Community Development Division Application for 2011-2012 Funding PROPOSAL REVIEW CRITERIA:

Forms will be completed by individual committee members after reading proposals. To be used in similar formats for all reviewing committees

		Proj.	(
		Development – Capital	NC = Neighborhood Centers / Gardens
_		ED = Economic	N = Non City Funding
		OH -= Housing for Buyers	A = Agency Overview
, populari,		RH = Rental Housing	P = Program Section
	margord proddins on	resources.	
-	costs, leverages other funds	leverage additional	management
	realistic & appropriate	unrealistic, does not	demonstrate sound fiscal planning and
	and accurate, reflects	unciear and/or incorrect,	ieverage additional resources, and
	Proposed budget is clear	Proposed budget is	budget reasonable and realistic, able to
Points	10	, , , ,	5. To what extent is the agency's proposed
	C SAR CO	,	OH 7, ED3 & 4
THE PERSON NAMED IN COLUMN NAM		atrion III	O: P1-5.19 22, N1-2 A3, 8-9, NC4, RH5.8.9.
-	qualifications.	учаничанин».	
	administration, excenent track	qualifications	success of the proposal?
	quality services, strong	nign quanty service, poor	performance and capacity indicate probable
	High capacity to provide high	Low capacity to provide	Board experience, qualifications, past
Points			4. To what extent do the agency, staff and/or
	oints	10 points	Q: P17-19, A5-7,9 NC 1
		within timeline	
	achieved within timeline	unlikely to be achieved	proposed timeline?
	measurable, very likely to be	realistic or measurable,	and are likely to be achieved within the
	Clear objectives, realistic &	Vague objectives, not	objectives that are realistic and measurable
Points	S.		3. To what extent does the proposal include
		5 points	Q: P8 & 29, NC 5 & 6
	have positive impact		
	world along war likely to	nositive impact	impact on the need or problem identified?
	design, logical & efficient	design, unlikely to have a	demonstrate the ability to result in a positive
	Highly effective program	Ineffective program	design and work plan sufficiently detailed to
Points	10		2. To what extent is the proposed program
	oints	10 points	Q: P7-19, 23, 24,27 NC 1-2 RH 1-4, OH 1-4
	protince	C. Pro accessory	
	Meets objectives and	or priorities	Program Goals and Priorities for 2011-2012
Points	10	The part most blooding	1. To what extent does the proposal meet the
	oints	10 points	Q: P6,7, 10 NC1, RH6, OH3
			>

		Total Points Assigned to Proposal:		65 Total Points Possible if a Capital Project
	The state of the s			60 Total Points Possible
				Comments, thoughts, issues:
			RH = Rental Housing OH .= Housing for Buyers ED = Economic Development Capital Proj.	P = Program Section A = Agency Overview N = Non City Funding NC = Neighborhood Centers / Gardens Cap
		supportive of project at this site.	public concerns.	neighborhood or public concerns?
		neighborhood & public are	environmental, neighborhood or	on and
	:	Site has been vetted, no	Site identified has major barriers such as displacement/relocation	
Points	Po	5	1	9. To what extent is the site identified
		5 points	THE THE STREET OF THE STREET O	RH1 & 7, OH 1 & 2, ED1
		The second secon		Additional criteria for CDBG Capital Projects:
<u>.</u>			unclear to determine compliance with regulations.	
_		precise information.	limits or information is	determine eligibility?
		or regulatory requirements,	technical or regulatory	cost <u>limits</u> as applicable? To what extent is there clear and precise proposal information to
)	Program meets the technical	Program does not meet the	technical and regulatory requirements and unit
Points	P ₀	<i>S</i>		8. To what extent does the proposal meet the
·		5 points		P7, 11, 20, 21 & 28, RH1, 2, 5-7, OH1-3, 5 & 6, ED 1 & 2, NC1, 3
	-	individuals.	barriers.	TOTAL CONTRACT TO THE CONTRACT
		number of low income	accessibility or language	
	-	needs of a variety of individuals serves a high	income individuals served, no snecific plan for addressing	populations with specific language barriers and/or physical or mental disabilities?
		accessibility & language	programming, few low	culturally diverse populations and/or
		responsive, addresses	culturally relevant	the needs of low income individuals,
Points	· FC	Program design is culturally	Little attention paid to	services that are accessible and appropriate to
	j.	5 points	· ·	Q: P10-12, 16, 20, 21,25, 27 & 28, RH3
-				
-		& in-kind support.		agencies and community groups?
		effectively utilize volunteers	volunteer or in-kind support.	diverse array of support, including volunteers,
	, 6111	Strong partnerships,	Very few partnerships,	demonstrate efforts and success at securing a
	Points	5	elikusanna aranga a	6. To what extent does the agency's proposal
With the second		Amointe	A surface de la constitución de	D: P13_15 A 2 NC1

CDBG Committee /Name of Person completing this form:	Agency Program/Project Title F
	Project #

If you have questions about this proposal that you would want the agency to address during their scheduled question/answer time, please list them below. Submit these questions to the Community Development Division Office by the time period identified by program goal area listed below:

Housing and Economic Development: Due Access and Homeless: Due

Questions (list):

APPLICATION FOR 2011-2012 FUNDS

1. AGENCY CONTACT INFORMATION	
Organization	Madison
Mailing Address	
Telephone	9. A
FAX	** AT
Admin Contact	
Financial Contact	
Website	CDBG
Email Address	Cry of MADISON
Legal Status Select Status from Drop-Down	Development Block Grant Program
Federal EIN:	
State CN:	
DUNS #	

2. AGENCY PROGRAM SUM	MARY		Goals and Priorities (See Instructions)
Program Name	Letter	New?	Please identify and enter the relevant Program Goal and Priority statement
Program A	А		Select a Priority Statement from the Drop-Down
Program B	В		Select a Priority Statement from the Drop-Down
Program C	С		Select a Priority Statement from the Drop-Down
Program D	D		Select a Priority Statement from the Drop-Down
Program E	E		Select a Priority Statement from the Drop-Down
Program F	F		Select a Priority Statement from the Drop-Down
Program G	G		Select a Priority Statement from the Drop-Down
Program H	Н		Select a Priority Statement from the Drop-Down
Program I	1		Select a Priority Statement from the Drop-Down
Program J	J		Select a Priority Statement from the Drop-Down
Program K	К		Select a Priority Statement from the Drop-Down
Program L	L		Select a Priority Statement from the Drop-Down

3. SIGNATURE PAGE

AFFIRMATIVE ACTION

If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02 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 www.cityofmadison.com/dcr/aaForms.cfm.

LIVING WAGE ORDINANCE

If funded, applicant hereby agrees to comply with City of Madison Ordinance 4.20. This ordinance requires all employees paid under this contract be paid (at least) the Living Wage for 2011 as established by the City of Madison. In 2010 the Living Wage was \$11.66 hourly, in 2011 it is expected to be approximately \$12.00 hourly.

