

AFFORDABLE HOUSING TRUST FUND GRANT APPLICATION

September, 2009

- ✓ Applicants must submit 4 **copies** of the attached application, checklists and exhibits to:

Affordable Housing Trust Fund
Office of the Affordable Housing Commission
1015 Locust Street, Suite 914
St. Louis, Missouri 63101

DEADLINE: 4:00 P.M., NOVEMBER 10, 2009

The Affordable Housing Commission is preparing to open its eleventh funding round to the community. The Fall 2009 round will make available \$5 million dollars for eligible grants and loans.

- ✓ Proposals must be for programs/projects which assist households at or below 80% of the St. Louis area's median income, adjusted for family size (see attached Area Median Income Guidelines.) At least 40% of AHC funds awarded must go to programs/projects that benefit persons or families below 20% of the St. Louis area's median income, adjusted for family size.

Applicants must submit proposals using the AHTF Application, dated 2009.

- ✓ **ONE** proposal must be submitted in three-ring binders with tabs corresponding to the Application Checklist and three additional copies *without* tabs secured with a binder clip (do not staple or attach with paper clips). Please do not submit proposals with two sided pages.
- ✓ Applicants must respond to each question and request for documentation noted in the application and checklist.
- ✓ Applicants should not refer to other sections of the proposal, or to other material, when responding to questions. Each response should be brief and self-supporting.
- ✓ All sections of the application must be submitted for all proposals.

Should you have any questions please contact The Affordable Housing Commission staff at (314) 622-3400 Ext. 329.

Priorities for grants funded for this 2009 round include quality applications that:

- Propose housing or shelter for persons and families with incomes at or below 20% of the area median income.
- Propose affordable housing developments that advance neighborhood revitalization goals.

Program/Project Type Explanation

Homeless Services: Serves individuals/families who are homeless or in danger of becoming homeless.

1. Shelters
2. Mortgage assistance
3. Foreclosure Prevention
4. Rental assistance
5. Utility assistance
6. Emergency home repair
7. Housing counseling
8. Meals
9. Health Care
10. Child Care
11. Mental Health services
12. Other (Please be specific)

Education/Training: Serves individuals/families who would benefit from services assisting them to maintain themselves in affordable housing.

1. Home maintenance counseling
2. Financial benefits counseling
3. Community Resource counseling
4. Independent living training for persons with disabilities
5. Individual Development Accounts
6. Home Buyer education/assistance
7. Other (Please be specific)

Emergency/Transitional housing: Serves individuals/families with short-term housing needs.

1. Programs for abused women
2. Programs for pregnant women/teens
3. Substance/chemical dependency rehabilitation support services
4. Prison Re-entry programs
5. Operating short term emergency housing
6. Housing Counseling
7. Food Pantry
8. Job training
9. Life skills courses
10. After school programs
11. Social service/case management
12. Computer center
13. Library
14. Other (Please be specific)

Home Repair: Serves individual/family with maintenance and preservation of affordable housing.

1. programs that provide grants or loans for home repair and maintenance
2. Other (Please be specific)

Lead Based Paint Remediation: Services that provide grants or loans for lead based paint removal

1. Testing, remediation and related repairs for lead based paint abatement
2. Other (Please be specific)

Universal Design: Provides grants to developers to cover documented extra costs of making affordable projects universally designed or fully accessible to persons with disabilities.

1. Developers who have site control, and design plans to include either Universal Design or full accessibility for persons with disabilities may request that a portion of project development costs that can be fully documented as being in excess of regular construction costs in order to achieve Universal Design or full accessibility. Homeless shelters and transitional housing facilities may also apply.
2. Other (Please be specific)

Rental Assistance: Services individuals / families with rental assistance

1. Security Deposits
2. Applications fees
3. Utility Deposits
4. Monthly rent
5. Other (Please be specific)

Program Operations/Administration: Allows for costs to operate service delivery programs by non-profit organizations/agencies.

