

Application for Neighborhood and Community Development Funds

Applications should be submitted electronically to cdbg@cityofmadison.com by 12:00 p.m. on the first Friday of the month and will be reviewed by the CDBG Committee on the first Thursday of the following month.

Program Title:	<u>Allied Drive Family Center Dental Clinic</u>	Amount Requested:	<u>\$25,000</u>
Agency :	<u>Madison Dental Initiative</u>	Tax ID/EIN/FEIN:	<u>26-4397163</u>
Address:	<u>316 W. Washington Avenue Ste. 675</u>	DUNS #	<u>964900315</u>
Contact Person:	<u>Curtis Henderson</u>	Telephone:	<u>810-247-1544</u>
Email:	<u>Curtis@mdidental.org</u>	Fax:	<u>320-396-6913</u>

1. **Program Abstract:** Provide an overview of the project. Identify the community need to be addressed. Summarize the program's major purpose in terms of need to be addressed, the goals, procedures to be utilized, and the expected outcomes. Limit response to 150 words.

MDI has partnered with the Boys & Girls Club of Dane County to build a community dental clinic. This clinic will address the dental needs of BGDC members and individuals from the Dane County community struggling to access dental care.

Oral disease affect economic productivity and compromises our ability to work. Low-income employed adults miss nearly 4 additional days of work each year. In addition, it is estimated that children with poor oral health were nearly 3 times more likely than their counterparts to miss school because of dental pain.

Currently, more than 2500 club members receive social services through BGDC. Over 70% of their members are Medicaid eligible. After completing an oral health assessment, the results revealed that more than half of their members hadn't seen a dentist in more than one year and 28 percent reported having dental pain.

2. **Target Population:** Identify the projected target population for this program in terms of age, residency, race, income eligibility criteria, and other unique characteristics or sub-groups.

MDI serves the homeless and low-income Dane County population up to 200% of the federal poverty line between the ages of 0-100. A 2016 review of our patient data revealed that 70% of our patients were at or below 100% of the federal poverty line. Many of our patients receive Food Share benefits and income from Social Security or Social Security Disability. Most patients are unemployed and/or enrolled in Medicaid. Our patients predominantly report having a high school/GED education level or less. We serve all ethnic and racial backgrounds. In 2016, 48% identified as non-Hispanic white and 31% identified as Black/African-American.

1400 unduplicated individuals estimated to be served by this project.

800 unduplicated households estimated to be served by this project.

3. Program Objectives: The 5-Year Plan lists 9 project objectives (A through N). Circle the one most applicable to your proposal and describe how this project addresses that objective.

- | | |
|--|---|
| <input type="checkbox"/> A. Housing – Existing Owner-Occupied | <input type="checkbox"/> G. Neighborhood Civic Places |
| <input type="checkbox"/> B. Housing – For Buyers | <input checked="" type="checkbox"/> K. Community-based Facilities |
| <input type="checkbox"/> C. Housing – Rental Housing | <input type="checkbox"/> L. Neighborhood Revitalization |
| <input type="checkbox"/> E. Economic Dev. – Business Creating Jobs | <input type="checkbox"/> N. Access to Housing Resources |
| <input type="checkbox"/> F. Economic Dev. – Micro-enterprise | |

4. Fund Objectives: Check the fund program objective which this project meets. (Check all for which you seek funding.)

- | | | | |
|-----------------------|--|----------|---|
| Acquisition/
Rehab | <input checked="" type="checkbox"/> New Construction, Acquisition,
Expansion of Existing Building | Futures | <input type="checkbox"/> Prototype |
| | <input type="checkbox"/> Accessibility | | <input type="checkbox"/> Feasibility Study |
| | <input checked="" type="checkbox"/> Maintenance/Rehab | | <input type="checkbox"/> Revitalization Opportunity |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> New Method or Approach |
| Housing | <input type="checkbox"/> Rental Housing | Homeless | <input type="checkbox"/> Housing |
| | <input type="checkbox"/> Housing For Buyers | | <input checked="" type="checkbox"/> Services |

5. **Budget:** Summarize your project budget by estimated costs, revenue, and fund source.

EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CD REVENUES	AMOUNT OF NON-CD REVENUES	SOURCE OF NON-CD FUNDED PORTION
A. Personnel Costs				
1. Salaries/Wages (attach detail)	253,000	0	253,000	Patient Revenue – 200,000 Dept of Health Grant – 53,000
2. Fringe Benefits	13,110	0	13,110	Dept of Health Grant – 13,110
3. Payroll Taxes	35,000	0	35,000	Dept of Health Grant – 35,000
B. Non-Personnel Costs				
1. Office Supplies/Postage	5,000	0	5,000	Dept of Health Grant – 5,000
2. Telephone	3,000	0	3,000	Fundraising – 3,000
3. Rent/Utilities	0	0	0	
4. Professional Fees & Contract Services	15,000	0	15,000	Dept of Health Grant – 15,000
5. Work Supplies and Tools	45,000	0	45,000	Fundraising – 45,000
6. Other:	67,318	0	67,318	Fundraising – 67,318
C. Capital Budget Expenditures (Detail in attachment C)				
1. Capital Cost of Assistance to Individuals (Loans)	244,320	\$25,000	219,320	Delta Dental – 160,000 Fundraising – 59,320
2. Other Capital Costs:				
D. TOTAL (A+B+C)	244,320	25,000	655,748	655,748

6. Action Plan/Timetable

Describe the major actors and activities, sequence, and service location, days and hours which will be used to achieve the outcomes listed in # 1.

Estimated Month of Completion
November, 2017

Use the following format:

(Who) will do (what) to (whom and how many) (when) (where) (how often). A flowchart may be helpful.

Please see attached timeline.

7. What was the response of the alderperson of the district to the project? We have talked to the Ald. Cheeks and he is supporting our request for funds of this project.

8. Does agency seek funds for property acquisition and/or rehab? [If applicable, describe the amount of funds committed or proposed to be used to meet the 25% match requirements (HOME or ESG) with its qualifications.]

- No Complete Attachment A
- Yes Complete Attachment B and C and one of the following:
- | | | |
|-------------------------------------|---|-----------------------------|
| <input checked="" type="checkbox"/> | D | Facilities |
| <input type="checkbox"/> | E | Housing for Buyers |
| <input type="checkbox"/> | F | Rental Housing and Proforma |

9. Do you qualify as a Community Housing Development Organization (CHDO)? (See attachment G for qualifications.)

- No Yes - Complete Attachment G

10. Do you seek Scattered Site Acquisition Funds for acquisition of service-enriched housing?

- No Yes - Complete Attachment B, C, F, and H

11. Do you seek ESG funds for services to homeless persons?

- No Yes - Complete Attachment I

12. This proposal is hereby submitted with the approval of the Board of Directors/Department Head and with the knowledge of the agency executive director, and includes the following:

- | | | | |
|-------------------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Future Fund (Attachment A) | <input type="checkbox"/> | Housing for Resale (Attachment E) |
| <input checked="" type="checkbox"/> | Property Description (Attachment B) | <input type="checkbox"/> | Rental Housing and Proforma (Attachment F) |
| <input checked="" type="checkbox"/> | Capital Budget (Attachment C) | <input type="checkbox"/> | CHDO (Attachment G) |
| <input checked="" type="checkbox"/> | Community Service Facility (Attachment D) | <input type="checkbox"/> | Scattered Site Funds Addendum (Attachment H) |
| | | <input type="checkbox"/> | ESG Funding Addendum (Attachment I) |

13. Affirmative Action: If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02(9) and file either an exemption or an affirmative action plan with the Department of Civil Rights. A Model Affirmative Action Plan and instructions are available at: <http://www.cityofmadison.com/dcr/aaForms.cfm>.

14. Non-Discrimination Based on Disability: Applicant shall comply with Section 39.05, Madison General Ordinances, Nondiscrimination Based on Disability in City-Assisted Programs and Activities. Under section 39.05(7) of the Madison General Ordinances, no City financial assistance shall be granted unless an Assurance of Compliance with Sec. 39.05 is provided by the applicant or recipient, prior to the granting of the City financial assistance. Applicant hereby makes the following assurances: Applicant assures and certifies that it will comply with section 39.05 of the Madison General Ordinances, entitled "Nondiscrimination Based on Disability in City Facilities and City-Assisted Programs and Activities," and agrees to ensure that any subcontractor who performs any part of this agreement complies with sec. 39.05, where applicable, including all actions prohibited under section 39.05(4), MGO." <http://www.cityofmadison.com/dcr/aaForms.cfm>

15. Notice regarding lobbying ordinance: If you are seeking approval of a development that has over 40,000 gross square feet of non-residential space, or a residential development of over 10 dwelling units, or if you are seeking assistance from the City with a value of over \$10,000 (this includes grants, loans, TIF or similar assistance), then

you likely are subject to Madison's lobbying ordinance, sec. 2.40, MGO. You are required to register and report your lobbying. Please consult the City Clerk for more information. Failure to comply with the lobbying ordinance may result in fines of \$1,000 to \$5,000.

