**APPLICATION FOR 2011-2012 FUNDS**

*Madison*

**CDBG**
Community
Development Block
Grant Program

## 1. AGENCY CONTACT INFORMATION

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

## 2. AGENCY PROGRAM SUMMARY

| Program Name | Letter | New? | Goals and Priorities ( See Instructions) |
|---|---|---|---|
| | | | *Please identify and enter the relevant Program Goal and Priority statement* |
| Program A | A | | Select a Priority Statement from the Drop-Down |
| Program B | B | | Select a Priority Statement from the Drop-Down |
| Program C | C | | Select a Priority Statement from the Drop-Down |
| Program D | D | | Select a Priority Statement from the Drop-Down |
| Program E | E | | Select a Priority Statement from the Drop-Down |
| Program F | F | | Select a Priority Statement from the Drop-Down |
| Program G | G | | Select a Priority Statement from the Drop-Down |
| Program H | H | | Select a Priority Statement from the Drop-Down |
| Program I | I | | Select a Priority Statement from the Drop-Down |
| Program J | J | | Select a Priority Statement from the Drop-Down |
| Program K | K | | Select a Priority Statement from the Drop-Down |
| Program L | L | | Select a Priority Statement from the Drop-Down |

## 3. 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.

LIVING WAGE ORDINANCE

> If funded, applicant hereby agrees to comply with City of Madison Ordinance 4.20. This ordinance requires all
> employees paid under this contract be paid (at least) the Living Wage for 2011 as established by the City of
> Madison. In 2010 the Living Wage was $11.66 hourly, in 2011 it is expected to be approximately $12.00 hourly.

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

## 4. SIGNATURE

By entering your initials in the box     [        ]    You are electronically signing your name and agreeing
to the terms listed above

DATE     [        ]

ORGANIZATION:

PROGRAM/LETTER:      A     Program A

**PROGRAM BUDGET**

**1. 2010 BUDGETED**

| REVENUE SOURCE | SOURCE TOTAL | ACCOUNT CATEGORY | | | |
|---|---|---|---|---|---|
| | | PERSONNEL | OPERATING | SPACE | SPECIAL COSTS |
| DANE CO HUMAN SVCS | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUE | 0 | 0 | 0 | 0 | 0 |

**2. 2011 PROPOSED BUDGET**

| REVENUE SOURCE | SOURCE TOTAL | PERSONNEL | OPERATING | SPACE | SPECIAL COSTS |
|---|---|---|---|---|---|
| DANE CO HUMAN SVCS | 0 | 0 | 0 | 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** | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUE | 0 | 0 | 0 | 0 | 0 |

*OTHER GOVT 2011

| Source | Amount | Terms |
|---|---|---|
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| TOTAL | 0 | |

**OTHER 2011

| Source | Amount | Terms |
|---|---|---|
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| TOTAL | 0 | |

ORGANIZATION:

PROGRAM/LETTER: | A | Program A

## 2012 PROGRAM CHANGE EXPLANATION

*Complete only if you are requesting more than your 2011 request.*

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

3. PROGRAM UPDATE: If requesting more than 2011, describe any major changes being proposed for the program/service in 2012,

i.e., expansions or narrowing in target population, scope and level of services, geographic area to be served, etc.).

200 characters (w ith spaces)

## 4. 2012 COST EXPLANATION

Complete only if significant financial changes are anticipated between 2011-2012.

Explain specifically, by revenue source, any significant financial changes that you anticipate between 2011 and 2012.

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

200 characters (w ith spaces)

## 5. 2012 PROPOSED BUDGET

| | | ACCOUNT CATEGORY | | | |
|---|---|---|---|---|---|
| REVENUE SOURCE | BUDGET TOTAL | PERSONNEL | OPERATING | SPACE | SPECIAL COSTS |
| DANE CO HUMAN SVCS | 0 | 0 | 0 | 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** | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUE | 0 | 0 | 0 | 0 | 0 |

*OTHER GOVT 2012

| Source | Amount | Terms |
|---|---|---|
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| TOTAL | 0 | |

**OTHER 2012

| Source | Amount | Terms |
|---|---|---|
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| TOTAL | 0 | |

ORGANIZATION:

PROGRAM/LETTER:     | A     Program A |

PRIORITY STATEMENT:     Select a Priority Statement from the Drop-Down

## DESCRIPTION OF SERVICES

6. NEED FOR PROGRAM: Please identify local community need or gap in service that the proposed program will address.

1000 characters (w ith spaces)

7. SERVICE DESCRIPTION - Describe the service(s) provided including your expectations of the impact of your activities.

1600 characters (w ith spaces)

8. PROPOSED PROGRAM CONTRACT GOALS: Include clearly defined service goals and process objectives: number of unduplicated clients to be served, number of service hours to be provided etc.

