



2021 SUPPORTIVE HOUSING SERVICES GRANT APPLICATION

APPLICANT INFORMATION SUMMARY

Enter the name and contact information of the legal applicant. Check the certifications and/or categories for which the legal applicant has status.

- State-Certified CHDO
- LOCAL CHDO

- Not-For-Profit (non-CHDO)
- For-Profit Developer

- Public Housing Authority

Legal Applicant:

Tax ID#:

Street Address/ P.O. Box:

City:

State:

Zip:

County:

Phone:

Fax:

Mobile:

Executive Director/CEO e-mail address:

Contact Person (Name and Title):

Contact Person E-mail Address:

Third Parties Involved:

Is Applicant in good standing with Kentucky Secretary of State? Yes (attach verification) No

BRIEF PROJECT NARRATIVE

Please describe your supportive housing services plan. Include a summary of program goals, services, evaluation tools, activities and target population.



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REQUEST SUMMARY

A project name will be used to identify the project throughout the application process. Enter the name you have selected for this project. Enter the project address(es) under Project Location. If addresses are not known, enter the nearest street/road intersection.

Project Name:

Project Addresses or Location(s):

Neighborhood(s):

Metro Council district number(s):

Is applicant a certified provider for the service plan outlined on the previous page?

Yes No If no, name of provider:

LAHTF Funding Request:

\$

Total Project Budget:

\$

Do you have other commitments to support this plan?

Yes No

Explain:



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Project Type (check all that apply):

- Programs to provide HUD approved housing counseling and education programs
- Programs to provide workforce/skills training
- Programs that increase household financial stability
- Other services, please explain: _____

Project Beneficiaries:

All programs supported by LAHTF funds are targeted to serve those households at or below 80% or 50% of area median income, as specified in the application. For more information on area median income in 2020, visit <https://www.huduser.gov/portal/elist/2020-April-14.html>.

Please explain how many households in each category you plan to service with LAHTF grant funds.

Targeted Household AMI: _____

- # _____ Those at or below 30% of the Area Median Income
- # _____ Those at or below 50% of the Area Median Income
- # _____ Those at or below 80% of the Area Median Income

If this project will target specific populations, please indicate those populations below:

- | | | |
|--|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Elderly (62+) | <input type="checkbox"/> % project | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Elderly (55+) | <input type="checkbox"/> % project | |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> % project | |
| <input type="checkbox"/> Families and children | <input type="checkbox"/> % project | |
| <input type="checkbox"/> Single-parent household | <input type="checkbox"/> % project | |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> % project | |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> % project | |



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ORGANIZATIONAL CAPACITY

Describe the expertise of staff that will be working on this proposed project. Please indicate their role and qualifications.

Name:
Role:
Experience:

Name:
Role:
Experience:

Name:
Role:
Experience:

Name:
Role:
Experience:

Name:
Role:
Experience:



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CONFLICTS OF INTEREST

Potential conflicts of interest may arise from many situations. During application submission, all LAHTF applicants must disclose conflicts of interest, whether real or perceived, to the LAHTF.

CERTIFICATION

To the best of my knowledge and belief, the information provided in this pre-application is true and correct, including any commitment of local or other funding resources. The applicant will comply with all federal and state requirements governing the use of LAHTF funds. If applicable, the governing body of the applicant has duly authorized this application.

Signature: _____

Name and Title: _____

Date Signed: _____

- **The LAHTF maintains a rolling deadline.** Applications received on or before the 10th of the month will be evaluated for funding in the same month. Applications received after the 10th will be considered in the following month.
- **Applications, including all required attachments, are required to be submitted electronically** to LAHTF at tonya@loutrustfund.org.

REQUIRED ATTACHMENTS



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This checklist and all applicable attachments must be included with the application (indicate which items are not applicable) in the stacking order listed below. A cover sheet labeling each file name appropriately must be included.

- _____ 1. Completed funding application.
- _____ 2. IRS 501(c)(3) letter (nonprofit organizations only).
- _____ 3. Kentucky Secretary of State certification of good standing.
- _____ 4. Louisville Metro Revenue Commission certification of good standing (if required to register).
- _____ 5. Letters of commitment for all named funding sources.
- _____ 6. Most recent annual financial statement for your organization.
- _____ 7. Detailed project budget that shows all sources of funding for the project including donated materials and services, and all expenses.
- _____ 8. Proposed service plan.
- _____ 9. Needs Analysis supporting service plan.