



AFFORDABLE HOUSING TRUST FUND APPLICATION

Section 1:					
Project Name:					
Name of Agency:	Cito				
Address of <u>Project</u>			ПГ D С.	Eril D	
Type of agency: UEID #:	□501(c)(3)	□Gov't./Public	□FOT PTOIIT	⊔raitn-Based	⊔Otne
Chief Official's Nam	ne and Title				
(This is the person	who will sign th	ie subrecipient ag	reement)		
Address 1:					
Address 2:					
Phone: Email:					
Elliali.					
Contact Person's N	ame and Title				
(This person will b	e the main conta	act for project deli	very)		
Address 1:					
Address 2:					
Phone:					
Email:					
Funding Request:					
Total AHTF funding	g requested (col	umn B on budget	form):	\$	
Funds committed t	o project from o	ther sources (colu	ımn C on budş	get form): \$	
Total project cost (column E on bu	dget form):		\$	
Project Summary	· Provide a snar	shot description	of the project		

Section 2

2025 AHTF APPLICATION



Project Narrative: In a separate document, provide a project narrative. The narrative shall describe the project and address, at a minimum, all of the following details:

• /	
	 ☐ The activities to be undertaken and the need addressed by the project. ☐ The benefit to lower-income residents (income not exceeding 100% of the median for Lehigh
	County).
	The goals and objectives of the program or project, and how they will be achieved.
	The affordable housing efforts addressed by the project. See application cover letter for
	priorities of Lehigh County's AHTF program.
	Number of individuals or groups served
	Opportunities for long-term housing solutions.
	Organization's experience with the type of project being applied for.
	Ability to complete the project within a 2-year timeframe from date of application.
	For service-related projects, provide an outline of goals and the method to be used to
	determine success.
	For construction projects, include the scope of work and timeframe/implementation schedule.
	Provide a neighborhood map (Google or suitable alternative) depicting the project footprint.
	If the project involves acquisition, rehabilitation, and/or demolition of a building, provide
	color photographs of the building (inside, if possible, and outside) in a digital/electronic format.
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	ion 3
PA Pr	evailing Wages
	nstruction projects valued above \$25,000 are subject to the Pennsylvania Prevailing Wage Act. If the t meets the \$25,000 threshold, please choose one of the following:
[The project is not funded by federal sources and will go out to bid subject to the PA Prevailing Wage Act.
[The project is funded by federal sources and doesn't qualify for an exemption from the Davis Bacon Wage Act.
[The project is funded by federal sources and does qualify for an exemption from the Davis Bacon Wage Act. Project is subject to the PA Prevailing Wage Act.





Section 4

Budget Narrative – Specify how the AHTF funds will be used. Projects which leverage additional funding will receive priority consideration. Address how receipt of other funds, if any, may be contingent upon receipt of an AHTF award. Indicate if match sources have been secured or are pending. AHTF is primarily a reimbursement program; describe bridge funding.

Line Item E	Budget Form -
PUBLIC FACILITY A	ND "OTHER" PROJECTS
Name of Agency:	Project Name:

Instructions: Please use the following format to present your proposed line-item budget. Project cost estimates prepared by architectural/engineering firms can be submitted in addition to, but not in lieu of, the budget form.

In Column A, list all expense categories associated with the AHTF-funded project. In Column B, provide the AHTF amount associated with the expense category. In Column C, provide the amount of match associated with the expense category. Record keeping responsibilities and other supportive services should be taken into consideration when calculating match. In Column D, name the source of the match dollars. In Column E, sum cells B & C in each line. Please also sum column B, C & E at the bottom of the form. Further detail should be provided within the Budget Narrative.

A	В	С	D	E
CATEGORY	AHTF REQUEST	MATCH	MATCH SOURCE	TOTAL
TOTAL	\$	\$	NI / A	\$
IUIAL	Ψ		N/A	Φ





Applicant Certification

Electronic or digital signature is acceptable on this application form.

I hereby certify that all parts of this application and all required attached documents are accurate to the best of my knowledge. I also certify that:

- I am authorized by the organization identified within to submit this application.
- Reimbursement of Funds The applicant agrees to reimburse Lehigh County for any expenditures paid to the applicant that are found to be ineligible under the AHTF program guidelines.

Name	 Date
Title	

Electronic or digital signature is acceptable on this application form.





Fair Housing Statement

I, as representative of the applicant, attest that the applicant has agreed to adhere to the regulations set forth by the Fair Housing Act:

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

Signature:	
Name and Position	Date
Certification	n of Non-Delinquency
By signing this page, you certify that your or owed to Lehigh County. According to Ordinan	ganization is not delinquent on taxes or other obligations ce 2017-131 under Tax Delinquency:
Grants shall not be given to an organization the paid in full.	nat is delinquent on any taxes due the County until taxes are
budgeted to receive a grant, the County shall	es owed the County during a year when said organization is withhold grant funds in lieu of taxes until taxes are paid in rganization that is also a lessee of the County until the rent in the terms of the lease agreement.
Signature:	
Name and Position	 Date

Electronic or digital signature is acceptable on this application form.





Checklist of Required Documents

l'o be considered for an award, all applications must include the following documents:
1. Application cover sheet with project summary - Section 1
2. Project Narrative with Supporting Documentation – Section 2
Project Narrative with Supporting Documentation – Section 2 B. PA Prevailing Wages – Section 3
4. Budget Narrative and Budget Form – Section 4
5. Applicant Certification
5. Applicant Certification 6. Fair Housing Statement
7. Certification of Non-Delinquency B. Checklist of Required Documents
B. Checklist of Required Documents
Email applications to <u>cyndiking@lehighcounty.org</u> by 4:00 pm on April 15, 2025. Applications can also be
mailed to Cyndi King, but must be postmarked by April 15, 2025 to be considered for award.
Additionally, as required per Lehigh County's grant ordinance, all of the following documents must be
EMAILED to <u>cyndiking@lehighcounty.org</u> . No hard copies will be accepted. Documents will be posted on
Lehigh County's website soon after application submission and removed after ordinance approval:
1. The current and previous fiscal year's budget, including the actual revenues and expenditures for the
previous year
Audited financial statements for the two (2) previous fiscal years The positions of all employees, officers and board members who receive \$50,000.00 or more in annual
compensation, including bonuses, from the requesting organization
4. The total compensation of the organization's five (5) highest compensated individuals
5. A list of all funding sources and the total amount received from each funding source for the previous
year
6. A list of all funding sources for the current year, and a list of all pending applications for funding,
ncluding the amount requested