



Notice of Funding Availability (NOFA) Owner-Occupied Repair Projects

Story County Housing Trust

The purpose of this NOFA is to solicit entities and organizations to execute owner-occupied repair projects in Story County. The funds are available to new and existing providers who provide services in Story County. The SCHT does not provide direct assistance to the general public. The total available for funding is estimated to be \$86,000. Please note that funding requires the provider to collect household income and demographic data to ensure compliance.

Applications are Due: May 8, 2023 at 5pm

Notice of Approval/Denial will be on or after: May 16, 2023

Questions should be directed to SCHT staff administrator:

Lucas Young at 515.644.6337 or lyoung@dmampo.org

Funding Restrictions:

Please see attached documents, [SCHT Owner-Occupied Repair Guidelines](#) and [Story County AMI Income Guidelines](#)

How to apply:

Please submit an electronic copy of your application and supporting documentation to Lucas Young at lyoung@dmampo.org before 5pm on May 8, 2023. Late applications will not be considered for funding. The following items must be submitted to be considered for funding:

1. Application and necessary supporting documentation.
2. Amount of SCHT funding requested and other documented sources of funding (if applicable).
3. A summary of services to be offered or work to be completed. Include how the funds will be used and any implication if the full funding amount is not approved.
4. A background or qualifications of the applicant to successfully execute or implement the program.
5. If your program differs from the attached **SCHT Owner-Occupied Repair Guidelines**, please provide an explanation how it differs and explain your program limitations.

Other important information:

Funding is only granted based on the approval by the SCHT Board of Directors. If approved, the funding may be less than the amount requested by the applicant. Funds are only provided on a reimbursement basis with appropriate documentation. The following is a list of the information that is required prior to release of funding:

- household address and composition
- demographic information (ethnicity, disability status, age, etc.)
- verified household income and assets
- sources of other funds used
- Receipts and/or invoices for work performed
- Breakdown of work performed



Application Owner-Occupied Repair Projects

Applicant Information:

Program/Project Name: _____

Name of Applicant Organization: _____

Name of Contact Person and Title: _____

Applicant Address: _____

Property Address (if different): _____

Phone: _____

Email: _____

Federal Tax ID: _____

Beneficiaries:

Please indicate the allocation of funds across the AMI range

	# of Households	% of Total
≤ 30% AMI		
31% - 50% AMI		
51% - 80% AMI		
Total		100%

Budget:

Amount Requested from the SCHAT: _____

Please list all funding sources in the following table and indicate their commitment status.

Funding Source	Amount	Percent of Total	Committed Yes or No	Date Committed
Story County Housing Trust (SCHAT)				
Total		100%		

Please list the use of all funding in the following table and list the source.

Use of Funding/Activity	Total Activity Cost	Amount Funded by SCHAT	Amount Funded by Other Sources	Amount Funded by Cash on Hand	Notes
Owner-Occupied Repair					
Contingency					
Subtotal					
Technical Assistance					
Admin (NOT SCHAT Reimbursable)					
Total					

Application Certification:

Applicant hereby certifies with respect to this application and the project for which Story County Housing Trust assistance is requested as follows:

- All information and representations contained in this application and the attachments hereto are true and accurate.
- Applicant will comply with all applicable federal, state and local laws and regulations in completing and operating the program, including, without limitation, local zoning laws and zoning codes and Fair Housing Laws.
- Applicant certifies that the funds requested will be used by the applicant only for eligible costs associated with the program.
- Applicant has the ability and capacity to implement the program and has duly committed its own funds to the project, if applicable, as described in the application.
- Applicant (if other than a political subdivision or governmental agency) hereby gives permission to Story County Housing Trust to research applicant's history, make credit checks, contact applicant's financial institution, and perform other related activities necessary for the reasonable evaluation of this application.
- Applicant certifies that they understand that the NOFA, all its requirements, and this application will be incorporated into the Funding Agreement, if approved.
- Applicant understands that information submitted to Story County Housing Trust relating to this application may be public information.

Name of Applicant Organization: _____

Authorized Signature

Date

Printed Name

Title