

Application for Neighborhood and Community Development Funds

Submit original and 23 complete copies of this application to the CDBG Office by 4:30 p.m. on the 15th of the month, to be reviewed by the CDBG Committee on the first Thursday of the following month. **When possible, please duplex your original and copies and send an electronic version to the assigned project manager (if known).**

Program Title:	Interfaith Hospitality Network Shelter	Amount Requested:	\$ 25,748.00
Agency:	The Road Home Dane County	Tax ID/EIN/FEIN:	31-1618925
Address:	128 E. Olin Avenue, Suite 202	DUNS #:	110167264
Contact Person:	Cyndi Wood	Telephone:	608-294-7998
Email:	cyndiw@trhome.org	Fax:	608-294-8007

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 Road Home's IHN Shelter program is based on a national model and has been in operation for ten years. The program provides emergency shelter, housing counseling and case management services to homeless families through a community partnership of 50 area churches and synagogues and 1,500 volunteers annually. The shelter network provides a safe environment for families. Congregations provide overnight shelter, all meals and evening activities for the families 365 days a year. During the day, families are based at The Road Home day center. We request \$25,748.00 for rent including utilities for our day center.

Interfaith Hospitality Network (IHN) Shelter Program addresses a community need by providing emergency shelter and case management services to homeless families. The goals of the program are to help such families reach stable housing and address other needs and goals. In 2009, ninety-two percent of families who entered the program successfully moved into housing.

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 families using this facility are 100% very-low income and homeless. 80% are people of color.

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

30 # 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
- B. Housing – For Buyers
- C. Housing – Rental Housing
- E. Economic Dev. – Business Creating Jobs
- F. Economic Dev. – Micro-enterprise
- G. Neighborhood Civic Places
- K. Community-based Facilities
- L. Neighborhood Revitalization
- N. Access to Housing Resources

K – this facility is a community-based facility serving homeless families

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 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 type="checkbox"/> Housing
	<input type="checkbox"/> Housing For Buyers		<input checked="" 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	\$25,748.00			
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:				
D. TOTAL (A+B+C)				

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.

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

The Road Home's day center is open 7 days a week from 7:00 a.m. to 5:00 p.m. to our homeless families with children staying in our Interfaith Hospitality Network shelter program. Lacie Schneider, MSW Shelter Case Manager, is available Monday – Friday, and is available evenings and weekends as necessary.

Each family staying in the IHN shelter works closely with a case manager on a daily basis to meet their needs, find housing and access employment, child care, health/mental health services, children's school or recreational needs, etc. During the day, families staying in the IHN shelter program have their own living area; kitchen, laundry and shower facilities. In addition, families have access to computers, internet and telephones to obtain housing and employment. Families are responsible for cleaning the day center and sharing daily chores, just like they would in their own home. Most families who graduate from shelter to housing (92% in 2009) enter one of The Road Home's housing programs which continue to support them with case management and other services. The IHN shelter program serves 30 families annually.

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

Alderman Tim Bruer has been supportive of our agency's mission to helping homeless families with children in Dane County.

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.]

No Complete Attachment A
 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.)

No _____ Yes - Complete Attachment G

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

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

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

_____ No 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)
	XX _____ ESG Funding Addendum (Attachment I)

13. Affirmative Action: If funded, applicant hereby agrees to comply with City of Madison Ordinance 39.02(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 this 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: _____ Date: _____
 President-Board of Directors/Department Head

Signature: _____ Date: _____
 Executive Director

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

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.

N/A

C. Describe briefly your tenant selection criteria and process.

N/A

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

N/A

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															
Net Income															
Expenses															
Audit															
Taxes															
Insurance															
Maintenance															
Utilities															
Property Management															
Operating Reserve Pmt															
Replacement Reserve Pmt															
Support Services															
Affirmative Marketing															
Other _____															
Total Expenses															
NET OPERATING INCOME															
Debt Service															
First Mortgage															
Other															
Other															
Total Debt Service															
Total Annual Cash Expenses															
Debt Service Reserve															
Cash Flow															
Assumptions:															
Vacancy Rate															
Annual Increase															
Carrying Charges															
Expenses															

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.

The Road Home Dane County is an active member of the Homeless Services Consortium, the local HUD Continuum of Care and various housing committees in the community. We participate in collaborative funding applications and other initiatives with these groups. We cooperate with the other homeless service agencies and collaborate most significantly with the YWCA of Madison and the Salvation Army with whom we share collaborative programs and make and receive referrals.