

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

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

Agency _____ Program/Project Title _____ Project # _____

<p>Q: P6-7, 10 NC1, RH6, OH3 1. To what extent does the proposal meet the Objectives of the Community Development Program Goals and Priorities for 2011-2012</p>	<p align="center">10 points</p> <p>1 Does not meet objectives or priorities</p>	<p align="center">10</p> <p>Meets objectives and priorities</p>	<p align="center">Points</p>
<p>Q: P7-19, 23, 24, 27 NC 1-2 RH 1-4, OH 1-4 2. To what extent is the proposed program design and work plan sufficiently detailed to demonstrate the ability to result in a positive impact on the need or problem identified?</p>	<p align="center">10 points</p> <p>1 Ineffective program design, unlikely to have a positive impact</p>	<p align="center">10</p> <p>Highly effective program design, logical & efficient work plan, very likely to have positive impact</p>	<p align="center">Points</p>
<p>Q: P8 & 29, NC 5 & 6 3. To what extent does the proposal include objectives that are realistic and measurable and are likely to be achieved within the proposed timeline?</p>	<p align="center">5 points</p> <p>1 Vague objectives, not realistic or measurable, unlikely to be achieved within timeline</p>	<p align="center">5</p> <p>Clear objectives, realistic & measurable, very likely to be achieved within timeline</p>	<p align="center">Points</p>
<p>Q: P17-19, A5-7, 9 NC 1 4. To what extent do the agency, staff and/or Board experience, qualifications, past performance and capacity indicate probable success of the proposal?</p>	<p align="center">10 points</p> <p>1 Low capacity to provide high quality service, poor track record, poor qualifications.</p>	<p align="center">10</p> <p>High capacity to provide high quality services, strong administration, excellent track record, high staff and Board qualifications.</p>	<p align="center">Points</p>
<p>Q: P1-5, 19 22, N1-2 A3, 8-9, NC4, RH5, 8, 9, OH 7, ED3 & 4 5. To what extent is the agency's proposed budget reasonable and realistic, able to leverage additional resources, and demonstrate sound fiscal planning and management?</p>	<p align="center">10 points</p> <p>1 Proposed budget is unclear and/or incorrect, unrealistic, does not leverage additional resources.</p>	<p align="center">10</p> <p>Proposed budget is clear and accurate, reflects realistic & appropriate costs, leverages other funds to support program</p>	<p align="center">Points</p>
<p>P = Program Section A = Agency Overview N = Non City Funding NC = Neighborhood Centers / Gardens</p>	<p>RH = Rental Housing OH = Housing for Buyers ED = Economic Development - Capital Proj..</p>		

<p>Q: P13 - 15, A2, NC1</p> <p>6. To what extent does the agency's proposal demonstrate efforts and success at securing a diverse array of support, including volunteers, in-kind support and securing partnerships with agencies and community groups?</p>	<p>1</p> <p>Very few partnerships, volunteer or in-kind support.</p>	<p>5 points</p>	<p>Q: P10-12, 16, 20, 21, 25, 27 & 28, RH3</p> <p>7. To what extent does the applicant propose services that are accessible and appropriate to the needs of low income individuals, culturally diverse populations and/or populations with specific language barriers and/or physical or mental disabilities?</p>	<p>1</p> <p>Little attention paid to culturally relevant programming, few low income individuals served, no specific plan for addressing accessibility or language barriers.</p>	<p>5 points</p>
<p>P7, 11, 20, 21 & 28, RH1, 2, 5-7, OH1-3, 5 & 6, ED 1 & 2, NC1, 3</p> <p>8. To what extent does the proposal meet the technical and regulatory requirements and unit cost limits as applicable? To what extent is there clear and precise proposal information to determine eligibility?</p>	<p>1</p> <p>Program does not meet the technical or regulatory requirements, exceeds cost limits or information is unclear to determine compliance with regulations.</p>	<p>5 points</p>	<p>Additional criteria for CDBG Capital Projects:</p> <p>RH1 & 7, OH 1 & 2, ED1</p> <p>9. To what extent is the site identified for the proposed project appropriate in terms of minimizing negative environmental issues, relocation and neighborhood or public concerns?</p>	<p>1</p> <p>Site identified has major barriers such as displacement/relocation, environmental, neighborhood or public concerns.</p>	<p>5 points</p>
<p>P = Program Section A = Agency Overview N = Non City Funding NC = Neighborhood Centers / Gardens</p> <p>Comments, thoughts, issues:</p>	<p>RH = Rental Housing OH = Housing for Buyers ED = Economic Development -- Capital Proj.</p>	<p>5</p> <p>Site has been vetted, no problems identified, neighborhood & public are supportive of project at this site.</p>	<p>60 Total Points Possible</p> <p>65 Total Points Possible if a Capital Project</p>	<p>Total Points Assigned to Proposal:</p>	<p>Points</p>

