

APPLICATION FOR 2013-2014 FUNDS



1. AGENCY CONTACT INFORMATION

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



2. 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](http://www.cityofmadison.com/dcr/aaForms.cfm).

LIVING WAGE ORDINANCE

If funded, applicant hereby agrees to comply with City of Madison Ordinance 4.20. The Madison Living Wage for 2013 will be \$12.19 (hourly). This reflects a 3% increase over Madison Living Wage for 2012, and is consistent with prior annual increases.

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 (608) 266-6520. If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

3. SIGNATURE

Enter name:

By entering your initials in the box  you are electronically signing your name and agreeing to the terms listed above.

DATE

AGENCY CONTACT INFORMATION

ORGANIZATION: Housing Initiatives, Inc.

1. AGENCY CONTACT INFORMATION

A	Program A	Select an Objective Statement from the Drop-Down																		
	Contact:	Dean Loumos	New Prg? Yes	Phone: 608 277 8330	Email: dloumos@housinginit.org															
B	Program B	Select an Objective Statement from the Drop-Down																		
	Contact:		New Prg?	Phone:	Email:															
C	Program C	Select an Objective Statement from the Drop-Down																		
	Contact:		New Prg?	Phone:	Email:															
D	Program D	Select an Objective Statement from the Drop-Down																		
	Contact:		New Prg?	Phone:	Email:															
E	Program E	Select an Objective Statement from the Drop-Down																		
	Contact:		New Prg?	Phone:	Email:															
F	Program F	Select an Objective Statement from the Drop-Down																		
	Contact:		New Prg?	Phone:	Email:															
G	Program G	Select an Objective Statement from the Drop-Down																		
	Contact:		New Prg?	Phone:	Email:															
H	Program H	Select an Objective Statement from the Drop-Down																		
	Contact:		New Prg?	Phone:	Email:															

2. AGENCY REVENUE DETAILED BY PROGRAM

REVENUE SOURCE	2011 ACTUAL	2012 BUDGET	2013-14 PROPOSED	2013-14 PROPOSED PROGRAMS																
				A	B	C	D	E	F	G	H	Non-City								
DANE CO HUMAN SVCS	713,439	10,800	60,300	60,300	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DANE CO CDBG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MADISON-CDBG	0	0	432,000	432,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UNITED WAY ALLOC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
UNITED WAY DESIG	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER GOVT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FUNDRAISING DONATIONS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
USER FEES	674,260	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	0	790,090	808,940	808,940	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL REVENUE	1,387,689	800,890	1,301,240	1,301,240	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**3. AGENCY ORGANIZATIONAL PROFILE**

a. AGENCY MISSION STATEMENT

600 characters (with spaces) (6 lines max.) Housing Initiatives exists to provide permanent housing to people who suffer from chronic mental illness and became homeless because of it.

b. AGENCY EXPERIENCE AND QUALIFICATIONS

6000 characters (with spaces) (47 lines max.) Housing Initiatives was established in 1993 and has since developed, own and manage 80 units of housing for people with mental illnesses. We also rent another 50 units from private landlords. All of our units are subsidized through Shelter plus Care rent assistance program that is funded by HUD through Dane County Human Services or subsidized through the Section 8 program. Last year our program was awarded a prestigious honor from HUD for providing permanent housing specifically in our office/apartment complex and we will continue to add units to our stock. Our staff has had little turnover since its inception and our Executive Director, who is largely responsible for building our program, has been working here for 17 years.

4. AGENCY GOVERNING BODY

How many Board meetings were held in 2011?

How many Board meetings has your governing body or Board of Directors scheduled for 2012?