Signature:  Date: 06-01-2017
President-Board of Directors/Department Head

Signature:  Date: 06-01-2017
Executive Director

For additional information or assistance in completing this application, please contact the Community Development Division at 266-6520.

ATTACHMENT B

COMPLETE IF PROJECT INVOLVES PURCHASE, REHAB, OR CONSTRUCTION OF ANY REAL PROPERTY:

INFORMATION CONCERNING PROPOSALS INVOLVING REAL PROPERTY

ADDRESS	ACTIVITY (Circle Each Applicable Phase)	NUMBER OF UNITS		Number of Units Currently Occupied	Number of Tenants To Be Displaced?	APPRAISED VALUE:		PURCHASE PRICE (If Applicable)	ACCESSIBLE TO INDIVIDUALS WITH PHYSICAL HANDICAPS?		PRIOR USE OF CD FUNDS IN BUILDING?
		Prior to Purchase	After Project			Current	After Rehab/Construction		Currently?	Post-project?	
4619 Jenewein Rd. Fitchburg, WI 53711	Purchase Rehab Construct	0	0	0	0	Part of BGCCDC Allied	Part of BGCCDC Allied	0	Yes	Yes	Part of BGCCDC Allied
	Purchase Rehab Construct										
	Purchase Rehab Construct										

CAPITAL BUDGET

Amount and Source of Funding: ***		TOTAL	Amount	Source/Terms**	Amount	Source/Terms**	Amount	Source/Terms**
Acquisition Costs:								
Acquisition								
Title Insurance and Recording								
Appraisal								
*Pred/mnt/feasibility/market study								
Survey								
*Marketing/Affirmative Marketing								
Relocation								
Other:								
Construction:								
Construction Costs		<u>93,399</u>			<u>93,399</u>	Delta Dental Grant		
Soils/site preparation								
Construction management								
Landscaping, play lots, sign								
Const interest								
Permits, print plans/specs								
Other: Equipment		<u>25,000</u>			<u>66,601</u>	Delta Dental Grant		
Fees:		<u>129,920.71</u>		<u>City of Madison Block Grant</u>	<u>66,601</u>		<u>63,319.71</u>	Capital Campaign Fundraising
Architect							<u>11,000</u>	Special Fundraising Event
Engineering		<u>11,000</u>						
*Accounting								
*Legal								
*Development Fee								
*Leasing Fee								
Other: Start-up Dental Supplies							<u>10,000</u>	Special Fundraising Event
Project Contingency:								
Furnishings:								
Reserves Funded from Capital:								
Operating Reserve								
Replacement Reserve								
Maintenance Reserve								
Vacancy Reserve								
Lease Up Reserve								
Other								
(specify):								
Other								
(specify):		<u>244,319.71</u>						
TOTAL COSTS:								

* If CDBG funds are used for items with an *, the total cost of these items may not exceed 15% of the CDBG amount.
** Note: Each amount for each source must be listed separately, i.e. Acquisition: \$30,000 HOME, \$125,000 CRF.
*** Identify if grant or loan and terms.

FACILITIES

A. Recap: Funds would be applied to:

acquisition only; rehab; new construction; acquisition and rehab or construction

B. State your rationale in acquiring or improving this space. (i.e., lower costs, collaborative effort, accessibility, etc.)

MDI has partnered with BG CDC to rehabilitate space in their Allied Drive Family Center into a comprehensive dental clinic.

C. What are the current mortgages or payments on property (including outstanding CDBG loans)?

<u>Amount</u>	<u>Name</u>
448,450	Boys & Girls Club of Dane County

D. If rented space:

1. Who is current owner?

The Boys & Girls Club of Dane County

3. What is length of proposed or current lease?

Madison Dental Initiative and BG CDC leadership are currently negotiating a 10-year lease agreement.

4. What is proposed rental rate (\$/sq. ft. and terms) and how does this compare to other renters in building or in area?

Rental rate = \$0.00; BG CDC will provide in-kind space

E. If this is new space, what is the impact of owning or leasing this space compared to your current level of space costs?

F. Include:

1. A minimum of two estimates upon which the capital costs are based.
(Be sure to base your labor costs on enforcement of Fair Labor Standards and the payment of Federal Prevailing Wage Rate.)
2. A copy of the plans and specifications for the work, or a description of the design specifications you have in mind.
3. If you own the building: A copy of your long range building improvement plan and building maintenance plan.
(Include a narrative describing what the building needs and how you expect to maintain it over time.)