

## GENERAL INFORMATION

This is a grant initiative of The Home Depot Foundation. The purpose of the **Affordable Housing for Rural Veterans Initiative** is to support local nonprofit housing development organizations that help meet the affordable housing needs of veterans in rural areas. Work supported will be bricks-and-mortar projects that provide critical home repair and rehab needs, support homeless veterans shelter rehab and or construction, AND/OR affordable housing development for low-income, elderly and/or disabled veterans. The Housing Assistance Council (HAC) is working with The Home Depot Foundation (THDF) on the marketing and application process.

Grants will not normally exceed a maximum of \$30,000. Qualified projects can provide both temporary and permanent housing for veterans, depending on the local needs of the community.

**Please submit your proposal by **Friday, January 21, 2022, before 4:00 pm EST.****

## ELIGIBLE USES OF FUNDS

Uses of the grant funds are for development and/or rehabilitation projects and are flexible. Projects can include home repair, homeownership, multi-family rental development and preservation, and housing for homeless veterans. The grant will be for one year. Units built/preserved must be for low-income veterans (as defined by the Department of Veteran Affairs) in rural areas.

Funds must go to costs related to development and/or rehabilitation projects. Allowable expenses include hard costs directly related to the construction and rehabilitation of units. *Unless acting as the general contractor, general project management and administration fees are ineligible.*

## APPLICATION SCORING

HAC will score applications based on the following criteria:

- **Capacity.** Applicants must show a minimum level of organizational and financial capacity as demonstrated by financial statements, administrative funding support, internal policies and procedures, and regular oversight by the Board of Directors.
- **Proposed Use of and Need for Funds.** Applicants must clearly outline the program/project to be funded through the initiative. The program/project description should illustrate how the proposed activities will help the organization increase veterans' housing development and/or lead to a more sustainable rural veterans' housing program.
- **Projected Outcomes.** Applicants must clearly identify the anticipated outcomes of the proposed program/project and demonstrate the expected impact of the funded activity on veterans' housing development, and the economic security of veterans in rural areas.



## POST-GRANT AWARD REQUIREMENTS

If funded, all AHRV grantees must complete the following:

- Execution of a grant agreement.
- Submission of interim, final progress and financial reports. Grantees will be required to submit semi-annual progress reports detailing program activity. THDF and/or HAC reserve the right to suspend or terminate funding to those grantees that do not show reasonable progress under the award, *as well as those grantees that fail to submit required documentation.*

## APPLICATION SUBMISSION AND DUE DATE INFORMATION

Grant applications received after **4:00 pm EST on Friday, January 21, 2022** will not be considered. Please send all documents via email to (*US mail, delivery service, or facsimiles submissions are not accepted*):

Housing Assistance Council  
Attn: Affordable Housing for Rural Veterans  
[ahrv@ruralhome.org](mailto:ahrv@ruralhome.org)

**All applications must be submitted to the above email address to be considered.**

Required submission documents:

- Complete grant application signed by an authorized representative;
- Tax Exempt Legal status of applicant (IRS Letter) or tribal designation;
- Current fiscal year operating budget with YTD actual through at least **July 30, 2021**;
- Most recent audited financial statements or IRS form 990;
- List of board members with affiliations;
- Proposed program/project budget (*please use the attached budget template*); and
- *If multifamily rehab* - assurance of occupancy.

For questions pertaining to this grant application, please contact Anselmo Telles or Cheryl Cobler at [ahrv@ruralhome.org](mailto:ahrv@ruralhome.org).

## TIPS FOR COMPLETING THE APPLICATION

- Incomplete applications will not be reviewed; ONLY complete and properly executed applications will be considered. Unfortunately, we cannot accept additional updates after the submission deadline.
- The application is available in Microsoft Word. Handwritten applications or formats other than Microsoft Word or Adobe PDF will not be accepted.
- Click on each field to enter information. Once data is entered in a field, use the **↑** and **↓** arrows on your keyboard to maneuver to the next field. DO NOT use the "Tab" or "Enter" keys after data is entered in a field.
- The narrative should be restricted to no more than 5-7 pages.



## SECTION I. REQUEST AMOUNT

Applicants may request up to \$30,000.

