

# Application for Neighborhood and Community Development Funds

Submit original and 23 complete copies of this application to the CDBG Office by 4:30 p.m. on the 15<sup>th</sup> of the month, to be reviewed by the CDBG Committee on the first Thursday of the following month. **When possible, please duplex your original and copies and send an electronic version to the assigned project manager (if known).**

Program Title: <u>Transitional Housing Program</u>	Amount Requested: <u>\$ 20,000</u>
Agency: <u>Tellurian UCAN, Inc.</u>	Tax ID/EIN/FEIN: <u>39-1482987</u>
Address: <u>300 Femrite Dr. Monona, WI 53716</u>	DUNS #: <u>144737194</u>
Contact Person: <u>Sarah Lim, Contract Manager</u>	Telephone: <u>(608) 222-7311</u>
Email: <u>slim@tellurian.org</u>	Fax: <u>(608) 222-5904</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.

## Need

Tellurian Transitional Housing Program (THP) addresses the community need of **access to resources**. Specifically, the program places homeless individuals into a supportive transitional housing situation in order to help them obtain income and psychiatric and AODA stability to access permanent housing in the community.

## Goals

- Increase percentage of homeless persons obtaining stable housing
- Increase percentage of homeless persons employed at exit

## Procedures

THP uses a brief and intensive intervention. Upon intake, clients are immediately housed in a dormitory setting single or double room. THP staff provides 24/7 mental health and AODA crisis stabilization, employment preparation, and housing counseling services.

## Outcomes

- In 2009, 67% (52 out of 78) of the program participants who left during the program year moved to stable housing.
  - In 2009, 18% (14 out of 78) of the program participants who left during the program year obtained employment during their stay at THP. Additional 53% (41 out of 78) had SSI, SSDI or Veteran's benefit.
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.

THP's target population is homeless single adults with mental illness and/or substance abuse issues. An applicants needs to be a Dane County resident at the time of application and meet the HUD homeless criteria. Lack of income is not a barrier to entering into THP. In 2009, THP served 100 clients. 20% were chronically homeless; 68% were male; 75% were between age 18-50; 100% had income under 30% of County Median Income.

100 # unduplicated individuals estimated to be served by this project.

0 # 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.

- A. Housing – Existing Owner-Occupied
- B. Housing – For Buyers
- C. Housing – Rental Housing
- E. Economic Dev. – Business Creating Jobs
- F. Economic Dev. – Micro-enterprise
- G. Neighborhood Civic Places
- K. Community-based Facilities
- L. Neighborhood Revitalization
- √N. **Access to Housing Resources**

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

- Acquisition/Rehab  New Construction, Acquisition, Expansion of Existing Building
- Accessibility
- Maintenance/Rehab
- Other
- Futures  Prototype
- Feasibility Study
- Revitalization Opportunity
- New Method or Approach
- Housing  Rental Housing
- Housing For Buyers
- Homeless  **Housing**
- 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
<b>A. Personnel Costs</b>				
1. Salaries/Wages (attach detail)				
2. Fringe Benefits				
3. Payroll Taxes				
<b>B. Non-Personnel Costs</b>				
1. Office Supplies/Postage				
2. Telephone				
3. Rent/Utilities	\$24,000	\$20,000	\$4000	Dane Co.
4. Professional Fees & Contract Services				
5. Work Supplies and Tools				
6. Other: Client food	\$16,000		\$16,000	Client Fees
<b>C. Capital Budget Expenditures (Detail in attachment C)</b>				
1. Capital Cost of Assistance to Individuals (Loans)				
2. Other Capital Costs:				
<b>D. TOTAL (A+B+C)</b>	<b>\$40,000</b>	<b>\$20,000</b>	<b>\$20,000</b>	

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.

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

Under the supervision of Ric Schwichtenberg, LCSW, THP's eight full-time clinically trained staff and a half-time nurse will provide 24/7 crisis intervention, medication and symptom monitoring, assessment and referrals services to about 100 homeless single adults with mental health and/or AODA issues. THP is located at 300 Femrite Dr, as a part of Teresa McGovern Center.

7. What was the response of the alderperson of the district to the project?

THP property is located in Monona, out of city of Madison. However, the program serves greater Madison area. In fact, over 95% of the THP referrals come from agencies located in City of Madison-emergency shelters, hospitals, Mental Health Center's emergency services unit, AODA treatment, etc.

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:  
\_\_\_\_\_ D Facilities  
\_\_\_\_\_ E Housing for Buyers  
\_\_\_\_\_ 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?

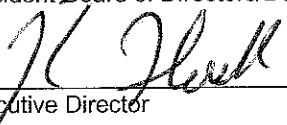
\_\_\_\_\_ No  Yes - Complete Attachment I

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:

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

Signature:  2-10-10 Date: \_\_\_\_\_  
President-Board of Directors/Department Head

Signature:  2/10/10 Date: \_\_\_\_\_  
Executive Director

For additional information or assistance in completing this application, please contact the CDBG Office at 267-0740.

## EMERGENCY SHELTER GRANT FUNDING

- A. Describe how you coordinate tasks and responsibilities or target groups with other agencies. (i.e., agencies from whom you commonly receive referrals or to whom you make referrals, and the sequence of contact.) Describe, if appropriate, how a partnership will be formed among local organizations and individual involved with the implementation of the program.

### Referrals

THP receives referrals from various social services agencies in Madison. The Mental Health Center of Dane County-Emergency Services Unit routinely refers clients who need supervised housing setting while receiving psychiatric treatment through ESU. Local hospitals and AODA treatment centers also refer clients to THP for psychiatric and AODA stabilization purposes. Other referral source includes local emergency shelters, street outreach programs, and case management programs.

### Other partnership

Over the last twenty years, THP has formed strategic partnerships with other homeless services and treatment agencies in order to achieve the program goals. THP routinely refers its clients to agencies that operate permanent supportive housing programs such as Housing Initiatives, Porchlight, and CAC. THP frequently utilizes in-house referral system within Tellurian to help clients access AODA treatments and case management. THP staff has direct communication with social workers at the Access Community Health to connect clients to primary and psychiatric care. Porchlight's Volunteer Psychiatric Clinic also has been a good resource for psychiatric treatment.