600 characters (w ith spaces)

9. SERVICE HOURS: Frequency, duration of service and hours and days of service availability.

400 characters (w ith spaces)

ORGANIZATION:

PROGRAM/LETTER: | A | Program A

10. POPULATION SERVED: Please describe in terms of age, income level, LEP, literacy, cognitive or physical disabilities
or challenges).

> 600 characters (with spaces)

11. LOCATION: Location of service and intended service area (Include census tract where service is tract specific).

> 200 characters (with spaces)

12. OUTREACH PLAN: Describe your outreach and marketing strategies to engage your intended service population.

> 1000 characters (with spaces)

13. COORDINATION: Describe how you coordinate your service delivery with other community groups or agencies.

> 1000 characters (with spaces)

14. VOLUNTEERS: How are volunteers utilized in this program?

> 400 characters (with spaces)

15. Number of volunteers utilized in 2010?

Number of volunteer hours utilized in this program in 2010?

ORGANIZATION:

PROGRAM/LETTER: | A | Program A

**16. BARRIERS TO SERVICE:** Are there populations that are experiencing barriers to the service you are proposing, i.e, cultural differences, language barriers and/or physical or mental impairments or disabilities? Describe the ability of proposed program to respond to the needs of diverse populations.

1600 characters (w ith spaces)

**17. EXPERIENCE:** Please describe how your agency, and program staff experience, qualifications, and past performance will contribute to the success of the proposed program?

1600 characters (w ith spaces)

**18. LICENSING OR ACCREDITATION:** Report program licensing, accreditation or certification standards currently applied.

200 characters (w ith spaces)

**19. STAFF:** Program Staff: Staff Titles, FTE dedicated to this program, and required qualifications for program staff.

| Staff Title | FTE | City $ | Qualifications |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ORGANIZATION:

PROGRAM/LETTER:     | A     Program A |

### CDBG DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "CDD Community Development Program Goals & Priorities". If not applying for CDBG Office Funds, go to Community Resources Description of Services Supplement (p. 7), or go to Demographics (p. 8).

### 20. PARTICIPANT INCOME LEVELS:

Indicate the number of households of each income level and size that this program would serve in 2011-2012.

| Income Level | Number of Households |
|---|---|
| Over 80% of county median income | 0 |
| Between 50% to 80% of county median income | 0 |
| Between 30% to 50% of county median income | 0 |
| Less than 30% of county median income | 0 |
| Total households to be served | 0 |

21. If projections for 2012 will vary significantly from 2011, complete the following:

| Income Level for 2012 | Number of Households |
|---|---|
| Over 80% of county median income | 0 |
| Between 50% to 80% of county median income | 0 |
| Between 30% to 50% of county median income | 0 |
| Less than 30% of county median income | 0 |
| Total households to be served | 0 |

22. AGENCY COST ALLOCATION PLAN: What method does your agency use to determine indirect cost allocations among programs?

| 600 characters (w ith spaces) |
|---|
| |

23. PROGRAM ACTIVITIES: Describe activities/benchmarks by timeline to illustrate how your program will be implemented.

| Activity Benchmark | Est. Month of Completion |
|---|---|
| | |
| | |
| | |
| | |
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| | |
| | |
| | |

| ORGANIZATION: | |
|---|---|
| PROGRAM/LETTER: | **A**    **Program A** |

## COMMUNITY RESOURCES DESCRIPTION OF SERVICES SUPPLEMENT

Please provide the following information ONLY if you are applying for projects that meet the "Community Resources Program Goals & Priorities" If not applying for CR Funds, go to Demographics (p. 8).

