APPLICATION**

Basic Needs | Powerful Solutions

PROJECT NAME:

PROJECT ADDRESS:

NAME OF DEVELOPER:

DEVELOPER ADDRESS:

CONTACT PERSON:

TITLE:

TELEPHONE:

E MAIL ADDRESS:

PROJECT OWNER NAME:

FEDERAL TAX ID # FOR PROJECT OWNER:

Name/Title of Authorizing Person:

ORGANIZATION (If a joint venture, check all that apply):

City\_\_\_ Non-Profit Agency\_\_\_ Private Developer \_\_\_ Public Housing Agency \_\_\_

Other (Identify):

Federal Tax Identification Number (If applicable):\_\_\_\_\_

**1.** Describe the project for which you are requesting assistance: (Use additional pages if necessary):

**2.** Applicant legal form and status: Describe or attach Articles of Incorporation, partnership agreements, Board membership, 501 (c)(3). (Current non-profit partners need only submit if documents have been updated since last submission.):

**3.** Amount Requested: \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_

Signature

Date

Printed name

Title

4. Please summarize all funding sources in the following table and indicate their commitment status. (Cash/In-kind, a minimum of 10% needed to be considered for the grant)

<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>
<b>PCHTF</b>					
<b>Other</b>					
<b>TOTAL:</b>					

5. How was the need for this project identified? If applicable, attach the appropriate documentation to support the need.
- Polk County Housing Needs Assessment
  - Community Plan
  - Neighborhood Plan
  - Task Force Study/Report (Identify by name and sponsoring organization)
  - Other- Please Describe:**

6. List other organizations, communities involved with this project and their level of involvement:

7. Describe the population and number of individuals and families who will be served by this housing initiative:

8. Identify which principal goal the completion of this project will meet:

Expand the number of housing units in Polk County that are affordable to low income households either through rehabilitation, acquisition, conversion, relocation, or new construction.

Encourage innovative financing mechanisms for affordable housing.

Attract and leverage additional funds for an affordable housing project.

Assist affordable units in market rate projects.

Staff or agency development or strategic planning. (PCHTF non-profit partners receive 1<sup>st</sup> priority for funds)

## **EXHIBITS**

- A. Include a proposed or anticipated budget for the overall project.**
- B. Include a proposed timeline for all activities to be completed for this project. What is the anticipated completion date? Describe the current status of this project in relation to its completion:**
- C. If applicable, attach a letter of support for this project from applicable municipality or local government.**

**Please mail or deliver your original application to:**

Polk County Housing Trust Fund

**Please e-mail an electronic copy to:** Lori Kauzlarich at  
[lkauzlarich@pcht.org](mailto:lkauzlarich@pcht.org)

If you would like this application in another format or have any questions regarding the funds or application, please call 515-282-3233 for assistance.

Revised 10/2011  
Reviewed 6/2013; 9/2015  
Revised: 8/2016  
Reviewed 9/2018