Agency _____ Program/Project Title _____ Project # _____

CDBG Committee /Name of Person completing this form: _____

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		
Mailing Address		
Telephone		
FAX		
Admin Contact		
Financial Contact		
Website		
Email Address		
Legal Status	Select Status from Drop-Down	
Federal EIN:		
State CN:		
DUNS #		



2. AGENCY PROGRAM SUMMARY

2. AGENCY PROGRAM SUMMARY			Goals and Priorities (See Instructions)
Program Name	Letter	New?	Please identify and enter the relevant Program Goal and Priority statement
Program A	A		Select a Priority Statement from the Drop-Down
Program B	B		Select a Priority Statement from the Drop-Down
Program C	C		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	H		Select a Priority Statement from the Drop-Down
Program I	I		Select a Priority Statement from the Drop-Down
Program J	J		Select a Priority Statement from the Drop-Down
Program K	K		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

ORGANIZATION:

PROGRAM/LETTER:

A	Program A
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PROGRAM BUDGET

1. 2010 BUDGETED

REVENUE SOURCE	SOURCE TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL 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

REVENUE SOURCE	SOURCE TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL 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	

ORGANIZATION:

PROGRAM/LETTER:

A Program A

2012 PROGRAM CHANGE EXPLANATION

Complete only if you are requesting more than your 2011 request.

Note: Additional funding should only be requested where services or programming will change or expand in the second year.

3. PROGRAM UPDATE: If requesting more than 2011, describe any major changes being proposed for the program/service in 2012, i.e., expansions or narrowing in target population, scope and level of services, geographic area to be served, etc.).

200 characters (w ith spaces)

4. 2012 COST EXPLANATION

Complete only if significant financial changes are anticipated between 2011-2012.

Explain specifically, by revenue source, any significant financial changes that you anticipate between 2011 and 2012.

For example: unusual cost increases, program expansion or loss of revenue.

200 characters (w ith spaces)

5. 2012 PROPOSED BUDGET

REVENUE SOURCE	BUDGET TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL 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 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

**OTHER 2012

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
TOTAL	0	

ORGANIZATION:
PROGRAM/LETTER:
PRIORITY STATEMENT:

A Program A
Select a Priority Statement from the Drop-Down

DESCRIPTION OF SERVICES

6. NEED FOR PROGRAM: Please identify local community need or gap in service that the proposed program will address.

1000 characters (with spaces)

7. SERVICE DESCRIPTION - Describe the service(s) provided including your expectations of the impact of your activities.

1600 characters (with spaces)

8. PROPOSED PROGRAM CONTRACT GOALS: include clearly defined service goals and process objectives: number of unduplicated clients to be served, number of service hours to be provided etc.

600 characters (with spaces)

9. SERVICE HOURS: Frequency, duration of service and hours and days of service availability.

400 characters (with spaces)

ORGANIZATION:

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PROGRAM/LETTER:

A Program A

10. POPULATION SERVED: Please describe in terms of age, income level, LEP, literacy, cognitive or physical disabilities or challenges).

600 characters (with spaces)

11. LOCATION: Location of service and intended service area (Include census tract where service is tract specific).

200 characters (with spaces)

12. OUTREACH PLAN: Describe your outreach and marketing strategies to engage your intended service population.

1000 characters (with spaces)

13. COORDINATION: Describe how you coordinate your service delivery with other community groups or agencies.

1000 characters (with spaces)

14. VOLUNTEERS: How are volunteers utilized in this program?

400 characters (with spaces)

15. Number of volunteers utilized in 2010?

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Number of volunteer hours utilized in this program in 2010?

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ORGANIZATION:

PROGRAM/LETTER:

A Program A

16. BARRIERS TO SERVICE: Are there populations that are experiencing barriers to the service you are proposing, i.e., cultural differences, language barriers and/or physical or mental impairments or disabilities? Describe the ability of proposed program to respond to the needs of diverse populations.

