

When completing this application, refer to Helping HAND criteria available at www.ndhfa.org. Incomplete applications **will not** be considered.

APPLICANT INFORMATION

Organization Name		
Address		
City	State	ZIP Code
Type of Applicant (select one)		
<input type="checkbox"/> Tribal	<input type="checkbox"/> Habitat	<input type="checkbox"/> CAA <input type="checkbox"/> Other

GRANT INFORMATION

Total Cost of Proposed Project	Estimated Number of Units Rehabbed
Matching Funds	Project Start Date
Amount Requested	Proposed Completion Date

Attach the following:

- Description of the proposed project/program, which must include the intended use of Helping HAND funds and how need and costs will be or have been determined.

INDIVIDUAL AUTHORIZED TO SUBMIT GRANT APPLICATION

Contact Person	Telephone Number
Title	Email Address

I certify that I am authorized to execute documents for the Applicant and that the information provided is correct.

Authorized Signature	Date
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NDHFA USE ONLY

Grant Year	Grant Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$
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