# General Information

## Introduction

In accordance with Iowa Code section 16.181, a housing trust fund ("Fund") is held within the Iowa Finance Authority (IFA). The moneys in the Fund are to be used for the development and preservation of affordable housing for low-income people in the state. The two programs operated under the Fund are the Local Housing Trust Fund Program and the Project-Based Housing Program.

## APPLICATION DEADLINE: FRIDAY, OCTOBER 1, 2021, 4:30 PM

Completed applications for the Local Housing Trust Fund (LHTF) Program must be submitted to the IFA through the online application system by no later than the established application deadline. The system will not allow an application to be submitted after this date and time. In order to avoid technical delays, IFA recommends that you do not wait until the last day to submit your application. Prior to completing this application, please refer to the Allocation Plan for the Local Housing Trust Fund Program ("Allocation Plan") for the rules and definitions governing the program. The Allocation Plan, approximate amount of funding available in the round, award maximums, and program schedule can be found on the IFA web site:

SHTF web page

## Maximum Application/Award Amount Limits

The LHTF Program Award Maximums have been established based upon LHTF type and geographic service area population and are posted on the LHTF Resources web page:

LHTF Resources web page

## LHTF Certification Requirements

All applicants applying for the LHTF Program must meet the requirements of Section 2 of the Allocation Plan and be certified as a LHTF by the IFA Board of Directors prior to funding. The LHTF Certification Requirements are available on the LHTF Resources web page (see above link). The request for LHTF certification must be submitted separately from the application for funding.

## Program Guidelines and Threshold Requirements

Applicants for LHTF Program funding should refer to the Allocation Plan for all program guidelines and threshold requirements. The application must meet all criteria specified in the Allocation Plan for application and awards. Applicants must complete the application in its entirety, including all exhibits and narrative documents, and submit the application to IFA by the specified deadline. IFA staff will review the application submission to determine if threshold has been met and will make a funding recommendation to the IFA Board of Directors. All LHTF Program awards must be approved by IFA's Board of Directors.

## Threshold Requirements and Corresponding Exhibits

Need for Housing in the Community

Impact of Activity

Financial and Overall Feasibility of Activity

Leveraging and Partners in Activity

Administrative Capacity of Eligible Applicant

Timeline of Fund Activity

## Application Instructions

Section Navigation: Navigate through the application using the links for sections on the left. Once all REQUIRED questions in a section have been completed, the section icon will turn from a red "x" to a green "check." Note that a green "check" does not verify that questions have been answered fully or correctly, only that a response has been entered, and it does not reflect whether optional questions have been completed. Applicants are responsible for verifying that all information is complete and correct.

Printing and Saving: Use the icons near the top of your application screen to "Print," "Save," and "Save and Exit." You may wish to save your narrative answers first in a Word document, and then copy and paste to the application when ready. This

will help avoid the possibility of being "timed-out" of the system.

Linking Additional Users to One Application: You may link a second user to your application. The second user must first create his or her own account in the system. Then the first user may log in, click on "View" in the header, and select "MyIFA Account." Then at the bottom of the screen, click on "Add New Authorized User," and enter the new user's username. Both users should now be able to access and work on the same application.

Application Submission: Before the system will allow an application to be submitted, every icon must show a green "check" at left. Any missing responses to required questions will result in a remaining red "x." Any required responses that are missing may be identified by clicking the link at the bottom left for the "Error Log." Note that the system does not validate answers; it only verifies that each question contains a response. Once submitted, the application may be viewed, but no further edits will be allowed.

## Application and Program Questions

Please contact Terri Rosonke at Terri.Rosonke@IowaFinance.com or 515-452-0440 with any questions.

## Applicant Profile

Federal Tax ID Number: *

84-2768098

**LHTF Applicant:** *

Central Iowa Housing Trust Fund

**LHTF Address and Contact Information:** *

Street Address: 420 Watson Powell Jr. Way, Suit

P.O. Box (if applicable):

City: *

DES MOINES

State: *

IA

Zip Code: *

50309

Telephone: *

(515) 334-0075

E-mail: *

acollings@dmampo.org

**LHTF Administrative Contact:** *

Administrator's Name: Andrew Collings

Administrator's Title: Principal Planner

**LHTF Authorized Signer: Name and Title of person providing electronic signature to this application. NOTE: Additional authorized signers must be addressed after award by submitting a "Signature Authorization for Alternate Signors" form.** *