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


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

<b>Name</b>	<b>Robert L. Beilman, President</b>			
Home Address	4510 Woods End Rd			
Occupation	Dean Medical Center (retired)			
Representing	Professional			
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>	<b>Sandra Drew, V-President-Secretary</b>			
Home Address	10 Bayberry Tr			
Occupation	Professional, retired			
Representing				
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>	<b>George Silverwood</b>			
Home Address	4414 Woods End Rd			
Occupation	Bunberry realtor			
Representing	Professional			
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>	<b>Kathryn Michol, MD, MS</b>			
Home Address	125 N. Hamilton St. #705			
Occupation	Retired Physician			
Representing	Professional			
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>	<b>Tim Olsen</b>			
Home Address	4114 Scott Tr			
Occupation	Program Supervisor, Tellurian			
Representing	Professional			
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>	<b>Mark Adams</b>			
Home Address	1313 Crowley Ave # 1			
Occupation	Client representative			
Representing	Program			
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>	<b>Julie Stephens</b>			
Home Address	1012 E. Dayton St. #3			
Occupation	Client representative			
Representing	Program			
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>	<b>Nhahn Khampouny</b>			
Home Address	1110 Ruskin St. # 6			
Occupation	Client representative			
Representing	Program			
Term of Office	3 years	From:	01/2011	To: 01/2014

AGENCY GOVERNING BODY cont.

<b>Name</b>	<b>Randy Blumer, Treasurer</b>			
Home Address	2573 Curly Oaks			
Occupation	Director, Insurance Security Fund			
Representing	Professional			
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>	<b>Ed Gleason</b>			
Home Address	714 Huron Hill			
Occupation	Alliant Energy Executive (Retired)			
Representing	Community			
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>	<b>Terry Hottenroth</b>			
Home Address	4321 Westport Rd			
Occupation	Lawyer, UW Health			
Representing	Community			
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>				
Home Address				
Occupation				
Representing				
Term of Office	3 years	From:	01/2011	To: 01/2014
<b>Name</b>				
Home Address				
Occupation				
Representing				
Term of Office	3 years	From:	01/2011	To: mm/yyyy
<b>Name</b>				
Home Address				
Occupation				
Representing				
Term of Office		From:	mm/yyyy	To: mm/yyyy
<b>Name</b>				
Home Address				
Occupation				
Representing				
Term of Office		From:	mm/yyyy	To: mm/yyyy
<b>Name</b>				
Home Address				
Occupation				
Representing				
Term of Office		From:	mm/yyyy	To: mm/yyyy
<b>Name</b>				
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:

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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

## 5. 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	7	100%	11	100%	0	0%
<b>GENDER</b>						
MALE	6	86%	7	64%	0	0%
FEMALE	1	14%	4	36%	0	0%
UNKNOWN/OTHER	0	0%	0	0%	0	0%
TOTAL GENDER	7	100%	11	100%	0	0%
<b>AGE</b>						
LESS THAN 18 YRS	0	0%	0	0%	0	0%
18-59 YRS	6	86%	7	64%	0	0%
60 AND OLDER	1	14%	4	36%	0	0%
TOTAL AGE	7	100%	11	100%	0	0%
<b>RACE*</b>						0
WHITE/CAUCASIAN	6	86%	9	82%	0	0%
BLACK/AFRICAN AMERICAN	0	0%	1	9%	0	0%
ASIAN	0	0%	1	9%	0	0%
AMERICAN INDIAN/ALASKAN NATIVE	1	14%	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	7	100%	11	100%	0	0%
<b>ETHNICITY</b>						
HISPANIC OR LATINO	1	14%	0	0%	0	0%
NOT HISPANIC OR LATINO	6	86%	11	100%	0	0%
TOTAL ETHNICITY	7	100%	11	100%	0	0%
PERSONS WITH DISABILITIES	0	0%	3	27%	0	0%

\*These categories are identified in HUD standards.

6. AGENCY EXPENSE BUDGET

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

Where possible, use audited figures for 2011 Actual.

The subtotals for the 2012 BUDGET and 2013-14 PROPOSED must equal the amounts entered in the ACCOUNT CATEGORIES on the NonCityBudget and program budget worksheets. The "ERROR" message appears until the sum of the line items equals the amount of the subtotals that have aggregated from your NonCityBudget and program budget worksheets.

