INSTRUCTIONS FOR SUBMITTING

HOUSING MODIFICATION AND RAMP PROGRAM FOR THE DISABLED PROPOSALS

1. Complete the application answering all questions.
   - ✓ All applicants must submit a current Certificate of Existence.
   - ✓ All applicants must submit a copy of their 501(c)(3) designation letter from the IRS.

2 Submit **AN ORIGINAL** of the application and supporting information. **DO NOT SUBMIT APPLICATIONS IN BINDERS OR FOLDERS.**

3. The applications are due in THDA's Nashville office by 4:30 p.m. (CDT), Friday, August 31, 2010. If you are not certain that your application will be received on time if delivered through regular mail, you should make other arrangements. Late applications will not be considered.

4. The application must be signed by the appropriate official for your organization or community.

5. Submit application to:

Tennessee Housing Development Agency
404 James Robertson Parkway, Suite 1114
Nashville, TN. 37243-0900
ATTN: Community Programs Division

FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.

The Zip Code 37243-0900 sends your application through the State Mail System. If you plan to use an expedited delivery service such as FedEx or UPS, you need to use the zip code 37219 to avoid possible delays.

TENNESSEE HOUSING DEVELOPMENT AGENCY

2010 HOUSING MODIFICATION AND RAMP PROGRAM FOR THE DISABLED

PART I

1. **APPLICANT INFORMATION**

Name: _____

Mailing Address: _____

City: _____ County: _____

Zip Code: _____ Telephone #: _____

Applicant's E-mail Address: _____

Federal Tax Identification #: 62-_____ or 58-_____

2. **PROGRAM ADMINISTRATOR**

Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Proposed Administrator's E-mail Address: _____

3. **ALL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THEIR APPLICATIONS:**

_____ Current Certificate of Existence (dated within the past 90 days)

_____ Copy of 501(c)(3) designation from the IRS

To the best of my knowledge, I certify that the information in this application is true and correct, and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if funding is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Executive Director or Chairman of the Board:

Signature: _____

Typed Name: _____

Title: _____ Date: _____

PART II

PROGRAM NARRATIVE

1. Briefly describe your proposed project. Tell what you are going to do, where you are going to do it, who and how many will benefit, and how you will use the grant funds. Attach an implementation plan that includes a listing the major tasks in the project and the expected timeframe for completion, such as the date when construction will begin.

2. How will your agency administer the Housing Modification and Ramp Program for the Disabled on a state-wide basis?

3. How will disabled clients be made aware of the proposed program? How will recipients be selected for assistance?

4. Have plans been developed for the design of the ramps?

5. What property standards (or local codes) will apply to the ramps?

6. What property standards (or local codes) will apply to the housing modifications?

6 How will your Agency oversee the construction of the ramps or the housing modifications? Who will provide construction oversight for the volunteer crews engaged in building the ramps or the housing modifications?