Authorized Signer's Name: Deven Markley

Authorized Signer's Title: City Administrator

## Application Amount & Local Match

**1. Amount of LHTF Program grant award requested: (LHTF Program Award Maximums are posted on the LHTF Resources web page)** *

Application Amount:

$409,023.00

**2. Local Match 15% requirement for this Application (calculated as the Application Amount x .15):**
(Calculated Field)
$61,353.45

**Under the LHTF Program Allocation Plan, "Local Match" is defined as follows:**

Local Match: Cash contributions and/or the fair market value of donated property or services to a LHTF. To be considered eligible local match, the following conditions must be met: (1) Documentation of contributions already received, an adopted resolution or ordinance, and/or a written letter of commitment from the source providing the contribution to the LHTF must be provided at the time of application (the submitted documentation must provide evidence of the source providing the local match contribution to the LHTF and must specify the type and amount of the contribution, including the specified value of any donated property or services) (2) The LHTF must be the direct recipient of the local match contribution with control over its expenditure and/or use (3) At least ten percent (10%) of the required 25 percent (25%) local match requirement must be provided from local government and/or local private sector contributions (4) No more than 25 percent (25%) of the total proposed local match may be associated with the general administrative expenses of the LHTF, whether the contribution toward administration is provided in the form of cash or an in-kind donation (5) The proposed local match contribution must not have been used to fulfill the local match obligation in any prior application to the Fund.

Will the Local Match funding identified as committed under the Budget tab in this application meet the LHTF Program Allocation Plan definition of "Local Match" in full?*

- (●) Yes
- ( ) No

**3. What is the total amount of Local Match committed to this application? (Local Match amount must be equal to or greater than 25% Local Match requirement in the above calculated field rounded up to the next whole dollar.)***
Local Match Amount:
$61,354

3A. Local Match percentage committed to this Application, calculated as follows: the total amount of the Local Match commitment divided by the LHTF Program grant Application Amount (must be equal to or greater than 15%)
(Calculated Field)
15.000134%

3B. Will at least 10% of this required 15% Local Match requirement be provided from local government and/or local private sector contributions?*

- (●) Yes
- ( ) No

3C. List the specific sources and amounts of these local government and/or local private sector contributions:*

City of Knoxville - $61,353

3D. Will the LHTF be the direct recipient of all Local Match contributions with control over expenditure and/or use (reminder: all Local Match funding must be identifiable in the LHTF's annual audit)?*

- (●) Yes
- ( ) No

If no, explain:

3E. Will any of the Local Match commitment, whether provided in the form of cash or an in-kind donation, be associated with the general administrative expenses of the LHTF?*

- ( ) Yes
- (●) No

If yes, what is the total amount of Local Match budgeted for general LHTF administration?

**NOTE: Local Match budgeted for general LHTF administration expenses may not exceed 25 percent of the total amount of Local Match committed to this application.**

3F. Has any of the proposed Local Match commitment been used to fulfill the Local Match obligation in any prior application to the Fund?*

- Yes
- No

If yes, explain:

## Program Description

4. Awards from the Fund must be used for the development or preservation of affordable housing for Eligible Recipients as defined in the Allocation Plan, including infrastructure development, transitional housing, housing for the homeless, homeownership, rental housing, capacity building, or other purposes that further the Fund's goals. Describe the proposed activities the LHTF will assist under the total Budget submitted in this application:*

The following are eligible properties and activities for the Central Iowa Housing Trust Fund but are not limited to:
-Properties
--Owner-occupied single-family housing in habitable condition
--Renter-occupied housing in habitable condition
--Transitional and special-needs housing in habitable condition
--Uninhabitable housing (for demolition purposes only)
-Activities
--Rectification of building, plumbing, electrical, mechanical, or other similar codes
--Energy efficiency or weatherization improvements
--Accessibility improvements for those with disabilities or older adults, such as ramps, sidewalks, or other similar measures
--Owner-occupied housing rehabilitation
--Natural disaster temporary shelter and housing recovery
--Demolition of uninhabitable housing

5. LHTF Program grant amount to be reserved for Extremely Low-Income Eligible Recipients (this amount must be equal to or greater than the LHTF Program grant Application Amount requested multiplied by .30, rounded up to the next dollar):*

$122,707.00

5A. Explain how the LHTF will meet the requirement that at least 30 percent of the awarded LHTF Program funding must serve Extremely Low-Income Eligible Recipients:*

The CIHTF will solicit projects for funding and will prioritize funding projects that will serve Extremely Low-Income Eligible Recipients. If proposed applications will not meet the required 30% minimum to go towards Extremely Low-Income Eligible Recipients then the CIHTF will require all projects have 30% of funding go towards Extremely Low-Income Eligible Recipients.

