



**Story County Housing Trust**

# Notice of Funding Availability (NOFA) Rental and Shelter Projects

The purpose of this NOFA is to solicit affordable rental and shelter housing 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 funds will be provided to the applicants in the form of a grant or a forgivable loan when the project involves property improvements. The total available for funding is estimated to be \$200,000. Please note that funding requires the applicant 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

## **Funding Restrictions:**

### Rental assistance grant funding restrictions:

- Funds may be used for rent (current to keep tenant(s) in housing or to move into housing) but tenant(s) must have a plan for ongoing rent
- Funds may be used for utilities (to avoid shut off or arrears to get tenant(s) into rental or turned back on)
- Funds may be used for deposits for rent and/or utilities (landlords would pay rent deposit back to grantee not the tenant(s))
- Funds may be used for application fees (a maximum of two applications per year per household and up to \$50 per application)
- Funds may **NOT** be used for ongoing rent
- Funds may **NOT** be used for student housing

### Shelter or rental rehabilitation assistance funding restrictions:

- Funds may be used for the rehabilitation of shelter housing
- Funds may be used for the rehabilitation of rental housing when the buildings are owned by a non-profit or not-for-profit
- When the rehabilitation assistance involves physical improvements, the assistance will be in the form of a 5-year forgivable loan
- When rental units are assisted, the units will be income restricted for five (5) years
- Funds may **NOT** be used for non-housing buildings such as office space, administration buildings, storage buildings, etc

**Questions should be directed to SCHT staff administrator:**

Lucas Young at 515.644.6337 or [lyoung@dmampo.org](mailto:lyoung@dmampo.org)

**How to apply:**

Please submit an electronic copy of your application and supporting documentation to Lucas Young at [young@dmampo.org](mailto:young@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 SCHAT 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 implications if the full funding amount is not approved.
4. A background or qualifications of the applicant to successfully execute or implement the project or program.
5. If applying for rental assistance, please provide the criteria for your current rental assistance program.

**Other important information:**

Funding is only granted based on the approval by the SCHAT 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 funding:

- household address and composition
- demographic information (ethnicity, disability status, age, etc.)
- verified household income
- sources of other funds used to provide rental assistance
- technical assistance is available to grantees for up to 10% for implementation of rental assistance funding
- current Story County AMI limits are available [Here](#)



# Application Rental and Shelter 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		
<b>Total</b>		<u>100%</u>

## 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)				
<b>Total</b>		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
<b>Subtotal</b>					
Technical Assistance (Rental Assistance Applications Only)					
<b>Total</b>					

**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