CITY OF MADISON CONTRACTS

If funded, applicant agrees to comply with all applicable local, State and Federal provisions. A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at 266-6520

If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

4. SIGNATURE	
By entering your initials in the box	You are electronically signing your name and agreeing
	to the terms listed above
`	•
DATE	

PROGRAM DESCRIPTION

ORGANIZATION:			······································	 	-
PROGRAM/LETTER:	A	Program A			

PROGRAM BUDGET

1. 2010 BUDGETED	_	ACCOUNT CATEGORY			
	SOURCE				SPECIAL
REVENUE SOURCE	TOTAL.	PERSONNEL	OPERATING	SPACE	COSTS
DANE CO HUMAN SVCS	0	0	0	. 0	0
DANE CO CDBG	0	. 0	0	0	0
MADISON-COMM SVCS	. 0	0	0	0	0
MADISON-CDBG	. 0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	- 0	0	0	0	0
OTHER	0	0	0	0	. 0
TOTAL REVENUE	0	0	0	0	0

2. 2011 PROPOSED BUDGET

	SOURCE		- · ·		SPECIAL
REVENUE SOURCE	TOTAL.	PERSONNEL	OPERATING	SPACE	costs
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	. 0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	. 0	0	0
OTHER**	0	0	0	0	. 0
TOTAL REVENUE	0	0	0	. 0	0

*OTHER GOVT 2011

Source	Amount	Terms
	0	
	0	
	0	
·	0	
	0	
TOTAL	. 0	

**OTHER 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	. 0	

COMMUNITY DEVELOPMENT	DIVISION	PROGRAM	DESCRIPTION	l	CITY
ORGANIZATION:		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
PROGRAM/LETTER:	А	Program A			
2012 PROGRAM CHANGE EXI	PLANATION				
Complete only if you are reques	ting more than	your 2011 request.			
Note: Additional funding should	only be reques	ted where services o	or programming will o	change or expand in	the second year.
3. PROGRAM UPDATE: If requ	esting more tha	an 2011, describe an	y major changes be	ing proposed for the	program/service in
i.e., expansions or narrowing in	target population	on, scope and level o	of services, geograph	nic area to be served	l, etc.).
4. 2012 COST EXPLANATION Complete only if significant finar	ncial changes a	are anticipated betwe	en 2011-2012.		
Explain specifically, by revenue				pate between 2011 a	and 2012.
For example: unusual cost incre					
200 characters (with space	es)				
5. 2012 PROPOSED BUDGET			ACCOUNT	CATEGORY	<u> </u>
	BUDGET				SPECIAL
REVENUE SOURCE	TOTAL	PERSONNEL	OPERATING	SPACE	costs
DANE CO HUMAN SVCS	0	· 0	. 0	. 0	O
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	0	0	0	. 0	- 0

5. 2012 PROPOSED BUDGET			ACCOUNT	CATEGORY	
	BUDGET				SPECIAL
REVENUE SOURCE	TOTAL	PERSONNEL	OPERATING	SPACE	COSTS
DANE CO HUMAN SVCS	0	. 0	. 0	. 0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	0	. 0	. 0	. 0	. 0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	0	0	0
OTHER**	0	0	0	0	0-
TOTAL REVENUE	0	0	0	0	0

*0	THER	GOVT	2012

	Amount	Terms	
	0		
	0)	
	0		
	0		
	0		
TOTAL	0		
		Amount (0 0 0 0

**OTHER 2012

Source	Amount	Terms	
		0	
		0	
		0	
		0	
		0	
7	OTAL	0	

ORGANIZATION:			
PROGRAM/LETTER:	A	Program A	
PRIORITY STATEMENT:		iority Statement from the Drop-Dov	wn
RIORIT STATEMENT.			
•			
DESCRIPTION OF SERVICES	1		
		ocal community pand or gan in conjec	e that the proposed program will address.
1000 characters (with spa		ocal continuinty rect of gap in service	e that the proposed program with address.
7. SERVICE DESCRIPTION - I		service(s) provided including your exp	pectations of the impact of your activities.
		service(s) provided including your exp	pectations of the impact of your activities.

COMMUNITY	DEVEL	OPMENT	DIVISION
COMMINGRALL		OFINE	DIAIOIO

PROGRAM DESCRIPTION

ORGANIZATION:	
PROGRAM/LETTER:	A Program A
	ease describe in terms of age, income level, LEP, literacy, cognitive or physical disabilities
or challenges).	
600 characters (with space	
11. LOCATION: Location of serv	vice and intended service area (Include census tract where service is tract specific).
200 characters (with space	s) 🔐
12. OUTREACH PLAN: Describe	e your outreach and marketing strategies to engage your intended service population.
1000 characters (with spac	
	now you coordinate your service delivery with other community groups or agencies.
1000 characters (with space	BS)
14. VOLUNTEERS: How are volu	unteers utilized in this program?
400 characters (with space	
15. Number of volunteers utilized	

PRGANIZATION:		-	OGRAM DESCRIPTION CITY
ROGRAM/LETTER:	A	Program /	Δ
toord dancer rest.	L	1 10grain 2	
BARRIERS TO SERVICE:	Are there pop	ulations that a	are experiencing barriers to the service you are proposing,i.e, cultural
ferences, language barriers	and/or physic	al or mental i	mpairments or disabilities? Describe the ability of proposed program
respond to the needs of dive	rse populatio	ns.	
1600 characters (with space	ces)		
600 characters (with space			
B. LICENSING OR ACCREDIT	ATION: Repo	ort program lic	censing, accreditation or certification standards currently applied.
200 characters (with space		- F - 3	
CTAFF. December Claff Claff	f Titles CTC	dodiootod to t	this program and required qualifications for program staff
g. STAFF: Program Statt: Stat taff Title	FTE	City \$	this program, and required qualifications for program staff. Qualifications
מוו וונופ	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I CITA A	į Qualii Galiuis

Staff Title	FTE	City \$	Qualifications
		Î	
···			

COMMUNITY DEVELOPMENT	DIVISION P	ROGRAM DESCRIPTION	ON .	CITY
ORGANIZATION:		<u> </u>		
PROGRAM/LETTER:	A Progra	m A		
•				
CDBG DESCRIPTION OF SERV	ICES SUPPLEMENT			
Please provide the following infor				
Program Goals & Priorities". If no	ot applying for CDBG C	Office Funds, go to Communi	ty Resources Descri	ption of
Services Supplement (p. 7), or go	o to Demographics (p.	8).		
		•		
20. PARTICIPANT INCOME LEV				
Indicate the number of household	is of each income leve	l and size that this program v	· ,	
Income Level		·	Numbe	er of Households
Over 80% of county median inco				0
Between 50% to 80% of county r				(
Between 30% to 50% of county r		·		. 0
Less than 30% of county median	income	·		
Total households to be served			<u></u>	C
0	15	AA '		
21. If projections for 2012 will var	y significantly from 20	11, complete the following:	None	er of Households
Income Level for 2012			Numbe	r of nouseriolus
Over 80% of county median incom				
Between 50% to 80% of county n				
Between 30% to 50% of county n				0
Less than 30% of county median Total households to be served	income			
Total households to be served				``.
22. AGENCY COST ALLOCATIO	N PLAN: What metho	d does your agency use to di	etermine indirect cos	et allocations
among programs?	TT ES TO TO THE THE THE	a abbo your agonoy abb to at	otoo man oor oo	
600 characters (with spaces				
23. PROGRAM ACTIVITIES: Des	cribe activities/benchr	narks by timeline to illustrate	how your program v	vill be implemented.
· · · · · · · · · · · · · · · · · · ·				Est. Month
Activity Benchmark				of Completion
			-	
	•			