1. This covers costs of staff to deliver services as opposed to overhead costs of the organization/agency
2. The Affordable Housing Commission encourages leveraging of these types of costs with other funding sources
3. Other (Please be specific)

Definitions:

Neighborhood Stabilization:

Extent to which AHT funded activities impedes the deterioration of accessible, affordable properties in City neighborhoods. Some funded activities could include mortgage foreclosure prevention, neighborhood behavioral modifications and property management.

NOTE: Single Family and Multi-family rehab/construction applications should be made on the appropriate AHTF loan forms.

AFFORDABLE HOUSING COMMISSION
2009 Affordable Housing Trust Fund
Grant Application

I. GENERAL INFORMATION

A. Applicant (Agency): _____
Address: _____
City: _____ Zip: _____
County: _____

B. Contact Person for Application: _____
E-mail _____ Title _____
Phone: _____ Fax: _____

C. Director/C.E.O.: _____

I hereby acknowledge that the submission of this AHTF request has been
Approved by me and the Board of Directors, if necessary.

Signature: _____
Print name: _____ Title _____
Phone: _____ Fax: _____

D. Federal Tax Employer Identification Number: _____

E. Agency Type: (check all that apply)

- Nonprofit for-profit other: _____
- Subsidiary {please attach name and address of parent organization, description of
relationship and tax status}

II. PROPOSAL INFORMATION

A. Applicant (Agency): _____

Program/Project name: _____

Address of Program: _____

B. Program/Project type: (check all that apply):

- IDA-Individual Development Accts. Education/Training/Database Disability Modification
- Home Repair (including rentals) Rehab/Renovations/Lead Abatement Transitional Housing
- Rent/Mortgage/Utility Subsidy Homeless Prevention/Shelter Other _____

C. Funds will assist households at:

- 80% AMI 20% AMI Other _____

D. Number of **individuals** projected to be assisted over 12 months: _____

OR

Number of **households** projected to be assisted over 12 months: _____

E. Target groups to benefit from program/project:

- Families women men
- children elderly physically disabled
- mentally disabled

F. City Ward the project/program is located in: _____
(List all known wards or state "City wide" if applicable)

G. Amount of Assistance requested: \$ _____

H. Requested amount reflects: _____% of the program/project budget of \$ _____

I. Requested amount reflects: _____% of the total agency budget of \$ _____

J. Is this program/project currently in existence? Yes No
If yes: how many years _____ **Typically assists:** Persons Households
annually annually _____

Is this program/project currently funded by AHC? Yes No

K. Does this project address a 2009 priority for funding? Yes No
If so which area? _____

Project Name: _____

III. PROJECT SUMMARY

Please provide a brief summary of the project/program. Please include a description of the program/project, a specific statement of how AHTF dollars will be used (i.e. labor, construction, administration, and direct assistance), and a description of how AHTF funds will increase the applicant's ability to serve low-income individuals/families. **(Text should not exceed this page).**

IV. PROJECT/PROGRAM BUDGET (PROJECTED)

PROJECT BUDGET SUMMARY

LINE ITEM	Total Project Budget	Total AHTF Budget
Personnel	\$	\$
Overhead (Utilities, food, supplies, rent, etc.)	\$	\$
Direct Program Costs	\$	\$
Direct Client Financial Aid	\$	\$
Construction Costs	\$	\$
Other	\$	\$
TOTAL BUDGET	\$	\$

Explanatory statement relative to other funding sources:

Affordable Housing Commission
FALL 2009 AFFORDABLE HOUSING TRUST FUND APPLICATION

Applicant: _____
Contact : _____
Telephone: _____ Fax: _____
Email: _____

APPLICATION CHECKLIST

- ✓ Each document listed below must be enclosed for the application to be considered complete.
- ✓ Incomplete applications will not be considered for funding.
- ✓ Applicants must submit **4 copies** of the application: **One** in three-ring binders, with tabs corresponding to each number below and three without tabs and secured with a binder clip only (do not staple or attach paper clips.) Please do not submit proposals with two sided pages.

