

APPLICATION FOR SERVICES

HOUSING DEVELOPMENT ASSISTANCE

PLEASE READ/REVIEW BEFORE YOU COMPLETE YOUR REQUEST FOR SERVICES/APPLICATION.

Communities requesting housing consultation services under this program are required to complete the application below and provide the following:

Requirement Checklist:

- A statement signed by the Chief Elected official from the Community's governing body, that indicates support for development of a range of housing developments that meet identified needs.
- A draft plan that includes preliminary identification of possible location(s) for a range of housing options and/or a desire to work with the consultant to determine possible locations for the type(s) of housing desired by the community. If you have a draft plan, please include. If you intend to develop this plan based upon the consultant's input, please explain in the narrative.
- Narrative: Provide a brief explanation of how your community intends to use the consultant's time and input.
- The name and function of the Community's staff person who will be dedicated to work with the consultant on housing development initiatives.
- Completed application (below)

ThriveED Staff, the Housing Development Committee consisting of representatives from the boards of ThriveED and JCEDC, and the Consultant, will review applications and prioritize use of consultant hours based upon the Community's readiness to develop a range of housing options that meet identified housing needs in the community. Funding is limited and the program has a hard stop date of 6/30/23. All applications will be based upon availability of resources and strength of community's commitment to develop housing options that are aligned with results of the 2021 housing studies done for each county.

APPLICATION

DATE: _____

COMMUNITY/MUNICIPALITY REQUESTING SERVICES:

CONTACT INFORMATION: please provide name, email address, and contact phone number for each

CHIEF ELECTED OFFICER:

Name _____
Email Address _____ Phone _____

MUNICIPAL LEADER AUTHORIZED TO CONTRACT FOR SERVICES

Name _____
Email Address _____ Phone _____

MUNICIPAL/COMMUNITY PERSON TO WORK WITH CONSULTANT ON THIS PROJECT:

Include TITLE for this person:

Name _____ Title _____
Email Address _____ Phone _____

NARRATIVE: please describe in a few paragraphs, how you propose to use the consultant's time and your expectations for this service.

HAVE YOU DEDICATED ANY FUNDING IN THE CURRENT FISCAL YEAR TO SUPPORT HOUSING DEVELOPMENT IN YOUR MUNICIPALITY? Y N

If yes, please indicate amount and proposed uses: \$ _____

DO YOU ANTICIPATE BEING ABLE TO ALLOCATE ANY MUNICIPAL FUNDING TO SUPPORT HOUSING DEVELOPMENT IN YOUR MUNICIPALITY IN THE FUTURE, BASED ON THE SERVICES PROVIDED?
Y N

DATE YOUR MUNICIPALITY WILL BE READY FOR SERVICES TO BEGIN: _____

SIGNATURE OF CHIEF ELECTED:

(Type Name Here)

Please submit all materials as requested to:
ThriveED Housing Development Services, c/o RoxAnne Witte: RoxanneW@ThriveED.org