Account Description	2011 ACTUAL	2012 BUDGET	2013-14 PROPOSED
<b>A. PERSONNEL</b>			
Salary		200,000	225,000
Taxes		39,390	63,940
Benefits		0	0
<b>SUBTOTAL A.</b>	<b>0</b>	<b>239,390</b>	<b>288,940</b>
<b>B. OPERATING</b>			
All "Operating" Costs		561,500	580,300
<b>SUBTOTAL B.</b>	<b>0</b>	<b>561,500</b>	<b>580,300</b>
<b>C. SPACE</b>			
Rent/Utilities/Maintenance	0	0	0
Mortgage (P&I) / Depreciation / Taxes	0	0	0
<b>SUBTOTAL C.</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>D. SPECIAL COSTS</b>			
Assistance to Individuals	0	0	0
Subcontracts, etc.	0	0	0
Affiliation Dues	0	0	0
Capital Expenditure	0	0	432,000
Other:	0	0	0
<b>SUBTOTAL D.</b>	<b>0</b>	<b>0</b>	<b>432,000</b>
<b>SPECIAL COSTS LESS CAPITAL EXPENDITURE</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL OPERATING EXPENSES</b>	<b>0</b>	<b>800,890</b>	<b>869,240</b>
<b>E. TOTAL CAPITAL EXPENDITURES</b>	<b>0</b>	<b>0</b>	<b>432,000</b>

7. PERSONNEL DATA: List Percent of Staff Turnover

0.0%

Divide the number of resignations or terminations in calendar year 2011 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) (6 lines max.)







ORGANIZATION:

Housing Initiatives, Inc.

PROGRAM/LETTER:

D Program D

OBJECTIVE STATEMENTS:

CDBG: D. Housing - Rental housing (CDBG)

**DESCRIPTION OF PROJECT**

1. NEED FOR PROJECT: Please identify local community need, including gap you are addressing, and assessment of market conditions of the neighborhood, the response of the neighborhood and the alderperson of the proposed project.

There is a documented need for permanent housing for persons who are disabled through chronic mental illness and are homeless. Housing Initiatives, Inc. (HII) has over 100 persons on our waiting list for such housing.

2. PROJECT DESCRIPTION: Please provide an overview of the project, including whether project is acquisition, rehab and/or new construction, type, size of unit created, and the impact of your project.

HII would like to develop eight units of permanent housing for persons who are disabled through chronic mental illness and are homeless. We would look to do these, ideally, through acquisition/rehab of two four plex apartment buildings, but would also look for duplexes and condominium units suitable for this population. The apartments would be one or two bedroom units of modest size.

3. PROPOSED PROJECT GOALS: Please provide the total number of units in the project, the number of affordable units created and the number of units assisted with requested funds, the number of unduplicated households served by the assisted units.

We would provide eight affordable units with rent assistance from HUD Shelter plus care, none of which would be duplicated.

4. SERVICES INCLUDED IN PROPOSED PROJECT: Please describe any services (such as housing counseling or case management), provided to the residents in this project, including those that are disability related.

If services are ongoing, please describe the content and frequency.

The tenants receive permanent housing through the funds provided and case management through Continuum of care matching services as part of Shelter Plus Care.

ORGANIZATION:	Housing Initiatives, Inc.
PROGRAM/LETTER:	D Program D

5. LOCATION: Please identify the specific site or target neighborhood(s).

The target area is the City of Madison in areas of greatest need with alder support.

6. POPULATION SERVED: Please describe the target population in terms of preferences to a specific population (e.g., families, individuals with a disability, homeless) or any other unique characteristic.

Persons disabled through chronic mental illness and are homeless.

7. OUTREACH PLAN: Please briefly describe your affirmative marketing strategy, tenant selection plan and any other strategies to engage your intended population.

Our marketing is done through existing waiting list persons and those referred through Dane county mental health service providers and the Veterans administration.

8. COORDINATION: Please describe how you coordinate your project with other community groups or agencies.

Coordination with Dane county Mental health providers is done on a day to day basis based on existing relations with such service providers.