### 24. CONTRIBUTING RESEARCH

Please identify research or best practice frameworks you have utilized in developing this program.

2000 characters (with spaces)

### 25. ACCESS FOR LOW-INCOME INDIVIDUALS AND FAMILIES

What percentage of this program's participants do you expect to be of low and/or moderate income?     0.0%

What framework do you use to determine or describe participant's or household income status? (check all that apply)

     Number of children enrolled in free and reduced lunch

     Individuals or families that report 30-50% of Dane County Median Income

     Individual or family income in relation to Federal Poverty guidelines

     Other

### 26. HOW IS THIS INFORMATION CURRENTLY COLLECTED?

400 characters (with spaces)

### 27. PLEASE DESCRIBE YOUR USER FEE STRUCTURE AND ANY ACCOMMODATIONS MADE TO ADDRESS ACCESS ISSUES FOR LOW INCOME INDIVIDUALS AND FAMILIES.

600 characters (with spaces)

| ORGANIZATION: | |
| --- | --- |
| PROGRAM/LETTER: | A     Program A |

## 28. DEMOGRAPHICS

Complete the following chart for unduplicated participants served by this program in 2009. Indicate the number and percentage for the following characteristics. For new programs, please estimate projected participant numbers and descriptors.

| PARTICIPANT DESCRIPTOR | # | % | PARTICIPANT DESCRIPTOR | # | % |
| --- | --- | --- | --- | --- | --- |
| TOTAL | 0 | 0% | AGE | | |
| MALE | 0 | 0% | <2 | 0 | 0% |
| FEMALE | 0 | 0% | 2 - 5 | 0 | 0% |
| UNKNOWN/OTHER | 0 | 0% | 6 - 12 | 0 | 0% |
| | | | 13 - 17 | 0 | 0% |
| | | | 18 - 29 | 0 | 0% |
| | | | 30 - 59 | 0 | 0% |
| | | | 60 - 74 | 0 | 0% |
| | | | 75 & UP | 0 | 0% |
| | | | TOTAL AGE | 0 | 0% |
| Note: Race and ethnic categories are stated as defined in HUD standards | | | RACE | | |
| | | | WHITE/CAUCASIAN | 0 | 0% |
| | | | BLACK/AFRICAN AMERICAN | 0 | 0% |
| | | | ASIAN | 0 | 0% |
| | | | AMERICAN INDIAN/ALASKAN NATIVE | 0 | 0% |
| | | | NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER | 0 | 0% |
| | | | MULTI-RACIAL: | 0 | 0% |
| | | | Black/AA & White/Caucasian | 0 | 0% |
| | | | Asian & White/Caucasian | 0 | 0% |
| | | | Am Indian/Alaskan Native & White/Caucasian | 0 | 0% |
| | | | Am Indian/Alaskan Native & Black/AA | 0 | 0% |
| | | | BALANCE/OTHER | 0 | 0% |
| | | | TOTAL RACE | 0 | 0% |
| | | | ETHNICITY | | |
| | | | HISPANIC OR LATINO | 0 | 0% |
| | | | NOT HISPANIC OR LATINO | 0 | 0% |
| | | | TOTAL ETHNICITY | 0 | 0% |
| | | | PERSONS WITH DISABILITIES | 0 | 0% |
| | | | RESIDENCY | | |
| | | | CITY OF MADISON | 0 | 0% |
| | | | DANE COUNTY (NOT IN CITY) | 0 | 0% |
| | | | OUTSIDE DANE COUNTY | 0 | 0% |
| | | | TOTAL RESIDENCY | 0 | 0% |

ORGANIZATION:

PROGRAM/LETTER:     | A     Program A |

### 29. PROGRAM OUTCOMES

Number of unduplicated individual participants served during 2009.   | 0 |

Total to be served in 2011. | |

Complete the following for each program outcome. No more than two outcomes per program will be reviewed.

If applying to OCS, please refer to your research and/or posted resource documents if appropriate.

Refer to the instructions for detailed descriptions of what should be included in the table below.