RGANIZATION:		
ROGRAM/LETTER:	A Program A	
COOLG WASTELL LETY.	7 Fregrant	
MMUNITY RESOURCES (DESCRIPTION OF SERVICES SUPPLEMENT	
ase provide the following in	nformation ONLY if you are applying for projects that meet the "Community Resources	
ogram Goals & Priorities" If	not applying for CR Funds, go to Demographics (p. 8).	
CONTRIBUTING RESEAR	RCH	
ase identify research or bes	st practice frameworks you have utilized in developing this program.	
000 characters (with spa	aces)	
	그렇게 꺄 가게 되는데 사람들이 되었다. 그 나를 그 때가 먹는데	
	^것 인 보호 전통 중에 하는 일도 되어 보고 하면 본 시간에 보는 사람이 되었다.	
	아이, 하는 말이 얼마 그 나는 어머니는 그는 그는 그는 것이 살아 먹었다. 그 나는 나를 다 먹었다.	
	는 오늘로 마른글 기로 있는데 보는데 보고 있는 것이 말고 한 분인 를 보고 하는데	
	이 너무 말했다. 그는 일이 아니는 얼마를 하는 것이 되었다. 그녀는 얼마나 그녀는	
	이 프로젝트를 잃어 나는 네일이 없는 그런 아이를 하는 사람들이 없다는 점점	
	지역하셨다면 하는 사람에 하는 그런 사일이 가격하셨다고요.	
	본들은 발표를 맞는 이번에 보고 있는데 마음을 받는데 말로 하고 있다면 그렇게 살아보렴.	
	하는 것이 함께 보고 생각이 되고 있는 것이는 것이 되는 것이 되는 것이 되었다. 그 것이 없는 것이 되었다. 사람들은 경기를 보고 있는 것이 되었다. 그 것이 되었다는 것이 되었다는 것이 되었다. 그 것이 되었다.	
	그 말으는 그를 걸릴 말 못 있다. 그는 그렇는 그는 그를 그린다고 하는 것 같은 좀 그렇게 했다.	
	DME INDIVIDUALS AND FAMILIES	1
	am's participants do you expect to be of low and/or moderate income?	0.0%
it framework do you use to	o determine or describe participant's or household income status? (check all that apply)	
	Number of children enrolled in free and reduced lunch	
	Individuals or families that report 30-50% of Dane County Median Income	
	Individual or family income in relation to Federal Poverty guidelines	
	Other	
HOW IS THIS INFORMATION	ION CURRENTLY COLLECTED?	
T-100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
T-100 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
		
****		·

0 characters (with space	Des)	
O characters (with space	R USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS	
O characters (with space	R USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS	
00 characters (with space	R USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS	
O characters (with space	R USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS	

PROGRAM A - 7

DE	\sim	CD	A 8.7	DES	CD	DTI	
			A 101	115	M . PC		

ORGANIZATION:					
PROGRAM/LETTER:	Α	Program A			

28. DEMOGRAPHICS

Complete the following chart for unduplicated participants served by this program in 2009. Indicate the number and percentage for the following characteristics. For new programs, please estimate projected participant numbers and descriptors.

PARTICIPANT DESCRIPTOR	#	%	PARTICIPANT DESCRIPTOR	#	%
TOTAL	0		AGE		
MALE	0	0%	<2	0	0%
FEMALE	0	0%	2-5	. 0	0%
UNKNOWN/OTHER	0	0%	6 - 12	0	0%
················			13 - 17	0	0%
			18 - 29	0	0%
•			30 - 59	0	0%

Note: Race and ethnic categories are stated as defined in HUD standards

, - •	1	1
6 - 12	0	0%
13 - 17	0	0%
18 - 29	0	0%
30 - 59	0	0%
60 - 74	0	0%
75 & UP	0	0%
TOTAL AGE	0	0%
RACE		
WHITE/CAUCASIAN	0	0%
BLACK/AFRICAN AMERICAN	0	0%
ASIAN	0	0%
AMERICAN INDIAN/ALASKAN NATIVE	0	0%
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%
MULTI-RACIAL:	0	0%
Black/AA & White/Caucasian	0	0%
Asian & White/Caucasian	0	0%
Am Indian/Alaskan Native & White/Caucasian	0	0%
Am Indian/Alaskan Native & Black/AA	0	0%
BALANCE/OTHER	0	0%
TOTAL RACE	0	0%
ETHNICITY		
HISPANIC OR LATINO	0	0%
NOT HISPANIC OR LATINO	0	0%
TOTAL ETHNICITY	0	0%
PERSONS WITH DISABILITIES	0	0%
RESIDENCY		
	I	0%
CITY OF MADISON	0	
CITY OF MADISON DANE COUNTY (NOT IN CITY)	0	
	<u> </u>	0%

OMMUNITY DEVELOPMENT DI	VISION PROGRAM DE	SCRIPTION	CITY OF MAD
RGANIZATION:			
ROGRAM/LETTER:	A Program A		
), PROGRAM OUTCOMES			
	Number of unduplicated indivi	dual participants served during 2009.	0
		Total to be served in 2011.	
•	ogram outcome. No more than two ou		
	your research and/or posted resource ad descriptions of what should be included.		
rer to the instructions for detaile	ed descriptions of what should be included	ded III tile table below.	
tcome Objective # 1:			
rformance Indicator(s):			
•			·
posed for 2011:	Total to be considered in	0 Targeted % to meet p	erf, measures 0%
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	perf. measurement	Targeted # to meet	
posed for 2012:	Total to be considered in	0 Targeted % to meet p	
•	perf. measurement	Targeted # to meet p	perf. measure 0
plain the measurement			
ls or methods:			
		•	
:		•	
		· <u>·</u> ·	
tcome Objective # 2:			
Some Objective & Z.			
formance Indicator(s):			
			00/
posed for 2011:	Total to be considered in perf. measurement	Targeted % to meet po	L
negari for 2012:	Total to be considered in	Targeted % to meet p	· +
posed for 2012:	perf. measurement	Targeted # to meet p	
	pen. meadarement	rangotou ii to moot p	John Modelato
plain the measurement			

ORGANIZATION:		
OI COM MERCITORI.	 	

PROGRAM BUDGET

1. 2010 BUDGETED	ACCOUNT CATEGORY				
REVENUE SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO CDBG	0	0	o	0	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	_0
USER FEES	0	0	0	0	0
OTHER	o	0	0	0	0
TOTAL REVENUE	0	o	o	0	. 0

2. 2011 PROPOSED BUDGET	ACCOUNT CATEGORY				
REVENUE SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	. 0	0	0	0
DANE CO CDBG	0	0	. 0	o	0
UNITED WAY ALLOC	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0
OTHER GOVT*	0	0	0	0	. 0
FUNDRAISING DONATIONS	0	0	0	0	0
USER FEES	0	0	o	0	0
OTHER**	0	0	0	0	0
TOTAL REVENUE	0	.0	0	0	0

*OTHER GOVT 2011

Source		Amount	Terms	
		0		
		. 0		
		0		
		0		
		0		
	TOTAL	0		

**OTHER 2011

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTA	L 0	

AGENCY OVERVIEW

CITY OF MADISON

1. AGENCY CONT	TACT INFORMATION			
Organization				
Mailing Address				
Telephone				
FAX				
Admin Contact			•	
Financial Contact				
Vebsite				
Email Address				
egal Status	Select Status from Drop-Down			
Federal EIN				
State CN	:		•	
DUNS #	#			
	<u></u>			
2. CONTACT INFO	DRMATION			
A Program A				
Contact	:	Phone:	Email:	
Program B			•	
Contact	:	Phone:	Email:	
Program C			•	
Contact	:	Phone:	Email:	
Program D				
Contact:	:	Phone:	Email:	
Program E				
Contact:	:	Phone:	Email:	
Program F				
Contact:	:	Phone:	Email:	
Program G				
Contact:		Phone:	Email:	
Program H		<u> </u>		
Contact:		Phone:	Email:	
Program I		" "		
Contact:		Phone:	Email:	
Program J				
Contact:		Phone:	Email:	
Program K				
Contact:		Phone:	Email:	
. Program L				