9. VOLUNTEERS: Please describe how volunteers will be utilized in your project.

Volunteer services for project upkeep and transportation services are used

10. Number volunteers utilized in 2011?	5
Number of volunteer hours utilized in 2011?	100

ORGANIZATION:

Housing Initiatives, Inc.

PROGRAM/LETTER:

D Program D

11. BARRIERS: Are there populations that are experiencing barriers to the housing you are proposing, e.g., access to transportation, physical or mental impairments or disabilities?

The barriers for this population are landlords who do not want to rent of persons with limited or no income, behavior problems, poor landlord references and (sometimes) police records caused by conditions and behaviors associated with chronic mental illness are common

12. EXPERIENCE: Please describe your agency's affordable housing development experience, qualifications of proposed project staff, financial capacity of your agency to complete your proposed project, and past performance that will contribute to the success of the proposed program. How many affordable housing units has your agency created and managed in the past five years?

Hill has provided affordable housing for this population for 16 years. The staff has a combined experience of over 65 years, including the executive director who has led Hill for 15 years. Hill has an annual audit in compliance with federal requirements and over 16 years has provided 84 units of housing with a variety of funding from the City State and Federal sources, with no failures.

13. RISK: Please describe the level of risk your agency will be taking with this project.

Please describe any fees you will be charging to the participant.

The only risk to the project is if Federal funding for HUD Shelter plus Care is eliminated. The only fees charged tenants is 30% of Income for rent.

14. STAFF: Project Staff: Staff Titles, FTE dedicated to this project and required qualifications for project staff.

Staff Title	FTE	Credentials/Qualifications
Executive Director	X	15 years experience
Deputy Director	X	5 years experience
Development Director	X	35 Years experience
Property/Client Services	X	23 years experience
Office Manager		4 years experience
Maintenance Supervisor	X	20 years experience

ORGANIZATION:  
PROGRAM/LETTER:

Housing Initiatives, Inc.
D Program D

15. PARTICIPANT INCOME LEVELS:

Indicate the number of households at each income level that this project would serve in 2013.

Income Level	Number of Households
Over 80% county median income	0
61% - 80% county median income	0
51% - 60% county median income	0
30% - 50% county median income	0
Less than 30% of county median income	8
Total households to be served	8

16. If projections for 2014 will vary significantly from 2013, complete the following:

Income Level for 2014	Number of Households
Over 80% county median income	0
61% - 80% county median income	0
51% - 60% county median income	0
30% - 50% county median income	0
Less than 30% of county median income	0
Total households to be served	0

17. AGENCY COST ALLOCATION PLAN: If you plan to include a portion of indirect costs in your project budget, describe the method your agency uses to determine indirect cost allocations in your project.

Possibly donated labor.
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18. PROJECT ACTIVITIES: Describe activities/benchmarks by timeline to illustrate how your project will be implemented (such as acquisition, start of construction, end of construction, available for occupancy).

Activity Benchmark	Est. Month of Completion
Acquisituion/Rehab eight units	Oct-13

ORGANIZATION:	Housing Initiatives, Inc.
PROGRAM/LETTER:	D Program D

**DEMOGRAPHICS**

Complete the following chart for unduplicated participants served by your agency's rental program in 2011. Indicate the number and percentage by the following characteristics. For new projects, please identify projected participant numbers and descriptors.

