

Application for Neighborhood and Community Development Funds

Submit original and 27 complete copies of this application to the CD Office by 4:30 p.m. by the 15th of the month, to be reviewed by the CDBG Commission on the first Thursday of the following month.

Program Title: Men's Drop-In Shelter Repairs Amount Requested: \$ 10,000
Agency: Porchlight, Inc.
Address: 306 N. Brooks St.
Contact Person: Brad Hinkfuss Telephone: (608) 257-2534
Email: bhinkfuss@porchlightinc.org Fax: (608) 257-2507

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

This is an extension of a recently approved project funded with Emergency Shelter Grant funds. The goal is to rehabilitate some basic features of the Men's Drop-In Shelter at 116 W. Washington Ave. in downtown Madison. The need is for a fully functional shelter facility that has durable and reliable basic features. The targeted features include the kitchen, common restroom and common shower room. The initial funding block (\$24,999) paid for the purchase and installation of the following items:

- Demo & excavation of the kitchen floor
- Rebuilding the commercial dishwasher
- Water Heater
- Additional electrical service outlets
- Demo of restroom & shower room tile
- In-floor grease trap
- Booster heater
- Scrap sink, rinse & garbage disposal
- Re-tiling the kitchen service area
- Rebuilding & re-tiling the restroom & shower room walls

In the course of preparing to re-tile the restroom and shower room floors it became evident that the tile walls were at point of failure. This further affected all the existing fixtures attached to the walls. This unexpected development increased the scope of work. Funds originally intended for fixtures were required just to finish the expanded tile work. This expense was so great that Porchlight used agency funds to complete the additional tile work (~\$4,000). The cost of required replacement fixtures is beyond the capability of the agency. The additional funding request (\$10,000) is designated for the following items:

- Stall enclosures for the toilet stools (3)
- Personal care sink & fixtures (shower room)
- Heating element covers
- Installation of all items listed here
- Large, vandal-resistant hand wash sink (restroom)
- Commercial vent fans (restroom & shower room)
- Finish trim for all tile work

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

The target population is homeless individual men. This shelter is the only one of its kind in the City of Madison and therefore serves all homeless men on an as-needed, drop-in basis regardless of age, residency, race or income (no one under the age of 18).

More than 2,000 in any given year # unduplicated individuals estimated to be served by this project.

More than 2,000 in any given year # unduplicated households estimated to be served by this project.

3. Program Objectives: The 5-Year Plan lists 10 project objectives (A through M). Circle the one most applicable to your proposal and describe how this project addresses that objective.

- | | |
|---|---|
| A. Housing – Existing Owner-Occupied | G. Neighborhood Civic Places |
| B. Housing – For Buyers | K. Community-based Facilities |
| C. Housing – Rental Housing | L. Neighborhood Revitalization |
| E. Economic Dev. – Business Creating Jobs | N. Access to Housing Resources |
| F. Economic Dev. – Micro-enterprise | M. <u>Access to resources, Low/moderate income persons seeking housing.</u> |

M. Access to resources, Low/moderate income persons seeking housing

This project keeps the Men’s Drop-In Shelter facility working as a destination and refuge for homeless men. Almost of these men have low to very low incomes. The shelter is a resource for low income people in itself, and it also frequently serves as an entry point into a wider array of resources throughout the community. By working with shelter staff the homeless clients can learn of other services that might target their specific needs. Furthermore, the shelter has a shuttle service that will bring shelter guests to other destinations where even more services are available. Guests also learn of other housing options during their stay at the shelter, with housing applications available on-site.

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

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

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

EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CD REVENUES	AMOUNT OF NON-CD REVENUES	SOURCE OF NON-CD FUNDED PORTION
A. Personnel Costs				
1. Salaries/Wages (attach detail)				
2. Fringe Benefits				
3. Payroll Taxes				
B. Non-Personnel Costs				
1. Office Supplies/Postage				
2. Telephone				
3. Rent/Utilities				
4. Professional Fees & Contract Services				
5. Work Supplies and Tools				
6. Other:				
C. Capital Budget Expenditures (Detail in attachment C)				
1. Capital Cost of Assistance to Individuals (Loans)				
2. Other Capital Costs:	10,000	10,000	10,000 **	Porchlight agency funds; Volunteer time and donations
D. TOTAL (A+B+C)	10,000	10,000	10,000 **	

** ESG required one-for-one match which includes additional construction costs, operating costs and in-kind contributions of volunteers.

6. Action Plan/Timetable

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

Estimated Month of Completion
(If applicable)

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

This project originally started in July 2007. Due to the unexpected change in the scope of work (as detailed in item #1, above) the timetable and plan changed. The current plan is make the remaining improvements in November/December 2007. At that time, Porchlight will use agency maintenance staff and outside contractors to install the unfinished upgrades and features to the Men's Drop-In Shelter rest room and shower room.

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

The alderperson was not contacted; this is simply a replacement of old equipment and finishes for new ones. There are no new uses, added features or changes in use/capacity.