6. In the table that follows, enter the number of housing units the LHTF estimates will be assisted by each Activity Type (Homebuyer/Owner-occupied Units, Rental Units and Housing for Homeless Persons Units) under the total Project Budget submitted in the Sources and Uses of Funds under the Budget section of this Application. The completed table must include all three Activity Type options, even if the estimated number of units to be assisted is zero. Click on "Add New Row" until all three Activity Types have been entered into the table.

| Action | Activity Type | Number of Units |
|---|---|---|
| | Homebuyer/Owner-occupied Units | 25 |
| | Rental Units | 25 |
| | Housing for Homeless Persons Units | 2 |
| | | **52** |

## Administration

7. Will any portion of the LHTF Program grant Application Amount requested in this application under Question 1 be used to finance the on-going administration of the LHTF?*

- Yes
- No

7A. If yes, what amount of the LHTF Program grant Application Amount is budgeted for administration?*

$40,902

7B. Percentage of the LHTF Program Application Amount budgeted for administration (Calculated Field)

10.00%

**NOTE: LHTF Program awards used to finance administrative expenses of the LHTF may not exceed 25 percent of the Fund award during the first two years of certification for a Newly Formed LHTF and may not exceed 10 percent of the Fund award in subsequent years.**

8. Has the applicant ever been in a state of noncompliance, including but not limited to being delinquent on a loan payment or failure to submit reports upon request, under any IFA program or other local, state, or federal program or ever been debarred from participation at the local, state, or federal funding level for any period of time?*

- Yes
- No

8A. If yes, explain:

## NOTE: IFA reserves the right to deny funding to an applicant that has failed to comply with program requirements in the administration of any previous project funded by IFA through any of its programs.

9. The Applicant must demonstrate sufficient administrative capacity and the experience needed to successfully plan and execute the proposed activities in a timely manner. Describe the Applicant's administrative capacity and experience related to the LHTF Program:*

The Des Moines Area MPO provides administrative services for the Central Iowa Housing Trust Fund. The MPO's primary existence is to administer over $18 million in DOT transportation funding that requires careful administration and accounting services. Current staff has more than 40 years' experience administering both State and Federal grant programs, including multiple CDBG grants, USDA Community Facilities grants, Iowa DNR Water Trails funding, Surface Transportation Block Grant funding, Surface Transportation Block Grant Set-Aside funding, and TIGER grant funding. The MPO currently administers the CIHTF and the Story County Housing Trust.

10. Will the LHTF have two or more open LHTF Program grant agreements as of the application submission deadline date?*

- Yes
- No

10A. If yes, explain the proposed timeline for closing out the earliest fiscal year grant agreement:*

Funding should be drawn down by the end of calendar 2020. Several projects are entering their closeout phase and all funding was allocated in June of this year (2021).

*NOTE: Pursuant to Section 1.8.2 of the Allocation Plan for the LHTF Program (the Administrative Rules), LHTFs with multiple open grant agreements may be subject to the following remedies: (1) LHTF Program funds awarded in a subsequent fiscal year shall not be disbursed until the earliest fiscal year grant agreement has been closed out. If applicable, this remedy shall be implemented, subject to Board approval, as a contingency to the new LHTF Program award. (2) If the earliest fiscal year grant agreement has not been closed out during a subsequent fiscal year following IFA's determination to apply remedy (1) above, the Grantee may be declared ineligible for funding, subject to Board approval, in the LHTF Program allocation round. IFA shall notify the LHTF of a declaration of ineligibility for future LHTF Program awards prior to the established application submission deadline but by no later than July 1 and may set forth certain conditions that if satisfied would restore the LHTF's eligibility for funding.*

## Board of Directors

Total number of seats on the LHTF's Board of Directors:*

8

Total number of Board seats currently filled:*

7

Total number of Board seats currently vacant:*

1

## Board of Directors List

In the following table, provide a current listing of all members of the LHTF's board of directors, which must include each board member's name, address, employer, term start and end dates, and whether the board member is affiliated with local government or is a public official. The number of rows in the completed table must equal the number of Board seats currently filled as listed in the previous question. No more than 50 percent of the LHTF board can be comprised of individuals from local government and/or public officials. Local government/public officials who are also employed in the private sector will be considered representatives of local government (the public sector) and will not be considered private sector representatives.