DESCRIPTOR	Part. #	Part. %	Staff #	Staff %	DESCRIPTOR	Part. #	Part. %	Staff #	Staff %
<b>TOTAL</b>	143	100%	0	0%	<b>RESIDENCY</b>				
MALE	86	60%	0	0%	CITY OF MADISON	131	92%		
FEMALE	57	40%	0	0%	DANE COUNTY (NOT IN CITY)	12	8%		
UNKNOWN/OTHER	0	0%	0	0%	OUTSIDE DANE COUNTY	0	0%		
					<b>TOTAL RESIDENCY</b>	143	100%		
					<b>AGE</b>				
					<2	0	0%		
					2 - 5	0	0%		
					6 - 12	0	0%		
					13 - 17	0	0%		
					18 - 29	11	8%		
					30 - 59	108	76%		
					60 - 74	22	15%		
					75 & UP	2	1%		
					<b>TOTAL AGE</b>	143	100%		
					<b>RACE</b>				
					WHITE/CAUCASIAN	84	59%	0	0%
					BLACK/AFRICAN AMERICAN	48	34%	0	0%
					ASIAN	10	7%	0	0%
					AMERICAN INDIAN/ALASKAN NATIVE	0	0%	0	0%
					NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	0	0%	0	0%
					MULTI-RACIAL:	0	0%	0	0%
					Black/AA & White/Caucasian	0	0%	0	0%
					Asian & White/Caucasian	0	0%	0	0%
					Am Indian/Alaskan Native & White/Caucasian	0	0%	0	0%
					Am Indian/Alaskan Native & Black/AA	0	0%	0	0%
					BALANCE/OTHER	1	1%	0	0%
					<b>TOTAL RACE</b>	143	100%	0	0%
					<b>ETHNICITY</b>				
					HISPANIC OR LATINO	3	2%	0	0%
					NOT HISPANIC OR LATINO	140	98%	0	0%
					<b>TOTAL ETHNICITY</b>	143	100%	0	0%
					<b>PERSONS WITH DISABILITIES</b>	143	100%	0	0%

Part. = Participant

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

ORGANIZATION:  
PROGRAM/LETTER:

Housing Initiatives, Inc.
D Program D

PROJECT OUTCOMES

Number of unduplicated individual participants served during 2011.	143
Total to be served in 2013.	

Complete the following for each project outcome. No more than two outcomes per project will be reviewed.  
Refer to the instructions for detailed descriptions of what should be included in the table below.

Outcome Objective # 1:	Provide Permanent Housing for 8 persons disabled through chronic mental illness and/or are homeless.
Performance Indicator(s):	Show occupancy of 8 persons in the proposed project

Proposed for 2013:	Total to be considered in	<input type="text" value="8"/>	perf. measurement	Targeted % to meet perf. measures	<input type="text" value="100%"/>
				Targeted # to meet perf. measure	8
Proposed for 2014:	Total to be considered in	<input type="text" value="8"/>	perf. measurement	Targeted % to meet perf. measures	<input type="text" value="100%"/>
				Targeted # to meet perf. measure	8

Explain the measurement tools or methods:	Measurement will be project occupancy status as demonstrated by tenant files for the project.
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Outcome Objective # 2:	
Performance Indicator(s):	

Proposed for 2013:	Total to be considered in	<input type="text"/>	perf. measurement	Targeted % to meet perf. measures	<input type="text" value="0%"/>
				Targeted # to meet perf. measure	0
Proposed for 2014:	Total to be considered in	<input type="text"/>	perf. measurement	Targeted % to meet perf. measures	<input type="text" value="0%"/>
				Targeted # to meet perf. measure	0

Explain the measurement tools or methods:	
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ORGANIZATION:

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?
Unspecified		\$720,000	<30%	\$720	Yes

\*Less than or equal to 30% CMI, 31-50% CMI, 51-60% CMI, 61-80% 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

3. For projects that include rehabilitation, have you completed a capital needs plan for this property? Describe.

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

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

6. FUNDS NEEDED: Please describe why CDD funds are needed and how you can ensure the project will be viable.

ORGANIZATION: Housing Initiatives, Inc.

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:	Unspecified								
	84	92	84	0					
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: Housing Initiatives, Inc.

8. CAPITAL BUDGET

Enter the proposed project capital budget. Identify the fund source and terms and whether the funds have been already committed or are proposed. Place a C next to source if funds have already been committed and a P next to source if the fund source is proposed. Ex.: Acquisition: \$300,000 HOME (P), \$100,000 from CDBG (P), \$200,000 from Anchor Bank @5% interest/15 years (C).

