

Application for Neighborhood and Community Development Funds

Submit original and 15 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: <u>Parking Lot Update</u> | Amount Requested: \$ <u>100,000</u> |
| Agency: <u>Wisconsin Youth Company, Inc.</u> | Tax ID/EIN/FEIN: <u>23-7401836</u> |
| Address: <u>1201 McKenna Blvd.</u> | DUNS #: _____ |
| Contact Person: <u>Marylou Grzadzielewski</u> | Telephone: <u>608-276-9782 ext. 15</u> |
| Email: <u>mlgrad@wisconsinyouthcompany.org</u> | Fax: <u>608-276-4050</u> |

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.

Our building houses the Wisconsin Youth and Family Center (WYFC). Currently our parking lot needs to be redesigned and expanded to increase safety and improve access. The parking lot has not been updated since the building was built in 1985 for other purposes. The lot is too small to accommodate the necessary traffic of a community center and the layout forces our shuttle bus to back up rather than circle which creates dangerous situations. The lack of parking spaces limits the participation by our families especially for family nights or when the youth are performing. WYFC could be used by senior citizens and others if there was convenient, safe parking. Adding an exit onto Gammon Lane will allow drivers to turn onto a much less traveled street than McKenna. Expanding and redesigning the lot achieves the outcomes of increased safety for our children and more access by other groups.

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 WYFC provides programs for K-12 grade youth in the Greater Elver Park Neighborhood. All youth participants enrolled in programs at the WYFC are eligible for free or reduced meals through the school district they attend. Current enrollment in the youth programs are 99% African American. The center is available to senior citizens and others for meetings and activities when the building is not being used by our youth. We have been unable to attract many groups because of the lack of adequate parking close to the building.

450 # unduplicated individuals estimated to be served by this project.
350 # 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 | |

K. Community-based facilities

An upgrade to our present parking lot will allow our organization to better serve the Greater Elver Park neighborhood. We will increase our parking lot from 31 to 58 stalls with another 22 stalls located in the lower lot at Griff's (north side of the parking lot is owned by WYC) we will be bringing the lot up to code with additional handicapped accessible stalls and improved lighting. In addition, the over-sized stalls for our buses and vans will provide satisfactory parking for these vehicles that are critical to the youth participating in our programs. The upgrade will provide a second access drive in and out of the lot on Gammon Lane which will allow all vehicles (large and small) to enter and exit from either drive thus providing a safer lot for all users.

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 checked="" type="checkbox"/> Accessibility | | <input type="checkbox"/> Feasibility Study |
| | <input type="checkbox"/> Maintenance/Rehab | | <input type="checkbox"/> Revitalization Opportunity |
| | <input checked="" type="checkbox"/> Other expansion of parking lot | | <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 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: | 198,601 | 100,000 | 98,601 | Bank Note |
| D. TOTAL (A+B+C) | | | | |
| | \$198,601 | \$100,000 | \$98,601 | |

6. **Action Plan/Timetable**

Estimated Month of Completion
(If applicable)

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.

June - WYC bids out project and secures financing

July - Contractor selected

August - Project completed

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

Alder Jed Sanborn of District 1, is supportive of this project.

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:

| | |
|---|---|
| <input type="checkbox"/> Future Fund (Attachment A) | <input type="checkbox"/> Housing for Resale (Attachment E) |
| <input checked="" type="checkbox"/> Property Description (Attachment B) | <input type="checkbox"/> Rental Housing and Proforma (Attachment F) |
| <input checked="" type="checkbox"/> Capital Budget (Attachment C) | <input type="checkbox"/> CHDO (Attachment G) |
| <input type="checkbox"/> Community Service Facility (Attachment D) | <input type="checkbox"/> Scattered Site Funds Addendum (Attachment H) |
| | <input type="checkbox"/> 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.

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.

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? | |
| 1201 McKenna Madison | Purchase <u>Rehab</u> Construct | N/A | N/A | N/A | N/A | 1998 1,000,000 | unknown | N/A | Yes | enhanced | Yes |
| | 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** |
|--------------------------------------|---------|--------|----------------|---------|----------------|--------|----------------|
| Acquisition Costs: | | | | | | | |
| Acquisition | | | | | | | |
| Title Insurance and Recording | | | | | | | |
| Appraisal | | | | | | | |
| *Predvlpmnt/feasibilty/market study | | | | | | | |
| Survey | | | | | | | |
| *Marketing/Affirmative Marketing | | | | | | | |
| Relocation | | | | | | | |
| Other: _____ | | | | | | | |
| Construction: | 118,340 | 23,668 | WYC, Bank Note | 94,672 | CDBG | | |
| Construction Costs | | | | | | | |
| Soils/site preparation | 25,500 | 20,172 | WYC, Bank Note | 5,328 | CDBG | | |
| Construction management | 2,500 | 2,500 | WYC, Bank Note | | | | |
| Landscaping, play lots, sign | 16,506 | 16,506 | WYC, Bank Note | | | | |
| Const interest | | | | | | | |
| Permits; print plans/specs | | | | | | | |
| Other: _____ | | | | | | | |
| Fees: | | | | | | | |
| Architect | | | | | | | |
| Engineering | 10,000 | 10,000 | WYC | | | | |
| *Accounting | | | | | | | |
| *Legal | | | | | | | |
| *Development Fee | | | | | | | |
| *Leasing Fee | | | | | | | |
| Other: _____ | | | | | | | |
| Project Contingency: | 25,755 | 25,755 | WYC | | | | |
| Furnishings: | | | | | | | |
| Reserves Funded from Capital: | | | | | | | |
| Operating Reserve | | | | | | | |
| Replacement Reserve | | | | | | | |
| Maintenance Reserve | | | | | | | |
| Vacancy Reserve | | | | | | | |
| Lease Up Reserve | | | | | | | |
| Other (specify): _____ | | | | | | | |
| Other (specify): _____ | | | | | | | |
| TOTAL COSTS: | 198,601 | 98,601 | | 100,000 | | | |

* 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 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.)

Accessibility to building for current and future participants. Current number of parking stalls is inadequate for the on-going and future activities of the building and is unsuitable for the needs of senior groups and larger vehicle requirements such as school buses.

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

| <u>Amount</u> | <u>Name</u> |
|---------------|------------------------|
| \$560,000 | 1st Mortgage |
| \$96,800 | 2nd Mortgage |
| \$20,000 | CDBG - City of Madison |

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.)
Only 1 estimate is available from project engineer; project will be bid according to city guidelines.
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 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

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 | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | |

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.

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.