3. AGENCY REVENUE DETAILED BY PROGRAM

REVENUE	2009	2010	2011	2011 PROPOSED PROGRAMS			
SOURCE	ACTUAL	BÚDGET	PROPOSED	Α	В	С	D
DANE CO HUMAN SVCS		0	0	0	0	0	0
DANE CO CDBG		0	0	0	0	0	0
MADISON-COMM SVCS		0	0	0	0	0	. 0
MADISON-CDBG		0	0	0	0	0	. 0
UNITED WAY ALLOC		0	0	0	O	0	0
UNITED WAY DESIG		0	0	0	0	0	0
OTHER GOVT		0	. 0	0	0	0	0
FUNDRAISING DONATIONS		0	0	0	0	0	0
USER FEES		· 0	0	0	0	0	0
OTHER		0	0	0	0	0	0
TOTAL REVENUE	0	0	0	0	0	0	0

REVENUE	2011 PROPOSED PROGRAMS CONT.										
SOURCE	E	F	G	Н	I	J	K				
DANE CO HUMAN SVCS	ol	0	0	. 0	0	0	0				
DANE CO CDBG	0	0	0	0	0	0	0				
MADISON-COMM SVCS	o	0	0	0	. 0	0	0				
MADISON-CDBG	0	0	0	0	0	0	. 0				
UNITED WAY ALLOC	0	0	0	0	0	0	0				
UNITED WAY DESIG	0	0	0	0	0	0	0				
OTHER GOVT	o	0	0	. 0	0	0	0				
FUNDRAISING DONATIONS	0	.0	0	0	0	0	0				
USER FEES	0	0	0	. 0	0	0	. 0				
OTHER	0	0	0	0-	0	0	0				
TOTAL REVENUE	0	0	0	0	0	0	0				

REVENUE	2011 PROPOS	ED PROGI	RAMS CONT		
SOURCE	L				Non-City
DANE CO HUMAN SVCS	0				0
DANE CO CDBG	0				0
MADISON-COMM SVCS	0				0
MADISON-CDBG	0				0
UNITED WAY ALLOC	0				0
UNITED WAY DESIG	0				 0
OTHER GOVT	0				0
FUNDRAISING DONATIONS	o	•			0
USER FEES	0				0
OTHER	0				0
TOTAL REVENUE	0				0

AGENCY ORGANIZATIONAL PROFILE

600 characters (with sp	aces)
하다 : 12 - 프로그램 : 12 - 트립트 플러스 : 12 - 트립트 : 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	. 사용하다 바로 바로 보고 있는 것이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다. 그는 사람들은 사람들은 사람들은 사람들이 되었다면 되었다. 그런 사람들은 사람들은 사람들이 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면 되었다면
	경기를 발발하면 하다 나는 사람이 나는 살이 살아 들어가 나가 하는데,
SENCY EXPERIENCE AND	OUALIFICATIONS
6000 characters (wth s	
occo characters (with s	
	- 종립속,됐다.살았다. 그렇는 일곱만 돌아나는 하고 말을 느꼈다고 하는 하다
	건물·장품현통화 호텔 보는 사람들로 보고 한 그는 건강하는 하고 전하는 것이다. 모양
	가는 젊은 다 그런 하는 사람이 가입하다 모이기가 있는데 되었다.
	발표됐습니다 교리하고 하고 하는 사람들이 하는 이 등 하는 아니다.
	당근 경험을 망가들을 시작하는 것이 아니라는 그리고 있는 것은 것이 보고 하나요. 당
	생생이 되고 수가 발표를 발생한다면 보고 되는 것이 되는 것이 되는 것이 되는 그렇게 보이지 않아 되었다. 그 같은 것이 되었다. 그는 것이 하는 얼굴보다는 것이 하는 것이 없는 사람들이 가장 하는 것이 없는 것을 하는 것이 되는 것이 되었다.
	골 여행주를 잃었다. 그는 그렇다지 전기하다 한 방송하다다는 옷의
	<u> </u>
	그림 불통통통하다 하다고 보다는 사람들은 사건들이는 나를 들어들
	가는 사람이 있는 것들은 수 있는 것을 하는 것이 되었다. 그런 그는 그는 것이 되는 것이 되었다는 것이 되었다. 그는 것이 되었다는 것이 없는 것이다. 그 전한 사용 경험을 받았다는 것은 수 있다면 하는 것이 되었다. 그는 것이 되었다는 것이 되었다는 것이 되었다.
	요즘 경우 활동이 문지들이 가는 일이 가게를 되었다. 일이 하는데 얼마나
	이 바로를 즐겁는 사람이 사람들이 하면 들어가고 말하고 말하다.
	이 마ુ물을 즐겁다면 보는 것 같아 모든 물병들이 그렇게 하는데 그렇다.
拉马马达 点点点	· 1. 15. 12 基础设备 (1. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1
	트로프트리홈트 아름다고 트린스트는 숙절등을 하시면도 하는 말함 생각
	[주고·문혈병병학: 중요 출항 등이 만드로 전환 호텔 이번 함께
	en la martina de la companya de la La companya de la co

AGENCY OVERVIEW

6. AGENCY GOVERNING BODY

How many Board meetings were	e held in 2009?	<u>.</u>
How many Board meetings has y	your governing body or Board of Directors scheduled for 2010?	
How many Board seats are indic	cated in your agency by-laws?	
	f Directors or your agency's governing body.	
Name		
Home Address		
Occupation		
Representing		-
Term of Office	From: mm/yyyy To: mm	/уууу
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: mm.	/уууу
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: mm.	/уууу
Name		
Home Address		
Occupation		
Representing		-
Term of Office	From: mm/yyyy To: mm	/уууу
Name		
Home Address		
Occupation		-
Representing		
Term of Office	From: mm/yyyy To: mm/	/уууу
Name		
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Term of Office	From: mm/yyyy To: mm/	/уууу
Name		
Home Address		
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Representing		
Term of Office	From: mm/yyyy To: mm/	/уууу
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To: mm/	/уууу

AGENCY GOVERNING BODY cont.

Name	·	
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
Occupation		
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Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
Occupation		
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Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
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Occupation		
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Term of Office	From: mm/yyyy To:	mm/yyyy
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Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/www

AGENCY OVERVIEW

AGENCY GOVERNING BODY cont.

		····
Name		
Home Address		
Occupation	·	
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
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Term of Office	From: mm/yyyy To:	mm/yyyy
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Home Address		
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Term of Office	From: mm/yyyy To:	mm/yyyy
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Term of Office	From: mm/yyyy To:	mm/yyyy
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Occupation		
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Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Home Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy
Name		
Horne Address		
Occupation		
Representing		
Term of Office	From: mm/yyyy To:	mm/yyyy

7. STAFF-BOARD-VOLUNTEER DEMOGRAPHICS

Indicate by number the following characteristics for your agency's current staff, board and volunteers.

Refer to application instructions for definitions. You will receive an "ERROR" until completing the demographic information.

DESCRIPTOR	ST	AFF	ВО	ARD	VOLUNTEER		
DESCRIPTOR	Number	Percent	Number	Percent	Number	Percent	
TOTAL	0	0%	, c	0%	C	0%	
GENDER		1			·		
MALE	0	0%	. 0	0%	C	0%	
FEMALE	0	0%	, 0	0%	C	0%	
UNKNOWN/OTHER	. 0	0%	. 0	0%	C	0%	
TOTAL GENDER	0	0%	0	. 0%	C	0%	
AGE							
LESS THAN 18 YRS	0	0%	. 0	0%	. 0	0%	
18-59 YRS	0	0%	0	0%	0	0%	
60 AND OLDER	0	0%	0	0%	0	0%	
TOTAL AGE	0	0%	0	0%	. 0	0%	
RACE*						0	
WHITE/CAUCASIAN	0	0%	0	0%	0	0%	
BLACK/AFRICAN AMERICAN	0	0%	0	0%	0	0%	
ASIAN	0	0%	. 0	0%	0	0%	
AMERICAN INDIAN/ALASKAN NATIVE	0	0%	0	0%	0	0%	
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%	- 0	0%	0	0%	
MULTI-RACIAL:	0	0%	0	0%	0	0%	
Black/AA & White/Caucasian	0	0%	0	0%	0	0%	
Asian & White/Caucasian	0	0%	0	0%	0	0%	
Am Indian/Alaskan Native & White/Caucasian	0	0%	0	0%	0	0%	
Am Indian/Alaskan Native & Black/AA	0	0%	0	0%	0	0%	
BALANCE/OTHER	0	0%	0	0%	0	0%	
TOTAL RACE	0	0%	0	0%	0	0%	
ETHNICITY							
HISPANIC OR LATINO	0	0%	0	0%	0	0%	
NOT HISPANIC OR LATINO	0	0%	0	0%	0	0%	
TOTAL ETHNICITY	0	0%	0	0%	0	0%	
PERSONS WITH DISABILITIES	0	0%	0	0%	0	0%	

^{*}These categories are identified in HUD standards.