	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
<b>Acquisition Costs:</b>					
Acquisition	450,000	432,000	CDBG (p)	18,000	WHEDA @2% 30 year (p)
Title Insurance and Recording	800			800	WHEDA @2% 30 year (p)
Appraisal	1,600	0		1,600	WHEDA @2% 30 year (p)
Predvpmnt/feasibility/market study*	0	0		0	
Survey	1,500	0		1,500	WHEDA @2% 30 year (p)
Marketing*	0	0		0	
Relocation	0	0		0	
Other (List)					
	0	0		0	
<b>Construction:</b>					
Construction Costs	90,000	0		90,000	WHEDA @2% 30 year (p)
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	1,500	0		1,500	WHEDA @2% 30 year (p)
Other (List)					
Environmental & Taxes	10,850	0		10,850	WHEDA @2% 30 year (p)
<b>Fees:</b>					
Architect	0	0		0	
Engineering	0	0		0	
Accounting*	2,000	0		2,000	WHEDA @2% 30 year (p)
Legal*	5,000	0		5,000	WHEDA @2% 30 year (p)
Development Fee*	63,000	0		63,000	WHEDA @2% 30 year (p)
Leasing Fee*	0	0		0	
Other (List)					
Loan App & Origination	3,256	0		3,256	WHEDA @2% 30 year (p)
Project Contingency:	0	0		0	
Furnishings:	0	0		0	
<b>Reserves Funded from Capital:</b>					
Operating Reserve	0	0		0	
Replacement Reserve	2,400	0		2,400	WHEDA @2% 30 year (p)
Maintenance Reserve	0	0		0	
Vacancy Reserve	0	0		0	
Lease Up Reserve	0	0		0	
Other: (List)					
Closing Costs	500	0		500	WHEDA @2% 30 year (p)
<b>TOTAL COSTS:</b>	<b>632,406</b>	<b>432,000</b>		<b>200,406</b>	

\*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.



s, Inc.

for the proposed project for a 15 year period.

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9
72,960	73,690	74,426	75,171	75,922	76,682	77,449	78,223	79,005
1,459	1,474	1,488	1,503	1,518	1,533	1,549	1,564	1,580
0	0	0	0	0	0	0	0	0
71,501	72,216	72,938	73,668	74,404	75,148	75,900	76,659	77,425

300	306	312	318	325	331	338	345	351
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
7,000	7,140	7,283	7,428	7,577	7,729	7,883	8,041	8,202
4,500	4,590	4,682	4,775	4,871	4,968	5,068	5,169	5,272
14,400	14,688	14,982	15,281	15,587	15,899	16,217	16,541	16,872
13,000	13,260	13,525	13,796	14,072	14,353	14,640	14,933	15,232
4,290	4,376	4,463	4,553	4,644	4,737	4,831	4,928	5,026
0	0	0	0	0	0	0	0	0
3,000	3,060	3,121	3,184	3,247	3,312	3,378	3,446	3,515
0	0	0	0	0	0	0	0	0

2,300	2,346	2,393	2,441	2,490	2,539	2,590	2,642	2,695
0	0	0	0	0	0	0	0	0
48,790	49,766	50,761	51,776	52,812	53,868	54,945	56,044	57,165
22,711	22,450	22,177	21,891	21,592	21,280	20,954	20,614	20,260

10,139	10,139	10,139	10,139	10,139	10,139	10,139	10,139	10,139
0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
10,139	10,139	10,139	10,139	10,139	10,139	10,139	10,139	10,139
58,929	59,905	60,900	61,915	62,951	64,007	65,084	66,183	67,304
12,572	12,311	12,038	11,752	11,453	11,141	10,815	10,475	10,121
12,572	12,311	12,038	11,752	11,453	11,141	10,815	10,475	10,121

es, storage spaces or application fees.

