

THE WHEDA FOUNDATION, INC.
2010 Housing Grant Program Application Form

Identification of Applicant

Organization Name:

Mailing Address:

City, State, Zip:

Person to Contact About this Application:

Title:

Phone: ()

Fax: ()

Employer Identification Number (EIN): _____

Internal Revenue Code Section (IRC): _____ (Enter the section of the IRC under which the organization is tax exempt. For example, a Non-profit described in **Section 501(c)(3)**. If a recipient is a government entity, enter the name of the government entity).

ACH Information (Money will be distributed via ACH)

Depository Name: _____

Type of Account: _____ Checking _____ Savings

Transit/ABA #: _____

Account #: _____

Housing Category (check one):

____ Emergency/Transitional (residency less than 24 months)

____ Permanent (residency beyond 24 months)

Applicant Classification (check one):

____ Nonprofit Agency or Corporation, date incorporated: _____

____ Housing Cooperative, date incorporated: _____

____ Housing Authority or Community Development Authority, date incorporated: _____

____ Local Unit of Government

____ Native American Tribal Authority

Description of Grant Request

Amount of grant request (\$25,000 maximum): \$ _____

Anticipated project completion timeline (specify 3, 6, 9, 12, 15 or 18 months): _____ months

Project located in (**specify municipality**) _____, County of _____

Identify the neighborhood or project service area in which grant funds would be utilized (specify by name and location):

Project Beneficiaries (check all that apply)

____ Adolescents-In-Crisis/Troubled Adolescents/Runaways ____ Alcohol and Other Drug Abuse (AODA) Adults

____ Chronically Mentally Ill Persons ____ Developmentally Disabled Persons

____ Domestic Abuse Victims ____ Low Income Elderly

____ Frail Elderly Persons ____ Homeless Individuals

____ Homeless Families with Children ____ Persons in Need of Protective Services

____ Physically Impaired or Disabled Persons ____ Persons disabled by HIV/AIDS

____ Other (Please identify _____)

How WHEDA Foundation Grant Funds will be Utilized (check all that apply)

____ Handicapped Accessibility Improvements ____ Acquisition ____ Rehabilitation ____ New Construction

Number of Units/Beds to be Assisted with WHEDA Foundation Grant Funds (specify number): _____ Units/Beds

Percentage of Project Beneficiaries at or Below HUD's Section 8 Income Guidelines = 100% in Total

_____ % at or below 30 percent of county median income (Extremely Low Income)

_____ % at or below 50 percent of county median income (Very Low Income)

_____ % at or below 80 percent of county median income (Low Income)

Project Need

Address all of the issues listed below as they apply to your project. (Do not exceed the space provided.)

- a. Describe the nature and extent of the housing problem to be addressed.
- b. Describe the relevant characteristics of the target populations in the project area.
- c. Describe how the proposed project addresses needs not met by other existing programs or facilities in the project service area.
- d. Identify the need for WHEDA Foundation funding of the project and state why project costs that are to be supported by WHEDA Foundation grant funds are not reimbursable from other private or public loan, grant or mortgage sources.

Project Impact

Address all of the issues listed below as they apply to your project. (Do not exceed the space provided.)

- a. Provide the number, type and description of units, beds or living arrangements to be assisted.
- b. Identify the services and/or amenities, if any, to be made available to project beneficiaries/residents.
- c. Estimate the number and breakdown of the persons to be directly served/benefited by the project including age, amounts and sources of income, nature of crisis or disability, length of residency, and other relevant characteristics.
- d. Describe the costs to be borne by the project residents/beneficiaries after the project has been completed (in terms of rent and utility levels, fees for support services/packages, etc.)
- e. Describe how the proposed project is coordinated with other programs/organizations/governmental entities and how it is consistent with other plans and activities in the project area.

Project Implementation

Address all of the issues listed below as they apply to your project. (Do not exceed the space provided.)

- a. Provide a project timeline for completing the project.
- b. Identify what project activities, if any, have already been accomplished (e.g., identification of properties, site control, zoning approval, bid estimates, architectural drawings, etc.).
- c. Summarize the project marketing/outreach process and beneficiary selection procedures.
- d. Briefly summarize your organization's history and past involvement in providing housing or housing-related services.