- 1). **AHTF Application Form** – All Sections must be included.
- 2). **Narrative description** – Please include Narrative Checklist of the AHTF Application Form under this tab. All items listed must be included in the narrative.
- 3). Exhibit A: Program operating guidelines (should outline how the program operates, i.e., intake process, staff responsibility, client eligibility, etc.)
- 4). Exhibit B: Resumes of program/project staff
- 5). Exhibit C: Current Line item program/project budgets
- 6). Exhibit D: Statement of program/project sources and uses
- 7). Exhibit E: Agency budget
- 8). Exhibit F: Agency's most current audited financial statement
- 9). Exhibit G: Board of Directors member list
- 10). Exhibit H: Secretary of State Certificate of Good Standing (current within 3 months)
- 11). Exhibit I City/locality map showing area of service and location of project/facility
- 12). Exhibit J: Community and legislative letters of support
- 13). Exhibit K: **Data Form** – (K1-K4) must be completed by shelter, emergency aid, home repair providers, and providers of housing services in permanent and transitional rental properties. Individual forms are located at the back of the Application.
- 14). Exhibit L: Articles of Incorporation
- 15). Exhibit M: Copy of Agency's Federal Tax Exemption Letter – 501(c)3

IMPORTANT NOTE: If your request is for construction funds, you must complete the Rental Housing Programs Application **or** the For-Sale Housing Programs Application, as well as include all checklist items requested under the terms of that NOFA.

AFFORDABLE HOUSING COMMISSION
2009 AFFORDABLE HOUSING TRUST FUND APPLICATION

IV. NARRATIVE CHECKLIST

- ✓ Narrative should be a maximum of five pages.
 - ✓ Please respond to each subsection in the order listed below. If the section does not apply, please explain why.
- A. Applicant's mission
 - B. Applicant's history (include listing of agency services, be specific; i.e. home repair, housing counseling, etc.)
 - C. Program/project mission
 - D. Program/project description
 - E. Program/project annual goals
 - F. Specific statement of how AHTF dollars will be used; be specific; i.e. labor, construction, administration, direct assistance only, etc.
 - G. Description of the nature of housing problems that will be addressed by the program/project and the particular needs of persons to be served
 - H. Description of the applicant's experience and expertise with this type of program/project
 - I. Description of how AHTF funds will increase the applicant's ability to serve low-income individuals/families; provide numbers as well as a description
 - J. Description of program/project collaboration with other agencies or programs

AFFORDABLE HOUSING COMMISSION
2009 AFFORDABLE HOUSING TRUST FUND APPLICATION

EXHIBIT K 1- SHELTER SUMMARY DATA FORM

To be completed by shelter providers only
 Attach additional sheets if necessary

A. Name of Facility _____

	last year(result of enclosed budget)	projected(result of projected budget)
B. Number of bed nights provided:	_____	_____
Number of beds in the facility:	_____	_____
Average length of stay:	_____	_____
Maximum length of stay:	_____	_____
Number of persons turned away:	_____	_____
Number moved into transitional or permanent housing:	_____	_____

C. Explain to which agencies you refer persons who cannot receive shelter from your program.

E. What criteria, if any, must a homeless person meet to receive shelter from your program?

F. Check all of the services listed below which are currently provided and those that will be added as a result of AHTF funding.

	current	projected	
<input type="checkbox"/>	<input type="checkbox"/>		case management
<input type="checkbox"/>	<input type="checkbox"/>		housing counseling
<input type="checkbox"/>	<input type="checkbox"/>		meals
<input type="checkbox"/>	<input type="checkbox"/>		health care
<input type="checkbox"/>	<input type="checkbox"/>		child care
<input type="checkbox"/>	<input type="checkbox"/>		mental health services
<input type="checkbox"/>	<input type="checkbox"/>		emergency aid payments for rent and utilities
<input type="checkbox"/>	<input type="checkbox"/>		other:
<input type="checkbox"/>	<input type="checkbox"/>		other:

AFFORDABLE HOUSING COMMISSION
2009 AFFORDABLE HOUSING TRUST FUND APPLICATION

EXHIBIT K 2- EMERGENCY AID SUMMARY DATA FORM

To be completed by emergency aid providers only
Attach additional sheets if necessary

A. Name of Program: _____

	last year(result of enclosed budget)	projected(result of projected budget)
B. Number of persons assisted:	_____	_____
Average amount of assistance:	_____	_____
Maximum amount of assistance to each person/family per year:	_____	_____
Number of times a person/family may receive assistance annually:	_____	_____
Total amount of funds disbursed to person/families:	_____	_____
Total costs for overhead/management of the program:	_____	_____

