

CEDAR FALLS HOUSING TRUST FUND / 2025-2026 APPLICATION

Activity 3 – Emergency Shelter and Transitional Housing Services

All funded projects in this Activity <u>must</u> serve individuals or households at or below 30% of Area Median Income

PART I- PROJECT OVERVIEW

Organization Name:				
Contact Person:				
Street Address:				
City, State, Zip:				
Phone:		Email:		
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Project Name:				
Tax ID #				
Agency Type: Government Nonprofit Other: There are three programs eligible under Activity 3. Please identify the program(s) you are applying				
for and <u>complete the applicable Program Section in Part II</u> .				
Program 1: Emergency Housing				
Program 2: Repair/Renovation/Acquisition/New Construction				
Program 3: Tenant Based Rental Assistance / Housing First / Utility Assistance				
		1		
Amount Requeste	ed			

1.	Provide a brief description of the project for which you are applying for funds.
2.	Explain your agency's administrative capacity to complete the activity. How will you monitor and track expenditures?
3.	What are your proposed outcomes for this project and how will you measure them (i.e. how many people, households or families do you anticipate serving)?
4.	What is your project timeline from start to completion? Please list the tasks or milestones.
5.	Provide a <u>detailed</u> explanation of the income verification process that will be used to ensure that participants or households being funded meet the income eligibility guidelines for the CFHTF funding.
6.	If full funding is not awarded from CFHTF, how will this project be completed?
7.	Please share any other information you would like the CFHTF to know about your program.

PART II – PROGRAM AREA RESPONSES

PROGRAM 1 – Emergency Housing

1.	Name and address of the shelter where services will be provided.
2.	Describe how your emergency services/ Housing First program will work, identify any partnerships.
3.	Document the need, including bed capacity and space available.
4.	How has your agency handled overflow situations in the past?

PROGRAM 2 - Repair / Renovation / Acquisition / New Construction Projects

1.	Provide the address of the building to be impacted by this activity.
2.	Describe the need for the project.
3.	Describe how you will select the contractor and who will manage the construction process.
4.	Attach any renderings, construction quotes, budgets, etc. as applicable to the project.

PROGRAM 3 - Tenant Based Rental Assistance (TBRA) / Housing First Projects

1.	Briefly describe your organization's past experience in the delivery of Tenant Based Rental Assistance and/or Housing First services.
2.	Describe how funds will be provided to assist individuals. How will you work with Landlords?
3.	How will you track services provided to the client population?
4.	How will you ensure that the units assisted under this program will meet basic Housing Quality Standards?

Part III - ACTIVITY 1 PROGRAM BUDGET

Complete the Program Budget below. You may add supplemental information or a separate project budget, if you feel it will help clarify your costs or proposal.

DESCRIPTION	AMOUNT REQUESTED FROM CFHTF	AMOUNT FROM OTHER SOURCES	TOTAL
TOTALS			

Part IV - ATTACHMENTS

- Documentation of 501c3 or other agency status
- Other documents to support your application as necessary

Part V - CERTIFICATION

I certify that all statements in this application, including all requested supplemental information are true, complete and accurate to the best of my knowledge.

Signature:	Date:
Title:	