



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

2019-2020

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)

FUNDING SOURCE:	AMOUNT	COMMITTED Y/N	DATE OF COMMITMENT	% OF TOTAL SOURCES	NOTES
PCHTF					
Other					
TOTAL:					

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 1st 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 e-mail an electronic copy of your Application to:

Lori Kauzlarich at lkauzlarich@pchtf.org

You may also mail or deliver your application **(Not required)**
Polk County Housing Trust Fund
505 5th Avenue
Des Moines, IA 50309

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