Project Budget

PROPOSED PROJECT DEVELOPMENT BUDGET¹

	Category	Total Project Cost	WHEDA Foundation Request	Other Funds
A.	Handicapped Accessibility Costs	\$	\$	\$
	Acquisition Costs	\$	\$	\$
	Rehabilitation Costs	\$	\$	\$
	New Construction Costs	\$	\$	\$
B.	Contractual ² (type):			
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
C.	Personnel ³			
	Construction	\$	\$	\$
	Administrative	\$	\$	\$
D.	Travel	\$	\$	\$
E.	Consumable Supplies/Telephone/ Printing/Postage	\$	\$	\$
F.	Other ⁴ (specify):			
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	Total Cost	\$	\$	\$

¹Identify all development-related costs required to successfully complete the project. **Do not include project operating expenses.**

²Such as architects, engineers, consultants, legal, etc.

³Salary and benefit costs for paying sponsor's own construction staff or development related administrative time.

⁴Such as closing costs, construction financing costs, project insurance, appraisal fees, etc.

Project Budget (continued)

SOURCES OF PROJECT DEVELOPMENT FUNDS¹

Name of Funding Source	Type of Funds ²	Amount		Amount of Funds Committed ³		Amount of Funds Uncommitted	Funding Terms
<i>Sample:</i> Bank USA	Mortgage	\$30,000	=	\$30,000	+	\$ 0	30yr/10%/fixed
WHEDA Foundation	Grant	\$		\$ 0		\$	Permanent Grant
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
		\$		\$		\$	
TOTAL COSTS		\$		\$		\$	

¹ Specify all anticipated funding sources to support the costs identified in Proposed Project Development Budget (page 5).
Do not include rental income or operating revenues.

² Such as grant, mortgage, construction loan, sponsor or resident equity, value of in-kind or volunteers.

³ Each item listed in this column must be supported with written evidence of commitment.

THE WHEDA FOUNDATION, INC.

2010 Housing Grant Program Competition

BINDING AGREEMENT IF APPLICANT IS AWARDED AND ACCEPTS GRANT

Applicant agrees to the following terms and conditions if it accepts an award under this Application (the "Grant"): it shall use the Grant solely for purposes stated in the Application; if the Application includes housing, warrant it is an "eligible sponsor" of "housing projects" under Wis. Stat., Chapter 234; retain, for audit purposes, all financial and program materials for five years; allow the WHEDA Foundation, the Authority, and their representatives, to examine, audit, and obtain copies of its books, documents, and records relating to the Grant; comply with all applicable federal, state, and local laws; amend this agreement only in writing; report completion of the Grant by providing a written narrative that identifies Grant project start and completion dates, summarizes project activities and total funds expended; return unused or rescinded WHEDA Foundation Grant funds; be governed under the laws of the state of Wisconsin; the Grant and this agreement shall not be construed as constituting a partnership, joint venture, or employer/employee relationship; that third persons have no rights under the Grant or this agreement; that no waiver of any breach shall be a waiver of any other or subsequent breach. Acceptance of any Grant funds by Applicant shall be conclusive evidence of its agreement to these terms and conditions.

APPLICATION SUBMITTAL AUTHORIZATION AND CERTIFICATION

On behalf of _____, we submit this Application for the 2010 WHEDA Foundation Housing Grant Program Competition. We hereby certify all the information contained herein is accurate and complete. We acknowledge that the above terms and conditions shall be a binding contract if we accept an award.

(To be dated and signed by the chief officer of the board and chief professional staff member.)

Date: _____, 2010

Date: _____, 2010

Signature

Signature

Print Name

Print Name

Title

Title

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APPLICATION SUBMISSION REMINDER
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Applicants must submit 4 complete copies of the prescribed WHEDA Foundation application form and 4 copies of the additional supporting application documents.

Completed application packages must be postmarked or delivered no later than March 19, 2010.

Application packages should be stapled or clipped in upper left-hand corner.

An application transmittal letter, cover page or index is not required.

Do not submit application packages assembled in 3-ring binders, pocket folders or with spiral binding.

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