1600 characters (with spaces)

17. EXPERIENCE: Please describe how your agency, and program staff experience, qualifications, and past performance will contribute to the success of the proposed program?

1600 characters (with spaces)

18. LICENSING OR ACCREDITATION: Report program licensing, accreditation or certification standards currently applied.

200 characters (with spaces)

19. STAFF: Program Staff: Staff Titles, FTE dedicated to this program, and required qualifications for program staff.

Staff Title	FTE	City \$	Qualifications

ORGANIZATION:

PROGRAM/LETTER:

A	Program A

COMMUNITY RESOURCES DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "Community Resources Program Goals & Priorities" If not applying for CR Funds, go to Demographics (p. 8).

24. CONTRIBUTING RESEARCH

Please identify research or best practice frameworks you have utilized in developing this program.

2000 characters (with spaces)

25. ACCESS FOR LOW-INCOME INDIVIDUALS AND FAMILIES

What percentage of this program's participants do you expect to be of low and/or moderate income?

0.0%

What framework do you use to 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

26. HOW IS THIS INFORMATION CURRENTLY COLLECTED?

400 characters (with spaces)

27. PLEASE DESCRIBE YOUR USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS ACCESS ISSUES FOR LOW INCOME INDIVIDUALS AND FAMILIES.

600 characters (with spaces)

ORGANIZATION:

PROGRAM/LETTER:

A 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	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%
			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		
			CITY OF MADISON	0	0%
			DANE COUNTY (NOT IN CITY)	0	0%
			OUTSIDE DANE COUNTY	0	0%
			TOTAL RESIDENCY	0	0%

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

ORGANIZATION:

PROGRAM/LETTER:

A Program A

29. PROGRAM OUTCOMES

Number of unduplicated individual participants served during 2009.

Total to be served in 2011.

Complete the following for each program outcome. No more than two outcomes per program will be reviewed.
 If applying to OCS, please refer to your research and/or posted resource documents if appropriate.
 Refer to the instructions for detailed descriptions of what should be included in the table below.

Outcome Objective # 1:

Performance Indicator(s):

Proposed for 2011:

Total to be considered in
 perf. measurement

Targeted % to meet perf. measures
 Targeted # to meet perf. measure 0

Proposed for 2012:

Total to be considered in
 perf. measurement

Targeted % to meet perf. measures
 Targeted # to meet perf. measure 0

Explain the measurement tools or methods:

Outcome Objective # 2:

Performance Indicator(s):

Proposed for 2011:

Total to be considered in
 perf. measurement

Targeted % to meet perf. measures
 Targeted # to meet perf. measure 0

Proposed for 2012:

Total to be considered in
 perf. measurement

Targeted % to meet perf. measures
 Targeted # to meet perf. measure 0

Explain the measurement tools or methods:

ORGANIZATION:

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PROGRAM BUDGET

1. 2010 BUDGETED

REVENUE SOURCE	SOURCE TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO 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

REVENUE SOURCE	SOURCE TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	0	0	0	0	0
DANE CO 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	

1. AGENCY CONTACT INFORMATION

Organization		
Mailing Address		
Telephone		
FAX		
Admin Contact		
Financial Contact		
Website		
Email Address		
Legal Status	Select Status from Drop-Down	
Federal EIN:		
State CN:		
DUNS #		

2. CONTACT INFORMATION

A	Program A	Contact:	Phone:	Email:
B	Program B	Contact:	Phone:	Email:
C	Program C	Contact:	Phone:	Email:
D	Program D	Contact:	Phone:	Email:
E	Program E	Contact:	Phone:	Email:
F	Program F	Contact:	Phone:	Email:
G	Program G	Contact:	Phone:	Email:
H	Program H	Contact:	Phone:	Email:
I	Program I	Contact:	Phone:	Email:
J	Program J	Contact:	Phone:	Email:
K	Program K	Contact:	Phone:	Email:
L	Program L	Contact:	Phone:	Email:

3. AGENCY REVENUE DETAILED BY PROGRAM

REVENUE SOURCE	2009 ACTUAL	2010 BUDGET	2011 PROPOSED	2011 PROPOSED PROGRAMS			
				A	B	C	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	0	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 SOURCE	2011 PROPOSED PROGRAMS CONT.						
	E	F	G	H	I	J	K
DANE CO HUMAN SVCS	0	0	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0	0	0
MADISON-COMM SVCS	0	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	0	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 SOURCE	2011 PROPOSED PROGRAMS CONT.						Non-City
	L						
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	0						0
USER FEES	0						0
OTHER	0						0
TOTAL REVENUE	0						0

AGENCY ORGANIZATIONAL PROFILE

4. AGENCY MISSION STATEMENT

600 characters (w ith spaces)

5. AGENCY EXPERIENCE AND QUALIFICATIONS

6000 characters (w th spaces)

6. AGENCY GOVERNING BODY

How many Board meetings were held in 2009?

