



City of Mount Vernon 1406 Grant Program Nonprofit Verification & Application Form

The City of Mount Vernon City Council is considering potential uses for the initial collection of HB1406 funding. The City is required to ensure that the allocation of this funding (approximately \$120,000) falls within the State of Washington's criteria for eligible uses:

- All projects must serve those at or below 60% of the area median income of Mount Vernon
- Can be used for acquiring, rehabilitating, or constructing affordable housing, which may include new units of affordable housing within an existing structure or facilities providing supportive housing services.
 - In addition to investing in traditional subsidized housing projects, this authority could potentially be used to provide for land acquisition, down payment assistance, and home repair so long as recipients meet the income guidelines.
- Can also be used for funding the operations and maintenance costs of new units of affordable or supportive housing.
- Or for rental assistance to tenants

Funding priority will be given to established (501c3) nonprofit agencies with a proven history of successfully addressing community issues such as housing, tenant assistance, and down payment assistance.

Program Timeline:

- **June 1-24** – Application submission period.
- **June 27-July 15** – Application Processing. Confirmation of eligibility and verification of documents submitted.
- **July 18-27**– Calculate scores, City Council review and decisions
- **August 1** – Tentative notification of awards. All awards are pending approval until a contract is executed between City of Mount Vernon and the business. Notifications of application success or denials will come from the City of Mount Vernon.

APPLICATION

Please print:

Nonprofit Representative Name			
Agency Address			
Email Address			
Representative Phone		Business Phone	
Agency Name			
Nonprofit EIN			

Qualifications

1. Please describe your organization’s experience, if any, with providing housing—through construction or operations, rental assistance, and facility improvements.

2. List the proposed use of funds and anticipated expenses. Please refer to eligible expense list above. Please provide descriptions.

Expense	Amount

3. How will your organization verify recipient qualifications?

4. How will your proposed use of 1406 funding benefit the residents of Mount Vernon?

5. List all other funding sources that your organization has secured to supplement this effort.

Conflict of Interest Disclosure: I hereby declare that any person(s) employed by the City of Mount Vernon who has direct or indirect personal or financial interest in this application or in any portion of the profits that may be derived therefrom, has been identified and the interest disclosed below:

Describe: _____

Applicant Certification: *I certify the information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize data verification by state and local government representatives and will provide supporting documentation required if necessary.*

Nonprofit Representative Signature: _____ **Date:** _____
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Public Records: *I acknowledge that all information provided herein is public record and subject to disclosure. If selected for funding, this application will be incorporated into my contract and be available to the public per Freedom of Information Act.*

Nonprofit Representative Signature: _____ **Date:** _____

Return the form to: peterd@mountvernonwa.gov