



Bring it Home Initiative

Grant Application – Grant Writing

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	\$ _____			
What percent is this request of the total grant writing costs?				
What County and City/Geographic Area will the grant impact?				
Do you need assistance selecting a grant writer? _____ If not, who will be providing grant writing services for you?				
Indicate the Minnesota Housing Finance Agency (MHFA) funding source(s) you are applying for and/or other funding sources:				
What is your target demographic?				

Tell us about your project (attach document if additional space is needed) and estimated total project cost:

Tell us about your project team:

Do you have the capacity to administer the funds if awarded from MHFA? Briefly explain previous experience administering funding.

Funding & Eligible Applicant Information

- Grant must be impacting one of the following areas, Goodhue County (excluding City of Red Wing), Winona County (excluding City of Winona) and Wabasha County Only
- Goodhue, Winona, and Wabasha County have \$40,000, \$40,000, and \$20,000, respectively to award for grant writing services specifically to “Bring Home” part of the \$1.3B provided through MHFA programs.
- 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% single family new construction and/or meet MHFA program guidelines.
- Funds must be used for the application of MHFA program funds in 2024 or 2025.
- Funds for grant writing will be provided upon receipt of a copy of the fully completed grant application and proof that it was submitted to MHFA prior to the deadline.
- 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 March 8, 2024 or until funds are no longer available, 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 grant award.
- Upon award and acceptance of the documentation noted above, the business entity will enter into a grant agreement with the SEMMCHRA prior to the disbursement of funds.
- Terms will be included in the grant agreement.
- The SEMMCHRA reserves the right to revise these guidelines as needed.

Grant Awards

- Grant awards will be communicated to the contact 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.
- Readiness to proceed with or completion of the housing project must be demonstrated within 24 months; otherwise, funding will be forfeited.

GRANT 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: _____

Signature/Title of Applicant: _____ Date: _____

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

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