Outcome Objective # 1:

Performance Indicator(s):

Proposed for 2011:     Total to be considered in | 0 |     Targeted % to meet perf. measures | 0% |
perf. measurement     Targeted # to meet perf. measure   0

Proposed for 2012:     Total to be considered in | 0 |     Targeted % to meet perf. measures | 0% |
perf. measurement     Targeted # to meet perf. measure   0

Explain the measurement
tools or methods:

Outcome Objective # 2:

Performance Indicator(s):

Proposed for 2011:     Total to be considered in | |     Targeted % to meet perf. measures | 0% |
perf. measurement     Targeted # to meet perf. measure   0

Proposed for 2012:     Total to be considered in | |     Targeted % to meet perf. measures | 0% |
perf. measurement     Targeted # to meet perf. measure   0

Explain the measurement
tools or methods:

ORGANIZATION:

**PROGRAM BUDGET**

**1. 2010 BUDGETED**

| REVENUE SOURCE | SOURCE TOTAL | ACCOUNT CATEGORY | | | |
|---|---|---|---|---|---|
| | | PERSONNEL | OPERATING | SPACE | SPECIAL COSTS |
| DANE CO HUMAN SVCS | 0 | 0 | 0 | 0 | 0 |
| DANE CO 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 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUE | 0 | 0 | 0 | 0 | 0 |

**2. 2011 PROPOSED BUDGET**

| REVENUE SOURCE | SOURCE TOTAL | ACCOUNT CATEGORY | | | |
|---|---|---|---|---|---|
| | | PERSONNEL | OPERATING | SPACE | SPECIAL COSTS |
| DANE CO HUMAN SVCS | 0 | 0 | 0 | 0 | 0 |
| DANE CO 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** | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUE | 0 | 0 | 0 | 0 | 0 |

*OTHER GOVT 2011

| Source | Amount | Terms |
|---|---|---|
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| TOTAL | 0 | |

**OTHER 2011

| Source | Amount | Terms |
|---|---|---|
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| | 0 | |
| TOTAL | 0 | |

## 1. AGENCY CONTACT INFORMATION

| | |
|---|---|
| Organization | |
| Mailing Address | |
| Telephone | |
| FAX | |
| Admin Contact | |
| Financial Contact | |
| Website | |
| Email Address | |

| | |
|---|---|
| Legal Status | Select Status from Drop-Down |
| Federal EIN: | |
| State CN: | |
| DUNS # | |

## 2. CONTACT INFORMATION

| | | | |
|---|---|---|---|
| A | Program A | | |
| | Contact: | Phone: | Email: |
| B | Program B | | |
| | Contact: | Phone: | Email: |
| C | Program C | | |
| | Contact: | Phone: | Email: |
| D | Program D | | |
| | Contact: | Phone: | Email: |
| E | Program E | | |
| | Contact: | Phone: | Email: |
| F | Program F | | |
| | Contact: | Phone: | Email: |
| G | Program G | | |
| | Contact: | Phone: | Email: |
| H | Program H | | |
| | Contact: | Phone: | Email: |
| I | Program I | | |
| | Contact: | Phone: | Email: |
| J | Program J | | |
| | Contact: | Phone: | Email: |
| K | Program K | | |
| | Contact: | Phone: | Email: |
| L | Program L | | |
| | Contact: | Phone: | Email: |