2.0%
1.0%

Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
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79,795	80,593	81,399	82,213	83,035	83,866
1,596	1,612	1,628	1,644	1,660	1,677
0	0	0	0	0	0
78,200	78,982	79,771	80,569	81,375	82,189

359	366	373	380	388	396
0	0	0	0	0	0
0	0	0	0	0	0
8,366	8,533	8,704	8,878	9,055	9,236
5,378	5,485	5,595	5,707	5,821	5,938
17,209	17,554	17,905	18,263	18,628	19,000
15,536	15,847	16,164	16,487	16,817	17,153
5,127	5,229	5,334	5,441	5,550	5,661
0	0	0	0	0	0
3,585	3,657	3,730	3,805	3,881	3,958
0	0	0	0	0	0

2,749	2,804	2,860	2,917	2,975	3,035
0	0	0	0	0	0
58,309	59,475	60,664	61,878	63,115	64,377
19,891	19,507	19,107	18,692	18,260	17,811

10,139	10,139	10,139	10,139	10,139	10,139
0	0	0	0	0	0

0	0	0	0	0	0
0	0	0	0	0	0
10,139	10,139	10,139	10,139	10,139	10,139
68,448	69,614	70,803	72,017	73,254	74,516
9,752	9,368	8,968	8,553	8,121	7,672
9,752	9,368	8,968	8,553	8,121	7,672

ORGANIZATION:  
PROGRAM/LETTER:

Housing Initiatives, Inc.	
A	Program A

10. PROGRAM BUDGET

a. 2012 BUDGETED

REVENUE SOURCE	SOURCE TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	10,800	5,500	5,300	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	790,090	233,890	556,200	0	0
<b>TOTAL REVENUE</b>	<b>800,890</b>	<b>239,390</b>	<b>561,500</b>	<b>0</b>	<b>0</b>

b. 2013 PROPOSED BUDGET

REVENUE SOURCE	SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	60,300	55,000	5,300	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	432,000	0	0	0	432,000
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**	808,940	233,940	575,000	0	0
<b>TOTAL REVENUE</b>	<b>1,301,240</b>	<b>288,940</b>	<b>580,300</b>	<b>0</b>	<b>432,000</b>

\*OTHER GOVT 2013

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
<b>TOTAL</b>	<b>0</b>	

\*\*OTHER 2013

Source	Amount	Terms
Rent Income	808,940	
	0	
	0	
	0	
	0	
<b>TOTAL</b>	<b>808,940</b>	

ORGANIZATION:  
PROGRAM/LETTER:

Housing Initiatives, Inc.
A Program A

**11. 2014 PROGRAM CHANGE EXPLANATION**

Complete only if you are requesting more than your 2013 request.

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

a. PROGRAM UPDATE: If requesting more than 2013, describe any major changes being proposed for the program/service in 2014, i.e., expansions or narrowing in target population, scope and level of services, geographic area to be served, etc.).

200 characters (with spaces) (2 lines max.)

b. 2014 COST EXPLANATION

Complete only if significant financial changes are anticipated between 2013-2014.

Explain specifically, by revenue source, any significant financial changes that you anticipate between 2013 and 2014.

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

200 characters (with spaces) (2 lines max.)

c. 2014 PROPOSED BUDGET

REVENUE SOURCE	BUDGET TOTAL	ACCOUNT CATEGORY			
		PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SVCS	60,300	55,000	5,300	0	0
DANE CO CDBG	0	0	0	0	0
MADISON-COMM SVCS	0	0	0	0	0
MADISON-CDBG	432,000	0	0	0	432,000
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**	808,940	233,940	575,000	0	0
<b>TOTAL REVENUE</b>	<b>1,301,240</b>	<b>288,940</b>	<b>580,300</b>	<b>0</b>	<b>432,000</b>

\*OTHER GOVT 2014

Source	Amount	Terms
	0	
	0	
	0	
	0	
	0	
<b>TOTAL</b>	<b>0</b>	

\*\*OTHER 2014

Source	Amount	Terms
Rent Income	808,940	
	0	
	0	
	0	
<b>TOTAL</b>	<b>808,940</b>	