

# 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 15<sup>th</sup> of the month, to be reviewed by the CDBG Commission on the first Thursday of the following month.

Program Title: Porchlight Utilities (PTO) Amount Requested: \$ 13,000  
Agency: Porchlight, Inc  
Address: 306 N. Brooks Street  
Contact Person: Steven J. Schooler Telephone: 608-257-2534  
Email: [sschooler@porchlightinc.org](mailto:sschooler@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.

The program funds will be used to pay utilities for a transitional housing program managed by Porchlight. Porchlight runs an 18 bed transitional housing program located at 306 N. Brooks Street. The residents pay 30% of their income for rent and do not pay utility costs.

The goal is to pay the utilities for the residents of this transitional housing program called PTO (Partnership for Transitional Opportunities) in order to keep the program affordable for a very needy population.

The expected outcome is that 45 homeless individuals (over an 18 month period) will receive affordable transitional housing with intensive support services. Grant funds will pay the utilities for this program.

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 served by the transitional housing program is single, adult men and women who are at least 18 years old (on average 18-61 years of age).

100% of residents meet HUD's definition of homeless prior to entering the program.

100% of residents live in Madison.

100% of residents have substance abuse issues.

90% of residents have mental health issues.

60% of residents have a physical disability.

35% of residents have been a victim of domestic violence.

95% of residents are making less than 30% of County Median Income.

56% of residents are employed and the rest are on disability, veteran pensions or are looking for employment.

75% of residents are Caucasian and 25% are of a minority race.

The PTO program employs a full-time employment specialist and an AODA counselor who work with each resident individually to develop an ISP (individual service plan) which encompasses short and long-term goals for the resident while they are in the program. Each resident is required to be employed, working toward employment or if unable to work, to volunteer at least 20 hours per week in the community. In addition, each resident meets individually each week with both staff members and once per week with other PTO members.

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

\_\_\_45\_\_\_ # unduplicated households estimated to be served by this project.

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

- |   |                                |
|---|--------------------------------|
| A. Housing – Existing Owner-Occupied      | 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       |                                |

This program provides very low-cost transitional housing combined with intensive services for those at the very lowest County Median Income levels. It also provides this as part of an effort to address the AODA issues that persons face. The payment for utilities allows Porchlight to continue this program at rental rates affordable to those that most need this program – particularly those with almost no independent resources.

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

- |                       |  |          |                                |
|-----------------------|--|----------|--------------------------------|
| Acquisition/<br>Rehab | ___ New Construction, Acquisition,<br>Expansion of Existing Building | Futures  | ___ Prototype                  |
|                       | ___ Accessibility  |          | ___ Feasibility Study          |
|                       | ___ Maintenance/Rehab  |          | ___ Revitalization Opportunity |
|                       | ___ Other  |          | ___ New Method or Approach     |
| Housing               | ___ Rental Housing   | Homeless | <u>X</u> Housing               |
|                       | ___ Housing For Buyers   |          | ___ Services                   |

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

EXPENDITURES	TOTAL PROJECT COSTS	AMOUNT OF CD REVENUES	AMOUNT OF NON-CD REVENUES	SOURCE OF NON-CD FUNDED PORTION
<b>A. Personnel Costs</b>				
1. Salaries/Wages (attach detail)				
2. Fringe Benefits				
3. Payroll Taxes				
<b>B. Non-Personnel Costs</b>				
1. Office Supplies/Postage				
2. Telephone				
3. Rent/Utilities	22,448	13,000	9,448	HUD & Contributions
4. Professional Fees & Contract Services				
5. Work Supplies and Tools				
6. Other:				
<b>C. Capital Budget Expenditures (Detail in attachment C)</b>				
1. Capital Cost of Assistance to Individuals (Loans)				
2. Other Capital Costs:				
<b>D. TOTAL (A+B+C)</b>	<b>22,448</b>	<b>13,000</b>	<b>9,448</b>	<b>HUD &amp; Contributions</b>

For the 2008 utilities were \$79,989 for the building at 306 N Brooks Street. For 2009 utilities for the building are annualizing at \$89,642 as of May 31, 2009. The building maintains 102 resident units of which 18 are permanently designated for PTO program participants or 17.65%. The monthly costs vary due to season; however the average monthly utility bill is \$7,068. The amount attributable to PTO program participants monthly is \$1,247 (\$7,068 x 17.65%); for an 18 month period the total utility cost attributable to PTO participants would be \$22,448 (\$1,247 x 18)

Match of \$13,000 would be additional utility expenses as well as maintenance expenses.

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.

**Operations**

Location – 306 N Brooks St, Madison, WI 53715  
Days – Sunday to Saturday, every day of the week  
Hours – 24 hours a day, every day of the year.