## 3. AGENCY REVENUE DETAILED BY PROGRAM

| REVENUE SOURCE | 2009 ACTUAL | 2010 BUDGET | 2011 PROPOSED | 2011 PROPOSED PROGRAMS A | B | C | D |
|---|---|---|---|---|---|---|---|
| DANE CO HUMAN SVCS | | 0 | 0 | 0 | 0 | 0 | 0 |
| DANE CO CDBG | | 0 | 0 | 0 | 0 | 0 | 0 |
| MADISON-COMM SVCS | | 0 | 0 | 0 | 0 | 0 | 0 |
| MADISON-CDBG | | 0 | 0 | 0 | 0 | 0 | 0 |
| UNITED WAY ALLOC | | 0 | 0 | 0 | 0 | 0 | 0 |
| UNITED WAY DESIG | | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER GOVT | | 0 | 0 | 0 | 0 | 0 | 0 |
| FUNDRAISING DONATIONS | | 0 | 0 | 0 | 0 | 0 | 0 |
| USER FEES | | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER | | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUE | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| REVENUE SOURCE | 2011 PROPOSED PROGRAMS CONT. E | F | G | H | I | J | K |
|---|---|---|---|---|---|---|---|
| DANE CO HUMAN SVCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DANE CO CDBG | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MADISON-COMM SVCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MADISON-CDBG | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| UNITED WAY ALLOC | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| UNITED WAY DESIG | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER GOVT | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FUNDRAISING DONATIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| USER FEES | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUE | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| REVENUE SOURCE | 2011 PROPOSED PROGRAMS CONT. L | | | | | | Non-City |
|---|---|---|---|---|---|---|---|
| DANE CO HUMAN SVCS | 0 | | | | | | 0 |
| DANE CO CDBG | 0 | | | | | | 0 |
| MADISON-COMM SVCS | 0 | | | | | | 0 |
| MADISON-CDBG | 0 | | | | | | 0 |
| UNITED WAY ALLOC | 0 | | | | | | 0 |
| UNITED WAY DESIG | 0 | | | | | | 0 |
| OTHER GOVT | 0 | | | | | | 0 |
| FUNDRAISING DONATIONS | 0 | | | | | | 0 |
| USER FEES | 0 | | | | | | 0 |
| OTHER | 0 | | | | | | 0 |
| TOTAL REVENUE | 0 | | | | | | 0 |

**AGENCY ORGANIZATIONAL PROFILE**

4. AGENCY MISSION STATEMENT

600 characters (with spaces)

5. AGENCY EXPERIENCE AND QUALIFICATIONS

6000 characters (with spaces)

## 6. AGENCY GOVERNING BODY

How many Board meetings were held in 2009?

How many Board meetings has your governing body or Board of Directors scheduled for 2010?

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

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

**Name**

Home Address

Occupation

Representing

Term of Office                  From: mm/yyyy    To: mm/yyyy

**Name**

Home Address

Occupation

Representing

Term of Office                  From: mm/yyyy    To: mm/yyyy

**Name**

Home Address

Occupation

Representing

Term of Office                  From: mm/yyyy    To: mm/yyyy

**Name**

Home Address

Occupation

Representing

Term of Office                  From: mm/yyyy    To: mm/yyyy

**Name**

Home Address

*Occupation*

Representing

Term of Office                  From: mm/yyyy    To: mm/yyyy

**Name**

Home Address

Occupation

Representing

Term of Office                  From: mm/yyyy    To: mm/yyyy

**Name**

Home Address

Occupation

Representing

Term of Office                  From: mm/yyyy    To: mm/yyyy

**Name**

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:   mm/yyyy    To:   mm/yyyy

**Name**
Home Address
Occupation
Representing
Term of Office    From:   mm/yyyy    To:   mm/yyyy

**Name**
Home Address
Occupation
Representing
Term of Office    From:   mm/yyyy    To:   mm/yyyy

**Name**
Home Address
Occupation
Representing
Term of Office    From:   mm/yyyy    To:   mm/yyyy

**Name**
Home Address
Occupation
Representing
Term of Office    From:   mm/yyyy    To:   mm/yyyy

**Name**
Home Address
Occupation
Representing
Term of Office    From:   mm/yyyy    To:   mm/yyyy

**Name**
Home Address
Occupation
Representing
Term of Office    From:   mm/yyyy    To:   mm/yyyy

**Name**
Home Address
Occupation
Representing
Term of Office    From:   mm/yyyy    To:   mm/yyyy

**Name**
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: mm/yyyy | To: mm/yyyy | |
| **Name** | | | |
| Home Address | | | |
| Occupation | | | |
| Representing | | | |
| Term of Office | From: mm/yyyy | To: mm/yyyy | |
| **Name** | | | |
| Home Address | | | |
| Occupation | | | |
| Representing | | | |
| Term of Office | From: mm/yyyy | To: mm/yyyy | |
| **Name** | | | |
| Home Address | | | |
| Occupation | | | |
| Representing | | | |
| Term of Office | From: mm/yyyy | To: mm/yyyy | |
| **Name** | | | |
| Home Address | | | |
| Occupation | | | |
| Representing | | | |
| Term of Office | From: mm/yyyy | To: mm/yyyy | |
| **Name** | | | |
| Home Address | | | |
| Occupation | | | |
| Representing | | | |
| Term of Office | From: mm/yyyy | To: mm/yyyy | |
| **Name** | | | |
| Home Address | | | |
| Occupation | | | |
| Representing | | | |
| Term of Office | From: mm/yyyy | To: mm/yyyy | |
| *Name* | | | |
| Home Address | | | |
| Occupation | | | |
| Representing | | | |
| Term of Office | From: mm/yyyy | To: mm/yyyy | |