How many Board meetings has your governing body or Board of Directors scheduled for 2010?

How many Board seats are indicated in your agency by-laws?

Please list your current Board of Directors or your agency's governing body.

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

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

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

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
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
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

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

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To: mm/yyyy

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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

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	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
TOTAL	0	0%	0	0%	0	0%
GENDER						
MALE	0	0%	0	0%	0	0%
FEMALE	0	0%	0	0%	0	0%
UNKNOWN/OTHER	0	0%	0	0%	0	0%
TOTAL GENDER	0	0%	0	0%	0	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.

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 information you provided elsewhere in the application.

Account Description	2009 ACTUAL	2010 BUDGET	2011 PROPOSED
A. PERSONNEL			
Salary	0	0	0
Taxes	0	0	0
Benefits	0	0	0
SUBTOTAL A.	0	0	0
B. 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	0	0	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

0.0%

Divide the number of resignations or terminations in calendar year 2009 by total number of budgeted positions.

Do not include seasonal positions. Explain if you had a 20% or more turnover rate in a certain staff position/category.

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

600 characters (with spaces)

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES

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)

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

400 characters (with spaces)

COMMUNITY GARDENS, STOP HERE. NEIGHBORHOOD CENTERS, PROCEED.

ORGANIZATION:

4. AGENCY BUDGET BY PROGRAM

	TOTAL BUDGET			Program A			2009 Actual
	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	
REVENUE	0	0	0	0	0	0	0
DANE CO HUMAN SVCS	0	0	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0	0	0
MADISON-COMM SVCS	0	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	0	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

	TOTAL BUDGET			Program A			2009 Actual
	2009 Actual	2010 Budget	2011 Proposed	2009 Actual	2010 Budget	2011 Proposed	
EXPENSE	0	0	0	0	0	0	0
PERSONNEL	0	0	0	0	0	0	0
OPERATING	0	0	0	0	0	0	0
SPACE	0	0	0	0	0	0	0
SPECIAL COSTS	0	0	0	0	0	0	0
TOTAL EXPENSES	0	0	0	0	0	0	0

**COMMUNITY DEVELOPMENT DIVISION NEIGHBORHOOD CENTERS/GARDENS
CDBG SUPPLEMENTAL PAGES**

CITY OF MADISON

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
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	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 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
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**

CITY OF MADISON

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	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
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	0

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES

5. AGENCY PROCESS OBJECTIVES BY PROGRAM

2009 Actual 2010 Goal 2011 Proposed

Facility Use and Core

Sponsored Children/Youth Hours	0	0	0
Sponsored Adult/Family Hours	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 Participants	0	0	0
Total Center Unduplicated Participants	0	0	0

Program A:

Program A

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program B:

Program B

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program C:

Program C

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program D:

Program D

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program E:

Program E

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program F:

Program F

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program G:

Program G

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program H:

Program H

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program I:

Program I

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program J:

Program J

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program K:

Program K

Service Units	0	0	0
Unduplicated Participants	0	0	0

Program L:

Program L

Service Units	0	0	0
Unduplicated Participants	0	0	0

Non-City Pgm Service Units	0	0	0
Non-City Pgm Unduplicated Participants	0	0	0

ORGANIZATION: CDBG SUPPLEMENTAL PAGES

6. AGENCY OUTCOME OBJECTIVE BY PROGRAM

Program Name	Outcome Objective #1	Performance Indicator #1	Measurement Tool #1
Program A			
Program B			
Program C			
Program D			
Program E			
Program F			
Program G			
Program H			
Program I			
Program J			
Program K			
Program L			
Non-City Programs			

ORGANIZATION:

[Empty box for organization name]

RENTAL HOUSING

Please provide the following information if you are applying for projects that meet the Community Development Program Goals & Priorities, Outcome Objective D: Rental Housing

1. Provide the following information for rental housing projects (list each address with unit number separately)

Address/Unit Number	# Bedrooms	Req. Amount of CD \$	Proj. Income Category*	Proj. Monthly Unit Rent	Includes Utilities?