AGENCY OVERVIEW - 7 MAY 25, 2010

8. AGENCY EXPENSE BUDGET

This chart describes your agency's total expense budget for 3 separate years.

Where possible, use audited figures for 2009 Actual. The 2010 Budget and 2011 Proposed Budget will autofill from

	nation you provided elsewhere in the application.	2009	2010	2011
Acco	unt Description	ACTUAL	BUDGET	PROPOSED
A.	PERSONNEL			
	Salary	0	0	0
	Taxes	0	0	0
	Benefits	0	0	0
	SUBTOTAL A.	0	0	0
В.	OPERATING			
	All "Operating" Costs	0	0	0
	SUBTOTAL B.	0	0	0
C.	SPACE			
	Rent/Utilities/Maintenance	0	0	0
	Mortgage (P&I) / Depreciation / Taxes	o		0
	SUBTOTAL C.	0	0	0
D.	SPECIAL COSTS			
	Assistance to Individuals	0	0	0
	Subcontracts, etc.	0	0	0
	Affiliation Dues	0	0	0
	Other:	0	0	0
	SUBTOTAL D.	0	0	0
	TOTAL OPERATING EXPENSES A D.	. 0	0	0
E.	TOTAL CAPITAL EXPENDITURES		0	0

9. PERSONNEL DATA: List Percent of Staff Turnover	0.09
Divide the number of resignations or terminations in calendar year 2009 by total number of budge	ted positions.
Do not include seasonal positions. Explain if you had a 20% or more turnover rate in a certain sta	ff position/category

Discuss any other noteworthy staff retention issues, or policies to reduce staff turnover.

600 characters (wi	th spaces)				
				er of the final file.	

0.0%

10. PERSONNEL DATA: Personnel Schedule

List each individual staff position by title. Seasonal Employees should be entered at the bottom.

Indicate the number of 2011 Proposed Full-Time Equivalents (FTEs) in each staff position, across all agency programs.

Indicate the total salaries for all FTEs in that staff position. Do NOT include payroll taxes or benefits in this table.

•	2010 20		011					
	Est.	Est.	Proposed	Proposed	Hourly	Α	В	С
Staff Position/Category	FTE	Salary	FTE	Salary	Wage	FTE	FTE	FTE
	0.00	0	0.00	0	0.00	0	0	(
	0.00	0	0.00	0	0.00	0	0:	(
	0.00	0	0.00	0	0.00	0	0	(
	0.00	0	0.00	0	0.00	0	0	
	0.00	0	0.00	0	0.00	0	0	(
	0.00	. 0	0.00	0	0.00	0	0	
	0.00	. 0	0.00	0	0.00	0	0	(
	0.00	0	0.00	0	0.00	0	0	(
	0.00	0	0.00	0	0.00	0	0	(
	0.00	0	0.00	0	0.00	0	0	. (
	0.00	0	0.00	0	0.00	0	0	(
	0.00	0	0.00	0	0.00	0	0	- (
	0.00	0	0.00	0	0.00	0	0	. (
	0.00	0	0.00	.0.	0.00	0	0	(
	0.00	0	0.00	0	0.00	0	0	C
	0.00	0	0.00	0	0.00	0	0	(
	0.00	0	0.00	0	0.00	0	Ò	(
	0.00	0	0.00	0	0.00	0	0	. (
	0.00	0	0.00	0	0.00	. 0	0	(
	0.00	0	0.00	0	0.00	0	0	C
7117	0.00	. 0	0.00	0	0.00	0	0	C
	0.00	0	0.00	0	0.00	0	0	C
	0.00	0	0.00	0	0.00	0	0	C
	0.00	0	0.00	0	0.00	0	0	C
	0.00	0	0.00	0	0.00	0	0	C
	0.00	0	0.00	o	0.00	0	0	0
	0.00	0	0.00	0	0.00	0	0	C
	0.00	0	0.00	0	0.00	0	0	0
	0.00	0	0.00	0	0.00	0	0	0
	0.00	0	0.00	0	0.00	0	О	O
	0.00	0	0.00	0	0.00	0	0	0
TOTAL	0.00	0	0.00	0		0	0	0
	TOTA	L PERSONN	EL 000TO	n				

TOTAL PERSONNEL COSTS:	0

	Nbrof	Total	Hourly	Seasonal		Α	В	С
Seasonal/Project Employee ONLY	Weeks	Hours	Wage	Earnings		# HRS	# HRS	# HRS
	0	0	0.00	0		0.00	0.00	0.00
	0	0	0.00	0		0.00	0.00	0.00
	0	0	0.00	0		0.00	0.00	0.00
	0	0	0.00	0	Γ	0.00	0.00	0.00
	0	0	0.00	0		0.00	0.00	0.00
TOTAL	0	0		0		0.00	0.00	0.00

2011 PROPOSED FTES DISTRIBUTED BY PROGRAM									
$\frac{2011}{D}$	E	F	G	Н	1	J	K	L	Non-City
FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE	FTE
_ 0	0	0	0	0	0	0	. 0	0	0
<u>o</u> t	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	- 0	0
	0	0	.0	0	0	0	. 0	0	0
	0	0	. 0	0	0	0	0	0	0

E	F	G	н	I	J	к	L	Non-City
# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS	# HRS
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	# HRS 0.00 0.00 0.00 0.00 0.00	#HRS #HRS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	#HRS #HRS #HRS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	#HRS #HRS #HRS #HRS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	#HRS #HRS #HRS #HRS #HRS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	#HRS #HRS #HRS #HRS #HRS #HRS #HRS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	#HRS #HRS #HRS #HRS #HRS #HRS #HRS #HRS 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	#HRS #HRS #HRS #HRS #HRS #HRS #HRS #HRS

COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS CITY OF MADISON CDBG SUPPLEMENTAL PAGES ORGANIZATION: **NEIGHBORHOOD CENTERS/GARDENS** Please provide the following information if you are applying for projects that meet the Community Development Goals & Priorities, Outcome Objective G: Community Neighborhood Centers and Gardens. 1. Provide information that demonstrates you have the support and participation of neighborhood residents. 1000 characters (with spaces) 2. If your program utilizes user fees, please describe your fee structure and policies. 1000 characters (with spaces)

COMMUNITY GARDENS, STOP HERE. NEIGHBORHOOD CENTERS, PROCEED.