Amount requested:	\$
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## SECTION II. ORGANIZATION INFORMATION

Organization name:					
Address:					
City		State:		Zip Code:	
Phone #:		Fax #:			
Executive Director:					
Executive Director email:					
Application contact person:					
Contact phone #:		Ext #:			
Email address:					
Type of organization:	<input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> Housing Authority <input type="checkbox"/> Tribal Housing Entity <input type="checkbox"/> Other <a href="#">Click or tap here to enter text.</a>				
Federal tax ID#:					
Organizational Designations	<input type="checkbox"/> Community Action Agency (CAA/CAP) <input type="checkbox"/> Community Based Development Organization (CBDO) <input type="checkbox"/> Continuum of Care (CoC) <input type="checkbox"/> Community Development Corporation (CDC) <input type="checkbox"/> Community Development Financial Institution (CDFI) <input type="checkbox"/> Certified Loan Packaging Agency for USDA RD <input type="checkbox"/> HUD Approved Housing Counseling Agency <input type="checkbox"/> Certified Community Housing Development Organization (CHDO) <input type="checkbox"/> Mutual Self-Help Housing Agency				

## SERVICE AREA

	County 1	County 2	County 3
Name of county:			
<a href="#">County population (#):</a>			
<a href="#">County AMI (\$):</a>			
AMI served (range % to %):			
HAC high needs areas served*			
HAC underserved populations**			

**\*HAC high needs areas served are:** Appalachia, Indian Country, Mississippi Delta, SW Border Colonias, and N/A. Please circle all that apply.

**\*\*HAC underserved populations are:** African Americans, Farmworkers, Hispanics/Latinos, Native Americans, and NA. Please circle all that apply.



**ADDITIONAL COUNTIES.** Please list any additional counties in the organization’s primary service area.

[Click here to enter text.](#)

**HOME DEPOT CONNECTION**

Are you a grantee of Home Depot or The Home Depot Foundation? (Y/N) If yes, please describe current grant.

**MISSION AND ACTIVITIES.** Please provide the organization’s mission and summarize the major services and programs offered.

[Click here to enter text. \(No more than 1/2 page\)](#)

Website	<i>Please provide URL of organization's website if available</i>
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**VETERANS’ HOUSING EXPERIENCE.** In the table below, please summarize the organization’s experience in development of housing for veterans.

Years of affordable housing development experience (#):		
	<i>Past 5 Years</i>	<i>Last Year</i>
Veterans’ housing units developed, repaired, or preserved (#)		
Other housing units developed, repaired, or preserved (#)		

Briefly discuss the organization’s veterans’ housing development experience highlighting the past five (5) years. What have been the major accomplishments?

[Click here to enter text. \(No more than 1/2 page\)](#)

**HOUSING GOALS.** What are the organization’s veterans’ housing goals for the next five (5) years? Are there specific programs the organization will begin to offer or expand? Is there a plan to increase the organization’s service areas or to serve more clients?

[Click here to enter text. \(No more than 1/2 page\)](#)

**HUMAN CAPITAL.**

	Full-time	Part-time	Volunteer
Staff (#)			
Board (#)			

*Please attach copy of board list with names and affiliations of board members.*



### SECTION III. FINANCIAL STATUS.

Please submit current financial statements in your submission documents.

#### BUDGET

Current fiscal year operating budget (\$)	

*Please attach current operating budget with revenue sources and expenses.*

**SOURCE OF FUNDS.** List revenue sources for operating budget above. Add as many lines as needed.

Source (name)	Amount (\$)

**AUDITED FINANCIAL STATEMENTS.** Organization must have completed an external audit in the last 12-18 months or completed IRS form 990 if the organizational budget is less than \$750,000. Please attach organization's most recent audited financial statements.

Fiscal year of Audit: \_\_\_\_\_

Did the audit have any findings or material weakness? (Y/N) If so, were they resolved?

[Click here to explain. \(No more than 1/2 page\)](#)

**IRS Form 990.** For organizations with budgets under \$750,000 that have not completed an audit in the last 12-18 months, please attach organization's most recent IRS Form 990.

