



When completing this application, refer to Helping HAND criteria available at [www.ndhfa.org](http://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"/> Community Action Agency <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:

A 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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