



Bring it Home Initiative Request for Funds – GOODHUE COUNTY

APPLICANT INFORMATION

Legal Name of the Business, including assumed name, if any:

Length of Time in Business	Years	Months	Fed Tax Id#	MN State ID
Mailing Address			City	Zip
Location Address			City	Township
Business Phone	()		Cell Phone	()
E-Mail Address			Web Address	
Contact Name			Title	
Total Amount of Funding Requested	\$ _____		Request of ___ Loan, ___ Grant, or ___ Combination	
What percent is this request of the total project costs?				
What County and City/Geographic Area will the funds impact?				
Indicate the Minnesota Housing Finance Agency (MHFA) funding source(s) you are applying for and/or any other funding sources you are utilizing to fund your project:				
What is your target demographic?				

Tell us about your project & how the requested funds would be used (attach document if additional space is needed):

Tell us about your project team:

Do you have the capacity to administer the funds if awarded? Briefly explain previous administration experience.

Funding & Eligible Applicant Information

- **Funds must be utilized in Goodhue County.**
- We are encouraging all applicants to request needed funding amounts for leverage funds for their affordable housing project.
- Goodhue County has over \$650,000 of funds available to award from their affordable housing trust fund or Statewide Affordable Housing Aid (SAHA) for affordable housing projects.
- Applicant must be a local government, a nonprofit, landlord or developer that filed taxes in 2022.
- Request for funds must be for affordable housing. The income guidelines are 80% area median income rental/single family rehabilitation, 115% area median income single family new construction and/or meet MHFA/funders program guidelines.
- Leveraged funds will be awarded at the time of close of completed project or as authorized through Board approvals.
- All eligible applicants must be registered with the Minnesota Secretary of State and in good regulatory standing with the respective County, and city in which the business is located. This includes being current on applicable licenses, in compliance with city regulations, and being current on property taxes.
- This is an equal housing opportunity program.

Application Requirements

- The application must be completed in its entirety by the applicant and submitted to the SEMMCHRA Office located at 134 East Second Street, Wabasha, MN 55981; or submitted electronically to admin@semmchra.org by 5 p.m. on April 1, 2024 in order to be considered.
- Any additional documentation deemed necessary by the fund administrator to determine eligibility or to meet program requirements.
- Failure to submit required documentation will result in forfeiture of the funding award.
- Upon acceptance of the documentation noted above, the business entity will enter into a funding agreement with the SEMMCHRA or Goodhue County prior to the disbursement of funds.
- Terms will be included in the funding agreement.
- The SEMMCHRA reserves the right to revise these guidelines as needed.

Grant Awards

- Funding awards will be communicated to contact named above via email.
- Awards are based on impact, available funding and on a first come, first served basis.
- Impact will be assessed on such factors as number of units created and/or preserved, additional funding created and/or affordable funding preserved, and any other meaningful factors as determined through the Board approval process.
- Funds requested over \$20,000 will be awarded based on Board approvals.
- Readiness to proceed with or completion of the housing project must be demonstrated within 24 months; otherwise, funding will be forfeited.

FUNDING PROGRAM POLICY

AUTHORIZATION FOR RELEASE OF INFORMATION

I declare that the information provided in this application and on the accompanying exhibits is true and complete to the best of my knowledge. The Southeastern Minnesota Multi-County Housing and Redevelopment Authority (SEMMCHRA) has the right to verify any information contained in this application and may contact any individuals and institutions involved with the proposed project and that the SEMMCHRA reserves the right to make modifications to the program in response to community need and available funds.

Signature/Title of Applicant: _____ Date: _____

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The SEMMCHRA retains final authority to determine if a business entity is eligible or not, and whether to approve funding or not and the funding amount.

For questions, call Kelly Dittrich at 651-565-2638 x 201 or admin@semmchra.org