3. FUNDS NEEDED: Please describe why CDBG funds are needed to ensure the viability of this project.

400 characters (with spaces)

COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS
COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS
COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS
COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS ORGANIZATION: 4. AGENCY BUDGET BY PROGRAM TOTAL BUDGET Program A 2011 Proposed 2009 Actual 2010 Budget 2011 Proposed 2009 Actual 2010 Budget 2009 Actual REVENUE DANE CO HUMAN SVCS DANE CO CDBG MADISON COMM SVCS MADISON COBG UNITED WAY ALLOC UNITED WAY DESIG UI MER GUY DONATIONS
FUNDRAISING DONATIONS USER FEES TOTAL REVENUE o OTHER TOTAL BUDGET Program A 2011 Proposed 2010 Budget 2011 Proposed 2009 Actual 2009 Actual 2010 Budget 2009 Actual EXPENSE PERSONNEL o OPERATING SPECIAL COSTS TOTAL EXPENSES

MAY 25, 2010

Program B			Program C			Program D		
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	0	0	0	0	0	. 0	.0	0
0	0	0	Ö	0	0	0	0	0
0	0	0	. 0	.0	0	0	0	0
0	. 0	0	. 0	0	0	0	. 0	0
0	0	0	0	0	0	0	. 0	. 0
0	0	Ö	0	0	0	0	0	0
0	0	0	0	0	0	. 0	0	0
0	0	0	. 0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	. 0	0	0	.0	. 0

Program B			Program C			Program D			
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	
0	0	0	0	0	0	0	0	0	
0	0	0	0	0	. 0	0	0	0	
0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	

COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS CDBG SUPPLEMENTAL PAGES

Program E			Program F			Program G		
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	0	0	0	. 0	0	. 0	0	0
0	.0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
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. 0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0
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0	0	0	. 0	0	0	0	0	0

Program E		·	Program F		Program G			
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	O	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
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Program H			Program I	,		Program J		
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
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0	0	0	0	0	0	0	. 0	0
0	0	. 0	0	0	. 0	0	0	0
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0	. 0	0	0	0	0	. 0	0	0
0	0	0	0	0	0	0	0	o
0	0	0	0	0	0	. 0	0	0

Program H			Program I			Program J		
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual
0	0	. 0	0	0	0	0	0	. 0
0	0	0	0	0	0	. 0	0	0
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0	0	0	0	0	0	0	0	0

COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS CDBG SUPPLEMENTAL PAGES

Program K			Program L		١	lon-City Budge	et
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
. 0	0	0	0	0	0	0	. 0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
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0	. 0	0	0	0	0	0	0
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0	0	. 0	. 0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0,

Program K			Program L			Non-City Budget				
2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed			
0	0	0	0	0	. 0	. 0	0			
0	0	0	0	0	0	0	0			
0	0	0	0	0	0	0	0			
0	0		0	0	0	0	0			
0	0	0	0	0	0	0	0			

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES

5. AGENCY PROCESS OB.	ECTIVES BY PROGRAM	2009 Ac	tual	2010 Goal	2011 Proposed
Facility Use and Core		•			•
Sponsored Children/Youth	Hours		0	0	0
Sponsored Adult/Family H	ours		. 0	0	0
Sponsored Senior Hours			0	0	. 0
Optional Hours			0	0	0
Meeting Space Hours			0	0	0
Total Facility Use Hours			0	0	0
Facility Use Unduplicated I	Participants		0	Ö	0
Total Center Unduplicated Pa			0.	0	0
Program A:	Program A				
Service Units			0	0	ol
Unduplicated Participants			0	o	0
Program B:	Program B	L			
Service Units			0	ol	o
Unduplicated Participants			o	0	0
Program C:	Program C	L		<u></u>	
Service Units			ol	ol	0
Unduplicated Participants	• • • • • • • • • • • • • • • • • • •		0	0	0
Program D:	Program D			<u>-1</u>	
Service Units			o	ol	ol
Unduplicated Participants			0	0	0
Program E:	Program E	L÷	1		
Service Units			0	ol	0
Unduplicated Participants		-	0	0	0
Program F:	Program F	<u> </u>		-1	
Service Units			0	0	0
Unduplicated Participants			0	0	0
Program G:	Program G	<u> </u>		<u></u> 1	
Service Units			ol	ol	0
Unduplicated Participants	<u> </u>		0	0	0
Program H:	Program H				
Service Units			0	0	0
Unduplicated Participants			0	0	0
Program I:	Program I		1	<u>-1</u>	
Service Units			o	0	0
Unduplicated Participants			0	0	0
Program J:	Program J	<u> </u>			
Service Units			0	0	0
Unduplicated Participants		-	ol	0	0
Program K:	Program K	L			
Service Units			ol	0	0
Unduplicated Participants	***************************************		0	0	0
Program L:	Program L	<u> </u>		<u></u>	
Service Units			0	0	O
Unduplicated Participants			0	0	0
Non-City Pgm Service Units			0	0	0
Non-City Pgm Unduplicated F	Participants		-	0	0
, <u>o</u>	: I				

COMMUNITY DEVELOPMENT DIVISION	NEIGHBORHOOD CENTERS/GARDENS
ORGANIZATION:	CDBG SUPPLEMENTAL PAGES

_			OR IFOTHE	DVDDGGGAM
n.	AGENCY	CHICKINA	UBJELIVE	BY PROGRAM

	Outcome	Performance	Measurement
Program Name	Objective #1	Indicator #1	Tool #1
Program A			
Program B			
Program C			
· Togicani o			
Program D			
Program E			
		,	
Program F			· · · · ·
			·
Program G			
D		 	
Program H			
	:		
Program I			
	·		
Program J			
Program K			
Program K			
Program L			
•			
Non-City Programs			
		·	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·

Outcome	Performance	Measurement	Performance Measurement			
Objective #2	Indicator #2	Tool #2	2009 Actual	2010 Goal	2011 Proposed	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
					, , ,	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
		<u></u>				
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
*						
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
					A	
		·	0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
	,		0.0%	0.0%	. 0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	
<u>,</u>	•		0.0%	0.0%	0.0%	
				***************************************	•	
			0.0%	0.0%	0.0%	
			0.0%	0.0%	0.0%	

COMMUNITY DEVELOPMENT DIVISION RENTAL HOUSING CITY OF MADISON

ORGANIZATION:	CD	BG SUPPL	EMENTAL I	PAGES		
	owing information if you ar Goals & Priorities, Outcom				nmunity	·
Provide the following in	information for rental housing	projects (list e	ach address w	ith unit number	r separately)	
		#	Req. Amount	Proj. Income	Proj. Monthly	Includes
Address/Unit Number		Bedrooms	of CD \$	Category*	Unit Rent	Utilities?
	· ,					
···-					-	

*Less than or equal to 30	0% CMI, 30-50% CMI, 50-809	1 % CML >80% (I <u> </u>			
•	,				**	
	fficiency features moval				e services?	
If yes, please describe.						
400 characters (with	ı spaces)					
4. Do you qualify as a Co	ommunity Housing Developm	ent Organizatio	on (CHDO)?		Ē	
5. HOME MATCH: Pleas	se describe if you could provid	de non-federal	matching funds	for this projec	ct. If yes, describ	e ·
amount and source of ma	atching funds.			,		
400 characters (with	n spaces)					
	ease describe why CDBG/ES	G funds are ne	eded to ensure	the viability of	this project.	
400 characters (with	i spaces)					

COMMONITY DEVELOR	WENT DIVISION	RENTAL HOUSING
ORGANIZATION:		CDBG SUPPLEMENTAL PAGES

Development Program Goals & Priorities Outcome Objective D-Rental Housing

Please provide the following information -- if you are applying for projects that meet the CDD Community

7. Real Estate Project Data Summary

Enter the site address (or addresses) for the proposed project and answer the identified questions by column for each address site.

