

**THE WHEDA FOUNDATION, INC.  
2016 Housing Grant Program Application**

Section I: Applicant Information

Organization Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_  
Contact Email Address \_\_\_\_\_ Contact Fax Number \_\_\_\_\_  
Employer Identification Number \_\_\_\_\_  
Internal Revenue Code Section (IRC)<sup>1</sup> \_\_\_\_\_

Applicant Classification

Please select the option that best describes the applicant organization. (Check one only.)

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		

Section II: Project Information

Housing Category

Please select the option that best describes the type of housing to be provided by the project to which the grant funds would be applied. (Check one only.)

Emergency/Transitional (residency less than 24 months)  
Permanent (residency beyond 24 months)

Project Beneficiaries

Please select the options that best describe the beneficiaries of the project. (Check all that apply.)

Adolescents-In-Crisis/Troubled	Alcohol and Other Drug Abuse (AODA) Adults
Adolescents/Runaways	
Chronically Mentally Ill Persons	Developmentally Disabled Persons
Domestic Abuse Victims	Low Income Elderly
Frail Elderly Persons	Persons in Need of Protective Services
Homeless Families with Children	Persons Disabled by HIV/AIDS
Physically Impaired or Disabled Persons	Homeless Individuals
Other	

<sup>1</sup> Indicate the section of the IRC under which the organization is tax exempt. For example, a non-profit organization may be described in Section 501(c)(3). If the application is a government entity, enter the name of the government entity.

Organization Name \_\_\_\_\_

Section III: Grant Information

Grant Request

Please provide details regarding the applicant's grant request.

Amount of grant request (\$25,000 maximum) \_\_\_\_\_  
Anticipated project completion timeline (in months, 18 maximum) \_\_\_\_\_  
Project municipality \_\_\_\_\_  
Project county \_\_\_\_\_  
Neighborhood/project service area where funds will be used \_\_\_\_\_

Use of Funds

Please select the option that best describes how grant funds will be used in connection with the project. (Check one only.)

Handicapped Accessibility Improvements                      Acquisition  
Rehabilitation    New Construction

Number of units/beds to be assisted with grant funds \_\_\_\_\_ Beds                      Units

Project beneficiaries must be at or below Section 8 income guidelines as established by the Department of Housing and Urban Development (HUD). Please indicate the percentage of the total project beneficiaries at each income level below. (Total must equal 100%.)

\_\_\_\_\_ at or below 30% of county median income (extremely low income)  
\_\_\_\_\_ at or below 50% of county median income (very low income)  
\_\_\_\_\_ at or below 80% of county median income (low income)  
100% Total

Organization Name \_\_\_\_\_

**Section IV: Project Budget**

**Proposed Project Development Budget<sup>2</sup>**

	<b>Category</b>	<b>Total Project Cost</b>	<b>WHEDA Foundation Request</b>	<b>Other Funds</b>
A	Handicapped Accessibility Costs			
	Acquisition Costs			
	Rehabilitation Costs			
	New Construction Costs			
B	Contractual <sup>3</sup> (Type)			
C	Personnel <sup>4</sup>			
	Construction			
	Administrative			
D	Travel			
	Consumable Supplies/Telephone/Printing/Postage			
	Other <sup>5</sup> (specify)			
	<b>Total Cost</b>			

Total Project Cost column will be equal to the Amount column on page 4 of the application. If this section is not completed correctly, the application is subject to rejection.

<sup>2</sup> Identify all development-related costs required for successful completion of the project. **Do not include project operating expenses.**

<sup>3</sup> Examples include architects, engineers, consultants, legal counsel, etc.

<sup>4</sup> Includes salary and benefit costs for either project sponsor's own construction staff or development-related administrative time.

<sup>5</sup> Examples include closing costs, construction financing costs, project insurance, appraisal fees, etc.



Organization Name \_\_\_\_\_

### Section V: Project Narratives

Project Need – Address all of the issues below as they apply to your project. Please limit your response to the space provided.

- a) Nature and extent of the housing problem to be addressed
- b) Relevant characteristics of the target populations in the project area
- c) Mechanism by which the project meets needs not addressed by existing programs or facilities in the project service area
- d) Need for WHEDA Foundation grant funds, including why project costs are not covered by other sources of funds

Organization Name \_\_\_\_\_

Project Impact – Address all of the issues below as they apply to your project. Please limit your response to the space provided.

- a) Number, type and description of units, beds or living arrangements to be assisted
- b) Services and/or amenities to be made available to project beneficiaries
- c) Number and type of beneficiaries to be directly served by the project, including age, amounts/sources of income, nature of need/disability, occupancy term, and other related characteristics
- d) Costs to be borne by project beneficiaries upon project completion (fees, rent, etc.)
- e) Coordination of the project with other programs, organizations, or entities and consistency of the project with other activities in the area

Organization Name \_\_\_\_\_

Project Implementation – Address all of the issues below as they apply to your project. Do not exceed the space provided below.

- a) Provide a 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.

Organization Name \_\_\_\_\_

**THE WHEDA FOUNDATION, INC.  
2016 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 aware 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; proof of completion through paid invoices and/or pictures; 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 2016 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 office of the board and chief professional staff member.)

Date: \_\_\_\_\_, 2016

Date: \_\_\_\_\_, 2016

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

---

**APPLICATION SUBMISSION REMINDER**

Applicants must submit four (4) complete copies of the prescribed WHEDA Foundation application form and four (4) copies of the additional supporting application documents.

Completed application packages must be postmarked or delivered no later than **May 6, 2016**.

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

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

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

---