*

| Action | Board Member's First Name | Board Member's Last Name | Board Member's Address - Street | Board Member's Address - City | Board Member's Address - State | Board Member's Address - Zip Code | Board Member's Place of Employment | Is the Board Member a Local Government Employee or a Public Official? | Term Start Date | Term End Date |
|---|---|---|---|---|---|---|---|---|---|---|
| | Greg | Pikapp | 204 Marion Street | BOONE | IA | 50036 | Simplified Benefit Solutions | Yes | 8/1/2021 | 9/1/2024 |
| | Robin | Good | 205 West Walnut Street | OGDEN | IA | 50212 | ReMax Realty | No | 8/1/2020 | 9/1/2023 |
| | Brandon | Talsma | 101 1st Street North | NEVADA | IA | 50208 | Self-Employed | Yes | 8/1/2019 | 9/1/2022 |
| | Caitlin | Otto | 123 West 2nd Street | NEWTON | IA | 50208 | Otto Lawyers | No | 8/1/2021 | 9/1/2024 |
| | Brian | Hatch | 305 South Third Street | KNOXVILLE | IA | 50138 | Marion County | Yes | 8/1/2019 | 9/1/2022 |
| | Sarah - VACANT | Buchheit | 1017 South Clark Street | PELLA | IA | 50219 | Pella Real Estate Services | No | 8/1/2019 | 9/1/2020 |
| | Deven | Markley | 195 North First Street | CARLISLE | IA | 50041 | City of Carlisle | Yes | 8/1/2019 | 9/1/2022 |
| | Rachel | Gocken | 111 North Buxton Street | INDIANOLA | IA | 50125 | Warren County Economic Development | No | 8/1/2021 | 9/1/2024 |

# Budget

## Sources of Funds

Provide all sources of funds to be included in the budget for this grant year in the following table, identifying all sources of funds to be used to finance the LHTF Program including the LHTF grant award request and all Local Match commitments. Please enter the LHTF Program grant amount requested in this application as the first source of funding in the table. Note that only Committed funds may be counted as eligible Local Match.*

| Action | Source of Funding | Amount | Type of Funds | Form of Contribution | If "other" Form of Contribution, describe: | Status |
|---|---|---|---|---|---|---|
| | LHTF Program | $409,023 | IFA - LHTF Program | Other | LHTF Grant Award | Committed |
| | City of Knoxville | $61,354 | Local Government Contribution | Cash | Guaranteed Local Match | Committed |
| | | **$470,377** | | | | |

## Uses of Funds

Provide all proposed uses of funds in terms of types of housing programs and activities to be completed under the requested LHTF Program grant award. All applicants must list "Administration - LHTF Program Grant Funding" and "Administration - Local Match (cash or in-kind)" in the uses of funds grid, even if the amount budgeted for administration from each funding source is $0.*

| Action | Use of Funding | If "other" Use of Funding, describe: | Amount |
|---|---|---|---|
| | Homeowner - Owner-occupied Rehabilitation | | $300,000 |
| | Emergency Shelter - Rehabilitation | | $70,377 |
| | Rental - Tenant-Based Rental Assistance, including Security or Utility Deposits | | $59,098 |
| | Administration - LHTF Program grant funding | | $40,902 |
| | Administration - Local Match (cash or in-kind) | | $0 |
| | | | **$470,377** |

## Exhibits - Upload

### Acknowledgment, Authorization, Certification and Release (all applicants)

Download the LHTF Program Application Certification and Signature Page at the link below, print, read, and have signed by an authorized representative of the LHTF. Then upload a signed copy into this section of the online application submission.

LHTF Program Application Certification

### Housing Assistance Plan (all applicants)

Upload the LHTF's current Housing Assistance Plan (HAP).

### Public Hearing Minutes (all applicants)

Upload the minutes from the LHTF's most recent public hearing.

### Organizational Changes (if applicable)

If applicable, the LHTF must submit documentation of any additional changes, updates, or revisions to the LHTF's organizational structure which have been made since the LHTF was originally certified as a LHTF of which IFA has not been previously notified. Examples of documents that may have been revised include articles of incorporation, bylaws, resolutions, IRS 501(c)(3) status, and/or formal recognition as the entity responsible for coordinating local housing programs.