	# of Units	# of Units		# Tenants	Appraised	Appraised			
	Prior to	Post-	# Units	to be	Value	Value	Purchase	Accessible	Post-Project
	Purchase	Project	Occupied	Displaced	Current	Post-Project	Price	Current?	Accessible?
Address:									
Address:									
Address:					<u> </u>				
				·	,	<u> </u>			
Address:									
Ĺ									
Address:					·				
Ĺ									

If no specific site has been identified, use the average of the high-low range or your best estimate of costs.

CITY OF MADISON

RENTAL HOUSING

CITY OF MADISON

OR			

CDBG SUPPLEMENTAL PAGES

8. CAPITAL BUDGET

Enter the proposed project capital budget. Identify the fund source and amount for each total line item.

Example: Acquisition: \$300,000 HOME, \$100,000 from CDBG, \$200,000 from Anchor Bank @5% interest/15 years.

Example: Acquisition: \$300,000 HOME,	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
Acquisition Costs:	L			· · · · · · · · · · · · · · · · · · ·	
Acquisition	0	0	•	0	
Title Insurance and Recording	0	0		0	·
Appraisal	0	0		0	
Predvlpmnt/feasibility/market study*	0	0		0	
Survey	0	0	. ,	0	•
Marketing*	0	0		0	
Relocation	0	0		0	
Other (List)	<u> </u>			<u> </u>	
,	0	0		0	
Construction:					
Construction Costs	0	0		0	
Soils/Site Preparation	0	0		0	
Construction Mgmt	0	0		0	
Landscaping, Play Lots, Signage	0	0		0	
Construction Interest	0	0		0	
Permits; Print Plans/Specs	0	. 0		0	
Other (List)					
	0	0		0	
Fees:					
Architect	0	0		0	
Engineering	0	0		0	
Accounting*	0	0		0	
Legal*	0	0		0	
Development Fee*	0	. 0		0	
Leasing Fee*	0	0		0	
Other (List)					
	0	0		0	
Project Contingency:	0	0		0	
Furnishings:	0	0		0	
Reserves Funded from Capital:					
Operating Reserve	0	0		0	
Replacement Reserve	0	0		0	
Maintenance Reserve	0	0		0	
Vacancy Reserve	0	0		0	
Lease Up Reserve	0	0		0	
Other: (List)					
•	0	0		0	
TOTAL COSTS:	. 0	0		0	

^{*}If CDBG funds are used for items with an asterisk (*), the total cost of these items may not exceed 15% of the CDBG amount.

^{**}Note: Each amount for each source must be fisted separately, i.e., Acquisition: \$30,000 HOME, \$125,000 Capitol Revolving Fund. Identify if grant or loan and terms.

RENTAL HOUSING

CITY OF MADISON **CDBG SUPPLEMENTAL PAGES** ORGANIZATION:

9. TOTAL PROJECT PROFORMA

Enter total Revenue and Expense information for the proposed project for a 15 year period.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Revenue:		-			·	
Gross Income	0	0	0	0	0	C
Less Vacancy/Bad Debt	0	0	0	0	0	. (
Income from Non-Residential Use*	0	0	0	0	0	C
Total Revenue	0	0	0	0	0	
Expenses:						
Office Expenses and Phone	0	. 0	0	0	0	0
Real Estate Taxes	0	0	0	0	0	0
Advertising, Accounting, Legal Fees	0	. 0	0	0	0	0
Payroll, Payroll Taxes and Benefits	0	0	0	0	0	0
Property Insurance	0	0	0	0	0	. 0
Mtc, Repairs and Mtc Contracts	0	0	0	0	0	0
Utilities (gas/electric/fuel/water/sewer)	0	0	0	0	0	0
Property Mgmt	0	0	0	0	0	0
Operating Reserve Pmt	0	0	0	0	0	0
Replacement Reserve Pmt	0	0	0	0	0	0
Support Services	0	0	0	0	. 0	0
Other (List)				——————————————————————————————————————	<u>I</u> .	
	0	0	0	0	0	0
	.0 .	0	0	. 0	0	. 0
Total Expenses	0	0	0	0	0	0
Net Operating Income	0	0	0	0	0	0
Debt Service:				***************************************	•	
First Mortgage	0	0	0	0	. 0	0
Second Mortgage	0	0	0	0	0	0
Other (List)	-				•	
	o	0	o	0	0	0
	0	0	0	. 0	0	0
Total Debt Service	0	0	0	0	0	0
Total Annual Cash Expenses	0	0	0	0	0	0
Total Net Operating Income	0	0	0	0	0	0
Debt Service Reserve	0	0	0	0	0	0
Cash Flow	0	0	0	0	0	0
*Including laundry facilities, vending machines, parking spac	es stomas spaces or	application foor				

^{*}Including laundry facilities, vending machines, parking spaces, storage spaces or application fees.

Assumptions

Vacancy Rate

Annual Increase

0.0% 0.0%

Other

RENTAL HOUSING CDBG SUPPLEMENTAL PAGES

Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
0	0	0	0	0	0	0	0	0
0	0	0	0	. 0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	. 0	0	0	0	0	0	0
						· · · · · · · · · · · · · · · · · · ·		
0	0	0	0	0	0	0	0	. 0
0	0	0	0	0	0	0	0	0
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0	0	0	. 0	0	0	0	0	. 0
0	0	0	0	0	0	0	0	0
0	0	. 0	0	0	. 0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	. 0	0	0	0	. 0	0
. 0	0	. 0	0	0	0	.0	0	0
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0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	. 0	0	0	0	0	0	0	0
0	0	0	0	. 0	0	0	. 0	0
0	0	0	0	0	0	0	0	. 0

COMMUNITY DEVELOPMENT DIVISION

HOUSING FOR BUYERS CDBG SUPPLEMENTAL PAGES

CITY OF MADISON

ORGANIZATION:

Please provide the following information if you are applying for projects that meet the Community
Development Program Goals & Priorities, Outcome Objective B: Housing for Buyers
Enter the site address (or addresses) for the proposed project and answer the identified questions by column for each address site.

1	. Real	Estate	Project	Data	Summary
---	--------	--------	---------	------	---------

	# of Units	#of Units		# Tenants	Appraised	Appraised			
•	Prior	Post-	# Units	to be	Value	Value	Purchase	Accessible	Accessible
	to Purchase	Project	Occupied	Displaced	Current	Post-Project	Price	Current?	Post-Project?
Address:									
Address:						•			
Address:					-				· · · · · · · · · · · · · · · · · · ·
									÷
Address:							·		
Address:			•		* · · ·				

If no specific site has been identified, use the average of the high-low range or your best estimate of costs.

2. Provide the following information for owner-occupied properties (list each house or project unit):

	#	Amount of	Proj.	Proj. Income	Affordability	Sale
Address/Unit#	Bedrooms	CD \$ Requested	Monthly PiTt	Category*	Period # Yrs	Price
· · · · · · · · · · · · · · · · · · ·		<u> </u>				

^{*}Less than or equal to 30% CMI, 30-50% CMI, 50-80% CMI or >80% CMI

3	. Identify if your project includes any of the following features (Check all that apply):	•
	Incorporates accessibility features	
	Incorporates energy efficiency improvements	
	Involves lead paint removal	
	Involves asbestos removal	
	Incorporates long-term affordability restrictions greater than that required by the HOME rules	
	Provides pre-purchase and post-purchase homebuyer counseling	
4	Do you qualify as a Community Housing Development Organization (CHDO)?	
	·	

COMMUNITY DEVELOPMENT DIVISION

HOUSING FOR BUYERS

CITY OF MADISON

DRGANIZATION:	CDBG SUPPLEMENTAL PAGES	
HOME MATCH: Please describe	if you could provide non-federal matching funds for this project. If yes, described	ribe
mount and source of matching fun		
400 characters (with spaces)		
	be why CDBG/HOME funds are needed to ensure the viability of this project.	
400 characters (with spaces)		

CITY OF MADISON

HOUSING FOR BUYERS CDBG SUPPLEMENTAL PAGES

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			ON:

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7. CAPITAL BUDGET

Enter the proposed capital budget for the proposed project. Identify the fund source and amount for each total line item.

