Local Housing Trust Fund Grants Program Request for Funds

Instructions

To request funds from the Local Housing Trust Fund Grants Program, complete this form in full and email the completed and signed form to localhousingtrustfund.mhfa@state.mn.us along with the supporting documentation of spent matching New Public Revenue funds.

Incomplete forms or requests that do not include documentation of 50% or more of spent matching New Public Revenue funds will not be processed. Complete requests will be processed within 30 business days upon review and approval of supporting documentation by program staff.

Request for Funds Information

Grantee Organization Name: _____

Grantee Organization Address: _____

Contact Name: _____

Contact Organization & Title: _____

Phone Number: _____ Email Address: _____

Minnesota Housing Award Number: _____

Table 1: Amount of Funds Requested

Amount Requested	Percent of Award (50 or 100%)
$	

Supporting Documentation and Disbursement Information

Grant funds will be disbursed in a total of up to two payments.

The first disbursement of at least 50% of the total grant award, will be disbursed to the Grantee after submitting documentation to MHFA demonstrating that the Grantee has expended at least 50% of the total matching New Public Revenue funds on authorized expenditures.

A second disbursement of the remaining grant amount will be disbursed to the Grantee after documentation is submitted to MHFA demonstrating that the Grantee has expended the matching New Public Revenue funds on authorized expenditures in the amount of the remaining balance of grant.

Attached Documentation

Please list the supporting documents you are attaching to demonstrate the use of matching New Public Revenue funds in your local housing trust fund.

Payment Instructions

Please provide your MMB SWIFT Vendor Number where your disbursement will be deposited. This number is 9-digits with a 3-digit location (000000000-000).

MMB SWIFT Vendor Number: _____

By signing below, the Grantee certifies that this Request for Funds is made in accordance with the Local Housing Trust Fund Grants Program Contract Agreement and all funds received will be used in accordance with program guidelines.

Authorized Signature Date

Minnesota Housing Use Only

Funds to be disbursed from the following source:

State Appropriations:	**$**

Approved by*: _____

Signature Date Print Name

*Approval may be provided electronically in lieu of a signature above.