### Need for Housing/Activity in the Community (first-time applicants only)

The Applicant must demonstrate a need for the proposed affordable housing activities. First-time applicants must upload a narrative Exhibit explaining how the proposed LHTF Program activities will help address the housing needs/gaps of the geographic area the applicant serves, as identified in the HAP.

### Impact of Activity (first-time applicants only)

First-time applicants must upload a narrative Exhibit explaining the impact the proposed LHTF activities will have in the geographic area served. Describe the impact of the activities in terms of the continuum of housing needs from homeless to transitional to rental to homeownership.

## Financial and Overall Feasibility of Activity (first-time applicants only)

First-time applicants must upload a narrative Exhibit explaining why the proposed activity or program is financially and operationally feasible.

## Local Support - Leveraging and Partners in Activity (first-time applicants required - optional for all other applicants)

The applicant must demonstrate support from local entities (which may include, but is not necessarily limited to, local government entities, nonprofit organizations, neighborhood organizations, for-profit housing organizations, and/or local service providers) with respect to the proposed LHTF activities. First-time applicants must upload documentation in the form of resolutions or letters of support.

If applicable, you may reference but do not need to submit additional copies of local support documentation already provided in the request for LHTF certification.

*Optional: A previously certified LHTF may elect to provide new documentation of local support of which IFA has not been previously notified.*

## Local Match - Leveraging and Partners in Acitivity (all applicants)

This uploaded Exhibit must include Local Match documentation. The applicant must have a Local Match (cash contributions and/or the fair market value of donated property or services to a LHTF) as defined in Section 1.5 and as described in Section 3.3 of the Allocation Plan. Documented Local Match commitments must total at least 25 percent of the grant amount requested from the LHTF Program in this application.

### Only firm funding commitments can be counted as Local Match.

Documentation of contributions already received, an adopted resolution or ordinance, and/or a written letter of commitment from the source providing the Local Match contribution to the LHTF must be provided in this Exhibit. A letter from the LHTF itself listing Local Match commitments made by other entities is not acceptable documentation under this Exhibit. The submitted documentation must include evidence of the source providing the Local Match contribution to the LHTF and must specify the type and amount of the contribution, including the specified value of any donated property or services. The LHTF must be the direct recipient of the Local Match contribution with control over its expenditure and/or use. At least 10 percent of the required 25 percent Local Match requirement must be provided from local government and/or local private sector contributions. No more than 25 percent of the total proposed Local Match may be associated with the general administrative expenses of the LHTF, whether the contribution toward administration is provided in the form of cash or an in-kind donation. The proposed Local Match contribution must not have been used to fulfill the Local Match obligation in any prior application to the Fund.

## Timeline (all applicants)

All applicants must upload a proposed timeline of activities. The timeline must include key dates for the proposed grant activities and show that all funds included in the Budget can be expended and that the proposed activities/units can be completed resulting in a benefit to Eligible Recipients or Extremely Low-Income Eligible Recipients as defined in Section 1.6 of the Allocation Plan within the two-year grant agreement period. If the LHTF has two or more open LHTF Program grant agreements as of the application submission deadline, also address the timeline for closing out the earliest fiscal year grant agreement.

## Minority Impact Statement (all applicants)

Download the Minority Impact Statement at the following link. Complete the form, have signed by an authorized representative of the LHTF, and upload the signed form in this section of the online application submission.

Minority Impact Statement

## Annual Report (all applicants)

Upload an annual report or a narrative summarizing the LHTF's accomplishments over the past year.

## Upload Exhibits

Upload your Exhibits here: *

No Documents Found

Use the fields below to upload an exhibit.

Document Type: Select a Document Type

Title:

Document to Upload: Select Upload Document

**Remember to click on the "Submit" button when your application is complete and ready for submission to IFA for review.**

## Error Log

The following errors occurred in the Exhibits - Upload section:

Upload your Exhibits here:
All required Exhibits must be uploaded.
Acknowledgment, Authorization, Certification & Release - LHTF Program Application Certification - required upload for all applicants
Housing Assistance Plan - Housing Assistance Plan - required upload for all applicants
Public Hearing Minutes - Public Hearing Minutes - required upload for all applicants
Local Match - Leveraging and Partners in Activity - Local Match Commitments - required upload for all applicants
Timeline - Timeline - required upload for all applicants
Minority Impact Statement - Minority Impact Statement - required upload for all applicants
Annual Report - Annual Report - required upload for all applicants (first-time applicants may upload "progress to date" statement)

You must resolve the errors listed above before you can submit this application.