For ex: acquisition \$300,000, \$100,000 from CDBG, \$200,000, from Anchor Bank@ 5% interest/15 years.

	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
Acquisition Costs:			_		
Acquisition	0	0		0	
Title Insurance and Recording	0	0		0	
Appraisal	0	0		0	
Predvlpmnt/feasibility/market study*	0	0		0	
Survey	0	0		0	
Marketing*	0	0		0	
Relocation	0	0		0	
Other (List)	•	<u></u>			
	0	0		0	
Construction:	<u>. </u>			<u> </u>	
Construction Costs	0	0	-	0	
Soils/Site Preparation	0	0		o	
Construction Mgmt	0	0		0	
Landscaping, Play Lots, Signage	, 0	. 0		o	
Construction Interest	0	0		1 0	
Permits; Print Plans/Specs	0	0			
Other (List)					
	o	0		0	
Fees:	<u> </u>			<u> </u>	
Architect	0	0		0	
Engineering	0	0			
Accounting*	0	0	<u></u>	0	
Legai*	0	0		0	
Development Fee*	0	0	·		•
Leasing Fee*	0	0		0	
Other (List)	<u> </u>			11	
,	0	.0		ol	
Project Contingency:	0	0		o	
Furnishings:	0	0		0	
Reserves Funded from Capital:				<u> </u>	·
Operating Reserve	0	0	· · · · · · · · · · · · · · · · · · ·	o	
Replacement Reserve		0			
Maintenance Reserve	0	0		0	
/acancy Reserve	0	0		0	
ease Up Reserve	0	0		0	
Other: (List)	<u> </u>	<u> </u>		<u> </u>	
	0	ol		ol	
TOTAL COSTS:		0		0	

^{*}if CDBG funds are used for items with an asterisk (*), 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 Capitol Revolving Fund, Identify if grant or loan and terms.

RGANIZATIO	DN:	<u> </u>	-	3G SUPPLE	- .:			
CONOMIC D	EVELOPMEN	NT-CAPITAL	PROJECTS					
ase provid	e the followi	ng informati	on if you a	re applying fo	r programs	that meet the	CDD Comm	unity
-	Program Go							
jective E- I	Economic De	velopment -	- if it involve	s real estate p	urchase or	rehab.		
eal Estate P	roject Data S	ummary						·
iter the site	address (or	addresses) i	for the propo	sed project ar	nd answer tl	ne identified	questions by	column
r each addr	ess site.							
					. •			*
Real Estate	Project Data	Summary						
	Total	# Tenants	 Appraised 	Appraised				
	Sq. Footage	to be	Value	Value	Purchase	Accessible	Accessible	
_	of Property	Displaced	Current	Post-Project	Price	Current?	Post-Project?	
Address:								
Address:								
Į								
Address:		•		,				
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Address:				·				
							<u></u>	
Address:			, 					

ORGANIZATION:	CUBG SUPPLEMENTAL PAGES
Ortoration.	

3. CAPITAL BUDGET

Enter the proposed capital budget for the proposed project. Identify the fund source and amount for each total line item.

For ex; acquisition \$300,000, \$100,000 from CDBG, \$200,000, from Anchor Bank@ 5% interest/15 years.

	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
Acquisition Costs:					
Acquisition	0	0		0	
Title Insurance and Recording	0	0		0	
Appraisal	0	0		0	
Predvlpmnt/feasibility/market study*	0	0		0	
Survey	0	0		0	
Marketing*	0	0		0	
Relocation	0	0		0	
Other (List)					
F	0	0	• •	0	
Construction:	•		······································		
Construction Costs	0	0		0	
Soils/Site Preparation	0	0		0	
Construction Mgmt	0	0	······································	0	
Landscaping, Play Lots, Signage	0	0		0	
Construction Interest	0	0		0	
Permits; Print Plans/Specs	0.	0		0	
Other (List)	······································				
Γ	. 0	0		0	
Fees:	T			<u>.</u>	
Architect	0	0		0	· · · · · · · · · · · · · · · · · · ·
Engineering	0	0		0	
Accounting*	0	0		0	
_egal*	0	0		0	
Development Fee*	0	0		0	
_easing Fee*	0	o	· · ·	0	
Other (List)	 			·	
Γ	. 0	0		0	
Project Contingency:	. 0	0		0	
urnishings:	. 0	0		0	·
Reserves Funded from Capital:	"				·
Operating Reserve	0	0		0	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Replacement Reserve	0	0	- William	0	
Naintenance Reserve	0	0		0	
/acancy Reserve	0	0		0	
ease Up Reserve	0	0		0	
Other: (List)					
Γ	0	0		0	
TOTAL COSTS:	0	0		0	

^{*}If CDBG funds are used for items with an asterisk (*), 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 Capitol Revolving Fund. Identify if grant or loan and terms.

COMMUNITY DEVELOPMENT DIVISION NOMIC DEVELOPMENT-CAPITAL PROJECTS
CDDC CHDDLEMENTAL DACES

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ORGANIZATION:	

4. TOTAL PROJECT PROFORMA

Enter total Revenue and Expense information for the proposed project for a 15 year period.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Revenue:						
Gross Income	0	. 0	0	. 0	0	(
Less Vacancy/Bad Debt	0	0	. 0	0	0	
Income from Non-Residential Use*	0	. 0	0	0	0	(
Total Revenue	0	0	0	0	0	
Expenses:						
Office Expenses and Phone	0	0	0	0	0	(
Real Estate Taxes	. 0	0	0	0	0	. (
Advertising, Accounting, Legal Fees	0	. 0	0	0	0	0
Payroll, Payroll Taxes and Benefits	0	0	0	0	0	0
Property Insurance	0	0	0	, o	0	0
Mtc, Repairs and Mtc Contracts	0	0	0	0	0	0
Utilities (gas/electric/fuel/water/sewer)	0	0	0	0	. 0	
Property Mgmt	0	0	0	0	0	
Operating Reserve Pmt	0	0	0	0	0	C
Replacement Reserve Pmt	0	0	0	0	0	C
Support Services	- 0	0	. 0	0	0	C
Other (List)	·					
	0	0	0	0	0	0
	0	0	0	0	0	0
Total Expenses	0	0	0	0	0	0
Net Operating Income	0	0	0	0	0	C
Debt Service:						
First Mortgage	0	0	0	0	0	0
Second Mortgage	0	0	0	0	0	0
Other (List)						
	0	0	0	0	0	. 0
	0	0	0	0	0	0
Total Debt Service	0	0	0	. 0	. 0	0
Total Annual Cash Expenses	0	0	0	0	0	0
Total Net Operating Income	0	0	0	0	0	0
Debt Service Reserve	0	0	0	0	0	C
Cash Flow	0	0	0	0	0	0

^{*}Including laundry facilities, vending machines, parking spaces, storage spaces or application fees.

Assumptions	·
Vacancy Rate	0.0%
Annual Increase	0.0%

Other

Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
·		•						
0	0							0
0	0	. 0			0	0	0	. 0
0	0	0		0	0	0	0	0
0	0	. 0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	. 0
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0	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	Ó	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	. 0	0	0	0	0	. 0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	. 0	0	0	0	0	0
0	0	0	0	. 0	0	0	0	0
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0	0	. 0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	. 0	0
0	0	0	0	0	0	. 0	0	0
0	0	0	0	0	0	0	. 0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	o	0	0	0