

**El Paso County Housing Authority**

**Housing Trust Fund Application**

**Rental Assistance / Housing Rehabilitation**



El Paso County Housing Authority

9 East Vermijo Avenue

Colorado Springs, CO 80903

Phone: 719-520-6480 Fax: 719-520-6288

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| **El Paso County Housing Authority- Housing Trust Fund Application – Rental Assistance / Housing Rehab** | | | | |
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| Applicant/Organization Name: |  | | | |
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| Type of Organization: | Non-Profit  Private Developer  Faith-based  Other | | | |
| Tax ID Number: |  | | | |
| Chief Official or Primary Contact: |  | | | |
| Contact Information: | Phone: | | Email: | |
| Mailing Address: |  | | | |
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| Project Category: Housing Development  Housing Rehabilitation  Emergency Rental Housing Assistance  Other | | | | |
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| Project/Program Name: |  | | | |
| Project Address (if different than above): |  | | | |
| Project/Program Start Date: MM/DD/YYYY |  | Project/Program End Date: MM/DD/YYYY | |  |
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| Amount of Funding Requested |  | | | |
| Type of Funding Request:  **Loan**: Interest Rate Requested\_\_\_%; Term Requested\_\_\_months; Unsecured\_\_\_or Secured\_\_\_; Amortized\_\_\_or Deferred\_\_\_  **Contract for Services:** Will the funds revolve internally? If so, how: | | | | |
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| Provide a **brief** summary of the proposed project/program in the space listed below. *More detail will be requested in following sections.* | | | | |
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| **Agency Description**  Agency description: Please include information about your agency, its goals, mission, incorporation date, management structure and experience, clientele served and services offered. Please include an organizational chart and a list of board of directors with appointment dates and term expiration dates. Feel free to attach additional information to the back of the application, including information about employees’ experience and qualifications. | | | | |
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| **Community Components**  **Briefly** explain why this project is necessary in the community, and why EPCHA funds should be used to address the need. | | | | | |
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| **Quantifiable Goals**  What are the quantifiable goals of this project? How will they be measured?  *(Example: Provide rental assistance for 100 low-income residents)* | | | | | |
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| How many projected persons/households in the following jurisdictions will be served by the EPCHA funded part of this project? | | | | | |
| Colorado Springs | |  | | | |
| Unincorporated El Paso County | |  | Calhan | |  |
| Fountain | |  | Green Mountain Falls | |  |
| Palmer Lake | |  | Ramah | |  |
| Manitou Springs | |  | Monument | |  |
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| List other organizations, if any, participating in this program (Collaborative Efforts). Describe how you ensure that there is no duplication of services. | | | | | |
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| **Agency Capacity Components**  If we are unable to fulfill your full request, what is the minimum amount that you would be willing to accept that would still allow your project to be viable. Please explain. | | | | | |
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| If the project is not awarded this amount of funding, how will it be affected? | | | | | |
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| Leveraging funds is important to our agency’s mission. What other funds are currently available to support this project or leverage EPCHA funds? Please include sources, dollar amounts and status of such funds. | | | | | |
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| Has your organization ever received EPCHA funds in the past? Please briefly describe. | | | | | |
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| Please list the qualifications of the staff that will be administering the EPCHA funds. | | | | | |
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| Please check each item that already exists within your organization: | | | | | |
| Financial auditing system | Client eligibility | | | Demographic data collection | |
| Written conflict of interest policy | Written procurement procedures | | | Staff salary tracking | |
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| Can the project/program be completed within one year of receiving these funds?  Yes  No *(Check only one box please)* | | | | | |
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| Please provide a timeline overview for the project/program. Feel free to attach additional documentation if  needed. | | | | | |

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| **Project/Program or Uses and Sources Budget** | | |
| 1. Source of Funds for this Program/Project | **Status of Funds (Check only one)** | **Amount** |
|  | **On Hand  Pending  Applied for** |  |
|  | **On Hand  Pending  Applied for** |  |
|  | **On Hand  Pending  Applied for** |  |
|  | **On Hand  Pending  Applied for** |  |
| Total Source of Funds for this Program: | |  |
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| 2. Project/Program Specific Budget *(adjust categories as needed)* | | **Amount** |
| Rental assistance program | |  |
| Staff salaries (to administer program) | |  |
| Total Program/Project Costs: | |  |
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| 3. Total Organizational Budget | |  |
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| Please attach a copy of your organization’s most recent audited financials. | | |
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| **Emergency Rental Housing Assistance Program Specifics(IF APPLICABLE)** | | |
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| How many households in El Paso County received this service during your last fiscal year? On average, how many/what percentage of requests are you able to fulfill each year? | | |
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| How many more households will be served if you receive EPCHA funding? | | |
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| How long has your agency been providing emergency rental assistance to the community? | | |
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| What is your emergency rental assistance program policy? | | |
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| Please detail your monthly selection process to determine which households will receive emergency rental assistance. | | |
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| Please detail your process of determining the amount of assistance each household receives. | | |
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| What is the waiting period before a household can receive additional emergency rental assistance from your agency? | | |
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| What length of time, if at all, does your agency track its clients to determine whether the assistance provided ensured the client remained housed? If tracked, please note your success rate. | | |
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| How is your program administration funded? | | |
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| **Housing Rehabilitation Program Specifics (IF APPLICABLE)** | | |
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| How many households in El Paso County received this service during your last fiscal year? On average, how many/what percentage of requests are you able to fulfill each year? | | |
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| How many more households will be served if you receive EPCHA funding? | | |
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| How long has your agency been providing housing rehabilitation services to the community? | | |
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| What is your housing rehabilitation program policy? Do you use outside vendors? If so, please explain. | | |
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| Please detail your application and selection process to determine which households will receive assistance. | | |
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| Please detail your process of determining the amount of assistance each household receives. | | |
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| What is the waiting period before a household can receive additional assistance from your agency? | | |
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| What length of time, if at all, does your agency track its clients to determine whether the assistance provided ensured the client needs were met? If tracked, please note your success rate. | | |
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| How is your program administration funded? | | |
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