C. Check all types of payments provided by the program:

- rent
- rental deposits
- mortgage
- utilities
- utility deposits
- emergency repair to homes
- other: _____
- other: _____

AFFORDABLE HOUSING COMMISSION
2009 AFFORDABLE HOUSING TRUST FUND APPLICATION

EXHIBIT K 3- HOME REPAIR SUMMARY DATA FORM

To be completed by home repair providers only
Attach additional sheets if necessary

A. Name of Program: _____

	last year(result of enclosed budget)	projected (result of projected budget)
B. Number of houses repaired:	_____	_____
Average expenditure per house:	_____	_____
Maximum expenditure per house:	_____	_____
Total cost of repairs:	_____	_____
Total cost for overhead/management:	_____	_____
Total costs for program budget:	_____	_____

C. Please list all acceptable repairs:

D. Describe how the program addresses the labor on repair projects; i.e. repairs done by employees of the agency, set list of contractors, bid process, etc.

AFFORDABLE HOUSING COMMISSION
2009 AFFORDABLE HOUSING TRUST FUND APPLICATION

EXHIBIT K 4

HOUSING SERVICES FOR PERMANENT/TRANSITIONAL HOUSING

To be completed by permanent and transitional housing providers only.
 Attach additional sheets if necessary

A. Project/Facility name: _____

B. Number of units: _____ Average length of stay: _____

Is there a maximum length of stay? If so, briefly describe:

C. Number of residents assisted _____

D. Breakdown of residents by income level. Please indicate income levels of residents:

E. Services provided to residents:	Provided by on-site staff	Provided by outside agency or volunteer (specify in space below)
<input type="checkbox"/> housing counseling	<input type="checkbox"/>	_____
<input type="checkbox"/> food pantry	<input type="checkbox"/>	_____
<input type="checkbox"/> job training courses	<input type="checkbox"/>	_____
<input type="checkbox"/> life skills courses	<input type="checkbox"/>	_____
<input type="checkbox"/> after school programs	<input type="checkbox"/>	_____
<input type="checkbox"/> social services/case mgmt	<input type="checkbox"/>	_____
<input type="checkbox"/> computer center	<input type="checkbox"/>	_____
<input type="checkbox"/> library	<input type="checkbox"/>	_____
<input type="checkbox"/> other: _____	<input type="checkbox"/>	_____
<input type="checkbox"/> other: _____	<input type="checkbox"/>	_____

C. Briefly describe the coordination of services to be provided:

E. What criteria, if any, must a resident meet to participate in your programs?

F. Will services or space in facility be provided to anyone other than the residents of the project of facility? Briefly explain.

Income Guidelines
City of St. Louis Income Limits for Applicable Programs

Family Size	1	2	3	4	5	6	7	8	9
20%	\$9,502	\$10,867	\$12,219	\$13,580	\$14,665	\$15,747	\$16,828	\$17,922	\$19,055
30%	\$14,250	\$16,300	\$18,300	\$20,350	\$22,000	\$23,600	\$25,250	\$26,850	\$28,500
40%	\$19,004	\$21,733	\$24,438	\$27,160	\$29,330	\$31,493	\$33,656	\$35,804	\$38,110
50%	\$23,750	\$27,150	\$30,550	\$33,950	\$36,650	\$39,400	\$42,100	\$44,800	\$47,550
60%	\$27,660	\$31,620	\$35,580	\$39,540	\$42,720	\$45,840	\$49,020	\$52,200	\$55,360
70%	\$33,257	\$38,033	\$42,767	\$47,530	\$51,328	\$55,113	\$58,899	\$62,657	\$66,693
80%	\$38,000	\$43,450	\$48,850	\$54,300	\$58,650	\$63,000	\$67,350	\$71,700	\$76,000

St. Louis Area (MO-IL) for a Family of 4 the Median Family Income (AMI) for year 2009 is \$67,900.

Moderate Income= 80% of median
Source: HUD 3/19/09