



THE WHEDA FOUNDATION, INC.
2020 HOUSING GRANT PROGRAM APPLICATION

Section 1: Application Information

Organization Name
Mailing Address
City State Zip Code
Contact Name Contact Phone Number
Contact Email Address
Contact Fax Number
Employer Identification Number
Internal Revenue Code Section (IRC)1

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) Please indicate the number of beds or units to be assisted with grant funds for your category.

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

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
Developmentally Disabled Persons
Frail Elderly Persons
Homeless Individuals
Persons in Need of Protective Services
Physically Impaired or Disabled Persons
Veterans
Adolescents/Runaways
Chronically Mentally Ill Persons
Domestic Abuse Victims
Homeless Families with Children Homeless
Low-Income Elderly
Persons Disabled by HIV/AIDS
Youth in out of Home Placement
Other

1 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 (\$40,000 maximum) \_\_\_\_\_

Anticipated project completion timeline (in months, 12 maximum) \_\_\_\_\_

Project address<sup>2</sup> \_\_\_\_\_

Project municipality \_\_\_\_\_

Project zip code \_\_\_\_\_

Project county \_\_\_\_\_

Neighborhood/project service area where funds will be used<sup>3</sup> \_\_\_\_\_

Use of Funds

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

Handicapped Accessibility Improvements

Acquisition (requires Offer to Purchase)

Rehabilitation

New Construction

Are you seeking project funding to meet challenges caused by COVID-19?

Yes

No

In a few sentences, please summarize your project:

<sup>2</sup> Project Address is the project physical location. If unknown, please write "N/A."

<sup>3</sup> If applicable, please identify any geographic indicators for the project's target population. (i.e. neighborhood, region, county(ies), etc.)







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

**Executive Summary**

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

Section IV:

Please answer the following questions as it pertains to your project. Please use the space provided.

A. Describe the relevant characteristics of the target populations in the project area.

B. Describe how the project meets needs not addressed by existing programs or facilities in the project service area.

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

C. Need for WHEDA Foundation grant funds, including why project costs are not covered by other sources of funds.

D. Describe the type of units, beds or living arrangements to be assisted.

E. Describe services and/or amenities available to project beneficiaries.

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

F. Address the 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.

G. Describe what costs are borne by project beneficiaries upon completion (fees, rent, etc.)

H. Please address if there is coordination of the project with other programs, organizations, or entities.

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

I. Identify what project activities, if any, have already been accomplished (e.g. identification of properties, site control, zoning approval, bid estimates, architectural drawings, etc.)

J. Summarize project marketing/outreach process.

K. Briefly summarize the beneficiary selection process.

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

L. Briefly summarize your organization's history and past involvement in providing housing or housing-related services.

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

**THE WHEDA FOUNDATION, INC.  
2020 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; 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 2020 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 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: \_\_\_\_\_, 2020

Date: \_\_\_\_\_, 2020

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

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**APPLICATION SUBMISSION REMINDER**

**NEW FOR 2020:** An application may be submitted electronically at [www.wheda.com/wheda-foundation](http://www.wheda.com/wheda-foundation). Hard copy applications must be submitted with 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 electronically submitted, postmarked or delivered no later than **August 21, 2020**.

Hard copy 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.