This grant is for 18 months or until the end of December 2010

Depending on future funding for ESG it is possible that future grant request will be made.

**Support Services**

Location – 306 N Brooks St, Madison, WI 53715  
Days – Monday thru Friday  
PTO  
Hours – 7:00 am to 4:30pm

See attached flowchart for diagram of program process for Operating costs and

(Case Mgrs avail nights and weekends as necessary)

Support Services.

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

I am in strong support of Porchlight pursuing these grants. Please let me know if you need any more formalized position from me or would like any other more lengthy comments from me.

As Alder of the 8th district, Porchlight has my full support to pursue federal CDBG and other financial funding for such worthwhile and important services that the Brooks St location provides to our community.

Best,

- Bryon

Madison Common Council

Alder, District 8

608-335-5091

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.]

  X   No Complete Attachment A **(NOT APPLICABLE)**

       Yes Complete Attachment B and C and one of the following:

       D Facilities

       E Housing for Buyers

       F Rental Housing and Proforma

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

  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:

       Future Fund (Attachment A)

       Housing for Resale (Attachment E)

       Property Description (Attachment B)

       Rental Housing and Proforma (Attachment F)

       Capital Budget (Attachment C)

       CHDO (Attachment G)

       Community Service Facility (Attachment D)

       Scattered Site Funds Addendum (Attachment H)

  X   ESG Funding Addendum (Attachment I)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Executive Director

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

ATTACHMENT A

**FUTURE FUND PROPOSAL ONLY**

- A. Describe the project features which make this a prototype project, feasibility study, addresses a short-lived revitalization opportunity or develops a new method or approach, which triggered the need for Future Funds.

Not Applicable

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?	
	Purchase Rehab Construct										
	Purchase Rehab Construct										
	Purchase Rehab Construct										

**CAPITAL BUDGET**

TOTAL PROJECT/CAPITAL BUDGET (include all fund sources)

Amount and Source of Funding: ***	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**	Amount	Source/Terms**
<b>Acquisition Costs:</b>							
Acquisition							
Title Insurance and Recording							
Appraisal							
*Predvlpmnt/feasibilty/market study							
Survey							
*Marketing/Affirmative Marketing							
Relocation							
Other: _____							
<b>Construction:</b>							
Construction Costs							
Soils/site preparation							
Construction management							
Landscaping, play lots, sign							
Const interest							
Permits; print plans/specs							
Other: _____							
<b>Fees:</b>							
Architect							
Engineering							
*Accounting							
*Legal							
*Development Fee							
*Leasing Fee							
Other: _____							
<b>Project Contingency:</b>							
<b>Furnishings:</b>							
<b>Reserves Funded from Capital:</b>							
Operating Reserve							
Replacement Reserve							
Maintenance Reserve							
Vacancy Reserve							
Lease Up Reserve							
<b>Other (specify):</b> _____							
<b>Other (specify):</b> _____							
<b>TOTAL COSTS:</b>							

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

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

\*\*\* Identify if grant or loan and terms.

**FACILITIES**

A. Recap: Funds would be applied to:

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

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

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

<u>Amount</u>	<u>Name</u>
---------------	-------------

D. If rented space:

1. Who is current owner?
2. What is length of proposed or current lease?
3. What is proposed rental rate (\$/sq. ft. and terms) and how does this compare to other renters in building or in 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.)



**HOUSING FOR BUYERS**

A. Recap briefly the key or unique features of this project:

1. Activities to bring it to housing and code standards:

2. Ways to assure the long-term affordability of the unit? (i.e. Repayment or land use/lease restriction or other special funding features to make it affordable):

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

Table B: OWNER									
Unit #	# of Bedroom	Purchase Price	Amt of CD \$	Use of CD Funds*	Projected Monthly PITI	Household Income Category**	Affordability Period # of Years	Sale Price	Appraised Value

\* Refer to 24 CFR 92.206 or 570.202 for such costs as construction, acquisition, architectural engineering services, affirmative marketing, relocation.

\*\* Less than or equal to 30% of median income, less than or equal to 50% of median, less than or equal to 60% of median, or less than or equal to 80% of median.

C. Describe proposed improvements to increase the level of accessibility:

**RESIDENTIAL RENTAL PROPERTY**

A. Provide the following information for rental properties:

Table A: RENTAL						
	Site 1			Site 2		Site 3
Unit #	# of Bedrooms	Amount of CD \$	Use of CD Funds*	Monthly Unit Rent	Includes Utilities?	Household Income Category

B. Indicate how the project will demonstrate that the housing units will meet housing and code standards.

C. Describe briefly your tenant selection criteria and process.

D. Does the project include plans to provide support services to assisted residents or to link assisted residents to appropriate services? If yes, describe.

