THDA Rebuild and Recover Disaster Program

Proposal Form

Applicant Name: _____

Applicant Address: _____

Applicant Contact Name: _____

Title: _____

Applicant Contact Phone: _____

Applicant Contact Email: _____

Date:

1. **Describe Nature and Dates of Disaster Event:**

2. **Number of Units Impacted by Disaster Event:** _____

3. **Number of Units to be Served:** _____

4. **Total Amount of Rebuild and Recover Funds Requested:** $ _____

5. **Dollar Value of Rebuild and Recover Funds per Unit**: $ _____

6. **Total Project Budget**: $ _____

7. **Describe Activities to be Undertaken:**

8. **Income Level of Households to be Served:** _____

9. **Will the City or County administer the project?** ☐ Yes ☐ No
    If not the City or County, indicate what entity will administer the project:

10. **Will the City or County sub-grant the funds to a nonprofit entity to implement the project?**
    ☐ Yes ☐ No

    Name of sub-grant entity _____

    If Rebuild and Recover funds will be sub-granted to a nonprofit entity, submit the following items through THDA's Participant Information Management System – PIMS. See instructions located in the PIMS Manual on the PIMS page of the THDA website:

    - Non-profit Charter and by-laws
    - IRS 501 (c)(3) determination letter
    - Certificate of Existence from TN Secretary of State within 30 days of proposal date

    The PIMS page of the THDA website may be accessed here: https://thda.org/business-partners/pims.   The page may also be accessed by going to www.thda.org, then click on Business Partners – Participant Management Information System.

11. **Are Administrative funds requested?** ☐ Yes ☐ No
    If yes, how much*? $ _____
    (*Note up to 5 % of grant may be used for administrative costs)

12. **Dollar Value of Match to be Provided**: $ _____

13. **Source or Sources of Match:**

14. **Has Match been secured?** ☐ Yes ☐ No **If yes, attach documentation of secured match.**

15. **Provide Implementation Timeline:**