<b>Total Assets from 990</b>	\$
<b>Total unrestricted assets</b>	\$
<b>Percent of assets that are unrestricted</b>	%



## SECTION IV. APPLICATION NARRATIVE (SECTION IV MAY NOT EXCEED 3 PAGES)

### PROPOSED USE OF FUNDS.

The goal of the AHRV program is to increase the availability of affordable housing for veterans in rural communities. How would the organization use the requested grant funds to support this goal? **Describe the proposed program/project in detail (# of units, type of unit, female veterans served, special adaptive features included – please also provide specific addresses where veterans have been pre-identified; include addresses as separate chart attachment, if necessary –MUST provide eligibility determination printout as outlined in exhibits).** Please include goals of the project, scope of work, and proposed timeline for the use of funds. How will the proposed activities help the organization meet the veterans’ housing needs in the communities it serves? How many units of veterans’ housing will be built or preserved? How many women veterans will be served? How many wheelchair or other accessibility features will be added?

*Click here to enter text. (No more than two pages)*

How would the organization use other resources to match support from this grant? NOTE: There is no match requirement.

*Click here to enter text. (No more than 1/2 page)*

Project or unit address/location (Please provide physical address).

*Click here to enter text. (No more than 1/2 page)*

## SECTION V. REQUIRED EXHIBITS CHECKLIST

Please label and attach the exhibits listed below:

Exhibits	Attached
Completed grant application signed by an authorized person	x
Budget Attachment A	x
Board List Attachment B	x
Rural eligibility determination printout <a href="https://eligibility.sc.egov.usda.gov/eligibility/welcomeAction.do?pageAction=sfpd">https://eligibility.sc.egov.usda.gov/eligibility/welcomeAction.do?pageAction=sfpd</a>	x
Tax exempt legal status of applicant (IRS Letter) or THDE designation	x
Current fiscal year operating budget with YTD actual through at least July 30, 2021	x
Most recent audited financial statements or IRS form 990	x
If <b>MULTIFAMILY REHAB</b> - Assurance of Occupancy – Please submit management agreement, lease, or other binding agreement that assures that the units assigned to veterans will be occupied by veterans and for how long (minimum requirement for ownership units is 7 years, and 15 years for rental).	x



## **SECTION VI. APPLICATION CERTIFICATION**

As an authorized signer for the applicant, I certify that the information contained in this Affordable Housing for Rural Veterans grant application and attachments hereto are complete and current to the best of my knowledge. Furthermore, I understand that intentional misrepresentation of facts may be the basis for denial of grant funding.

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Signature

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Printed name and title

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Date



Organization: \_\_\_\_\_

Budget				AHRV Request (a)	Other Resources (b)	Project Total (a+b)
<b>Personnel - Cost of employee salaries and wages (ONLY if acting as General Contractor).</b>  <i>For each person provide the time commitment to the project in hours &amp; wage rate.</i>	Employee	Hours	Rate	\$		
				\$		
				\$		
				\$		
Fringe - Cost of employee fringe benefits.				\$		
Equipment Rental Expense.  <i>Provide a description of the equipment, the number of and cost per unit, the total cost and a plan for use on the project.</i>	Equipment #1:			\$		
	Equipment #2:			\$		
Supplies - Cost of tangible property not listed under equipment.  <i>Specify general categories of supplies and goods.</i>	Category #1:			\$		
	Category #2:			\$		

**Note: Only complete relevant sections.**

Budget				AHRV Request (a)	Other Resources (b)	Project Total (a+b)
<b>Contractual - Cost of contracts for services and goods not otherwise listed. Specify type of work, timeline of deliverables, rate, and any other pertinent information.</b>	Contractor	Service	Hours	Rate		
					\$	
					\$	
					\$	



Other - Specify general categories and costs. Provide any information that supports request.	Category #1:	\$		
	Category #2:	\$		
	Category #3:	\$		
	Category #4:	\$		
Total:		\$		

**Budget Justifications:**

Insert text explanation for budget requests here – attach full project budget if beyond scope of budget categories outlined above. **MUST** show full scope of funding committed, pending, or proposed.

Organization: \_\_\_\_\_

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Term Ending</u>
Name			