TOTAL PROJECT PROFORMA (total units in the project)															
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Revenue															
Gross Income															
Less Vacancy															
<b>Net Income</b>															
Expenses															
Audit															
Taxes															
Insurance															
Maintenance															
Utilities															
Property Management															
Operating Reserve Pmt															
Replacement Reserve Pmt															
Support Services															
Affirmative Marketing															
Other _____															
<b>Total Expenses</b>															
<b>NET OPERATING INCOME</b>															
Debt Service															
First Mortgage															
Other															
Other															
<b>Total Debt Service</b>															
<b>Total Annual Cash Expenses</b>															
<b>Debt Service Reserve</b>															
<b>Cash Flow</b>															
Assumptions:															
Vacancy Rate															
Annual Increase															
Carrying Charges															
Expenses															

**COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) ONLY**

A. Please describe how the organization meets the following key criteria:

- \_\_\_\_\_ a. Possesses not-for-profit, tax exempt 501(c) status;
- \_\_\_\_\_ b. Has a board with fewer than 1/3 of its members as public officials;
- \_\_\_\_\_ c. Includes provision of affordable housing within its statement of purpose;
- \_\_\_\_\_ d. Includes lower income or lower income representatives for a minimum of 1/3 of its board and includes a means for lower-income participation;
- \_\_\_\_\_ e. Demonstrates its capacity and experience in service the community.

## APPLICATION FOR SCATTERED SITE ACQUISITION FUNDS

Address: \_\_\_\_\_ Amount Requested:  
\$ \_\_\_\_\_

1. Which State of Wisconsin statute are you organized under? \_\_\_\_\_ Chapter 181  
\_\_\_\_\_ Chapter 185
  
2. Proposed Acquisition Site:
  - A. Address: \_\_\_\_\_
  - B. Current appraised value: \_\_\_\_\_
  - C. Accepted purchase price (if offer has been made): \_\_\_\_\_
  - D. Number of bedrooms, living units, or shared living units: \_\_\_\_\_
  - E. Number of square feet on the property: \_\_\_\_\_
  
3. Program Abstract: Provide an overview of the service program. Identify the community need to be addressed. Summarize the program's major purpose in terms of problems to be addressed, the goals and procedures to be utilized, and the expected outcomes. Limit response to 150 words.

4. Describe how your target population meets the CDA definition of special needs.

## 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.

As one of the major providers of housing and services for homeless persons in Dane County, **Porchlight** maintains well-established collaborative networks with all Dane County Homeless Services Consortium agencies as well as other Madison-area human service organizations, private business, and faith communities. Collaborative relationships have been central to the success of **Porchlight's** PTO program. PTO staff work closely with outside agencies for appropriate referrals, to accurately assess potential and current residents, to prepare effective achievement plans, and to assist with successful transitions to permanent housing. Partners in this effort include The Salvation Army, YWCA, Port St. Vincent, ARC Treatment Services, Hope Haven, Dane County Mental Health Center, private AODA counselors, Department of Corrections, AIDS Network, Domestic Abuse Intervention Services, Tenant Resource Center, Division of Vocational Rehabilitation, Department of Veterans Affairs, Legal Action of Wisconsin, UW Medical School and many more.

This program also works closely with the ReachOut Program and the State Street Outreach Worker to accept appropriate referrals. While the PTO program is not exclusively a "Housing First" program, it is a program that works with homeless persons with chronic substance abuse issues which are a significant part of the target population for the ReachOut and State Street Outreach programs.

A **Porchlight** case manager attends monthly Homeless Services Consortium meetings. **Porchlight's** Director of Services facilitates the Continuum of Care Coordinating Committee that writes Dane County's HUD Continuum of Care Homeless Assistance Program's application. Also, **Porchlight** was one of the lead writers of Dane County's "Community Plan to Prevent and End Homelessness," published in 2006.

- 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.

Porchlight is not applying for funds for supportive services or prevention activities. We are applying for Operation funds.

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

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1. Salaries/Wages (attach detail)				
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<b>B. Non-Personnel Costs</b>				
1. Office Supplies/Postage				
2. Telephone				
3. Rent/Utilities	22,448	13,000	9,448	HUD & Contributions
4. Professional Fees & Contract Services				
5. Work Supplies and Tools				
6. Other: Maintenance Expenses	3,552		3,552	Mgt fee & Contributions
<b>C. Capital Budget Expenditures (Detail in attachment C)</b>				
1. Capital Cost of Assistance to Individuals (Loans)				
2. Other Capital Costs:				
<b>D. TOTAL (A+B+C)</b>	26,000	13,000	13,000	HUD & Contributions

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(Case Mgrs avail nights and weekends as necessary)

See attached flowchart for diagram of PTO program process for Operating costs and Support Services.