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

<u> </u>	No	Complete Attachment A		
<u> X </u>	Yes	Complete Attachment B and C and <u>one</u> of the following:	<u> X </u>	D Facilities
			<u> </u>	E Housing for Buyers
			<u> </u>	F Rental Housing and Proforma

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

 X No Yes - Complete Attachment G

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

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

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

 No X Yes - Complete Attachment I

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

<u> </u>	Future Fund (Attachment A)	<u> </u>	Housing for Resale (Attachment E)
<u> X </u>	Property Description (Attachment B)	<u> </u>	Rental Housing and Proforma (Attachment F)
<u> X </u>	Capital Budget (Attachment C)	<u> </u>	CHDO (Attachment G)
<u> X </u>	Community Service Facility (Attachment D)	<u> </u>	Scattered Site Funds Addendum (Attachment H)
		<u> X </u>	ESG Funding Addendum (Attachment I)

13. **Affirmative Action:** If funded, applicant hereby agrees to comply with City of Madison Ordinance 3.58(9) and file either an exemption or an affirmative action plan with the Department of Civil Rights. A Model Affirmative Action Plan and instructions are available at: <http://www.cityofmadison.com/dcr/aaForms.cfm>.

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

Signature: [Signature] Date: 10/17/07
President-Board of Directors/Department Head

Signature: [Signature] Date: 10/17/07
Executive Director

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

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

INFORMATION CONCERNING PROPOSALS INVOLVING REAL PROPERTY

ADDRESS	ACTIVITY (Circle Each Applicable Phase)	NUMBER OF UNITS		Number of Units Currently Occupied	Number of Tenants To Be Displaced?	APPRAISED VALUE:		PURCHASE PRICE (If Applicable)	ACCESSIBLE TO INDIVIDUALS WITH PHYSICAL HANDICAPS?		PRIOR USE OF CD FUNDS IN BUILDING?
		Prior to Purchase	After Project			Current	After Rehab/Construction		Currently?	Post-project?	
116 W. Washington Ave., Madison, WI 53703	Purchase Rehab Construct	55	55	55	0	NA	NA		Yes	Yes	Yes
	Purchase Rehab Construct										
	Purchase Rehab Construct										

CAPITAL BUDGET

Amount and Source of Funding: ***	TOTAL PROJECT/CAPITAL BUDGET (include all fund sources)				
	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
Acquisition Costs:					
Acquisition					
Title Insurance and Recording					
Appraisal					
*Predvpmnt/feasibility/market study					
Survey					
*Marketing/Affirmative Marketing					
Relocation					
Other:					
Construction:					
Construction Costs	\$10,000	10,000	ESG Funds		
Soils/site preparation					
Construction management					
Landscaping, play lots, sign					
Const interest					
Permits; print plans/specs					
Other:					
Fees:					
Architect					
Engineering					
*Accounting					
*Legal					
*Development Fee					
*Leasing Fee					
Other:					
Project Contingency:					
Furnishings:					
Reserves Funded from Capital:					
Operating Reserve					
Replacement Reserve					
Maintenance Reserve					
Vacancy Reserve					
Lease Up Reserve					
Other (specify):					
Other (specify):					
TOTAL COSTS:	\$10,000	10,000			

* If CDBG funds are used for items with an *, the total cost of these items may not exceed 15% of the CDBG amount.

** Note: Each amount for each source must be listed separately, i.e. Acquisition: \$30,000 HOME; \$125,000 CRI.

*** Identify if grant or loan and terms.

FACILITIES

A. Recap: Funds would be applied to:

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

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

Porchlight staff decided to improve the Drop-In Shelter to maintain a basic level of services for homeless men, regardless of whether they need assistance for one or many days. These services include functional toilets/urinals, warm showers and a practical kitchen facility for volunteers to serve meals to shelter guests. These improvements are most accurately described as rehabilitations of existing basic features. For example, replacing failed flooring and rebuilding the commercial dishwasher. Rehabbing specific features of the facility keeps it more cleanable, sanitary, functional and efficient.

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

Amount	Name
\$24,999	DS007 HUDESG07 / Men's Drop-In Shelter Plumbing Repairs

D. If rented space:

1. Who is current owner?

Grace Episcopal Church

2. What is length of proposed or current lease?

Current Lease to 11/07. Proposed lease for 10 years into the future.

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

Square footage has not been calculated. Current annual rent is \$13,740. This is extremely low for the area.

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

F. Include:

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

EMERGENCY SHELTER GRANT FUNDING

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

Porchlight is an active member of the Dane County Homeless Services Consortium. Porchlight staff regularly attend at monthly meetings with other service providers and have strong working relationships with other such agencies' staff. These longstanding relationships between service agencies ensure that clients receive the best service possible from the most appropriate providers.

- B. If funds are requested for supportive services or prevention activities, describe how the service qualifies as a new service or how it will be a quantifiable increase in services.