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

2. Identify if your project includes any of the following features (Check all that apply):

- Incorporates accessibility features
- Incorporates energy efficiency features
- Involves lead paint removal
- Involves asbestos removal
- Incorporates long term affordability restrictions greater than that required by the HOME rules

[Vertical column of five empty checkboxes]

3. Does the project include plans to provide supportive services to residents or links to appropriate services?

If yes, please describe.

400 characters (with spaces) [Large text area for description]

4. Do you qualify as a Community Housing Development Organization (CHDO)?

[Empty checkbox]

5. HOME MATCH: Please describe if you could provide non-federal matching funds for this project. If yes, describe amount and source of matching funds.

400 characters (with spaces) [Large text area for description]

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

400 characters (with spaces) [Large text area for description]

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES

Please provide the following information -- if you are applying for projects that meet the CDD Community Development Program Goals & Priorities Outcome Objective D-Rental Housing

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 Prior to Purchase	# of Units Post- Project	# Units Occupied	# Tenants to be Displaced	Appraised Value Current	Appraised Value Post-Project	Purchase Price	Accessible Current?	Post-Project Accessible?
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.

ORGANIZATION: _____

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.

	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)	0	0		0	
<hr/>					
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	
<hr/>					
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	
<hr/>					
Project Contingency:					
	0	0		0	
<hr/>					
Furnishings:					
	0	0		0	
<hr/>					
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	
<hr/>					
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 Capital Revolving Fund. Identify if grant or loan and terms.

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES

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	0
Less Vacancy/Bad Debt	0	0	0	0	0	0
Income from Non-Residential Use*	0	0	0	0	0	0
Total Revenue	0	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)	0	0	0	0	0	0
<hr/>						
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)	0	0	0	0	0	0
<hr/>						
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 spaces, storage spaces or application fees.

Assumptions

Vacancy Rate	0.0%
Annual Increase	0.0%
Other	

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES

HOUSING FOR BUYERS

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 Prior to Purchase	#of Units Post- Project	# Units Occupied	# Tenants to be Displaced	Appraised Value Current	Appraised Value Post-Project	Purchase Price	Accessible Current?	Accessible 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):

Address/Unit#	# Bedrooms	Amount of CD \$ Requested	Proj. Monthly PITI	Proj. Income Category*	Affordability Period # Yrs	Sale Price

*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)?

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES

5. HOME MATCH: Please describe if you could provide non-federal matching funds for this project. If yes, describe amount and source of matching funds.

400 characters (with spaces)

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

400 characters (with spaces)

ORGANIZATION:

CDBG SUPPLEMENTAL PAGES

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	
Predevlpmnt/feasibility/market study*	0	0		0	
Survey	0	0		0	
Marketing*	0	0		0	
Relocation	0	0		0	
Other (List)					
	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 listed separately, i.e., Acquisition: \$30,000 HOME, \$125,000 Capitol Revolving Fund. Identify if grant or loan and terms.

CDBG SUPPLEMENTAL PAGES

ORGANIZATION:

[Redacted Organization Name]

ECONOMIC DEVELOPMENT-CAPITAL PROJECTS

Please provide the following information -- if you are applying for programs that meet the CDD Community Development Program Goals & Priorities Outcome

Objective E- Economic Development -- if it involves real estate purchase or rehab.

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.

1. Real Estate Project Data Summary

	Total Sq. Footage of Property	# Tenants to be Displaced	Appraised Value Current	Appraised Value Post-Project	Purchase Price	Accessible Current?	Accessible 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. FUNDS NEEDED: Please describe why CDBG funds are needed to ensure the viability of this project.

400 characters (with spaces)

[Redacted Funds Needed Description]

CDBG SUPPLEMENTAL PAGES

ORGANIZATION: _____

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)	0	0		0	
<hr/>					
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	
<hr/>					
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	
<hr/>					
Project Contingency:					
	0	0		0	
<hr/>					
Furnishings:					
	0	0		0	
<hr/>					
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	
<hr/>					
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.

CDBG SUPPLEMENTAL PAGES

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	0
Less Vacancy/Bad Debt	0	0	0	0	0	0
Income from Non-Residential Use*	0	0	0	0	0	0
Total Revenue	0	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)	0	0	0	0	0	0
	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)	0	0	0	0	0	0
	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	0
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	