## 7. 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** | 0 | 0% | 0 | 0% | 0 | 0% |
| **GENDER** | | | | | | |
| MALE | 0 | 0% | 0 | 0% | 0 | 0% |
| FEMALE | 0 | 0% | 0 | 0% | 0 | 0% |
| UNKNOWN/OTHER | 0 | 0% | 0 | 0% | 0 | 0% |
| TOTAL GENDER | 0 | 0% | 0 | 0% | 0 | 0% |
| **AGE** | | | | | | |
| LESS THAN 18 YRS | 0 | 0% | 0 | 0% | 0 | 0% |
| 18-59 YRS | 0 | 0% | 0 | 0% | 0 | 0% |
| 60 AND OLDER | 0 | 0% | 0 | 0% | 0 | 0% |
| TOTAL AGE | 0 | 0% | 0 | 0% | 0 | 0% |
| **RACE*** | | | | | | 0 |
| WHITE/CAUCASIAN | 0 | 0% | 0 | 0% | 0 | 0% |
| BLACK/AFRICAN AMERICAN | 0 | 0% | 0 | 0% | 0 | 0% |
| ASIAN | 0 | 0% | 0 | 0% | 0 | 0% |
| AMERICAN INDIAN/ALASKAN NATIVE | 0 | 0% | 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 | 0 | 0% | 0 | 0% | 0 | 0% |
| **ETHNICITY** | | | | | | |
| HISPANIC OR LATINO | 0 | 0% | 0 | 0% | 0 | 0% |
| NOT HISPANIC OR LATINO | 0 | 0% | 0 | 0% | 0 | 0% |
| TOTAL ETHNICITY | 0 | 0% | 0 | 0% | 0 | 0% |
| **PERSONS WITH DISABILITIES** | 0 | 0% | 0 | 0% | 0 | 0% |

*These categories are identified in HUD standards.

## 8. AGENCY EXPENSE BUDGET

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

Where possible, use audited figures for 2009 Actual. The 2010 Budget and 2011 Proposed Budget will autofill from information you provided elsewhere in the application.

| Account Description | 2009 ACTUAL | 2010 BUDGET | 2011 PROPOSED |
|---|---|---|---|
| **A.**    **PERSONNEL** | | | |
| Salary | 0 | 0 | 0 |
| Taxes | 0 | 0 | 0 |
| Benefits | 0 | 0 | 0 |
| **SUBTOTAL A.** | 0 | 0 | 0 |
| **B.**    **OPERATING** | | | |
| All "Operating" Costs | 0 | 0 | 0 |
| **SUBTOTAL B.** | 0 | 0 | 0 |
| **C.**    **SPACE** | | | |
| Rent/Utilities/Maintenance | 0 | 0 | 0 |
| Mortgage (P&I) / Depreciation / Taxes | 0 | 0 | 0 |
| **SUBTOTAL C.** | 0 | 0 | 0 |
| **D.**    **SPECIAL COSTS** | | | |
| Assistance to Individuals | 0 | 0 | 0 |
| Subcontracts, etc. | 0 | 0 | 0 |
| Affiliation Dues | 0 | 0 | 0 |
| Other: | 0 | 0 | 0 |
| **SUBTOTAL D.** | 0 | 0 | 0 |
| **TOTAL OPERATING EXPENSES A. - D.** | 0 | 0 | 0 |
| **E.**    **TOTAL CAPITAL EXPENDITURES** | | 0 | 0 |

## 9. PERSONNEL DATA: List Percent of Staff Turnover

         0.0%

Divide the number of resignations or terminations in calendar year 2009 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)

## 10. PERSONNEL DATA: Personnel Schedule

*List each individual staff position by title. Seasonal Employees should be entered at the bottom.*

Indicate the number of 2011 Proposed Full-Time Equivalents (FTEs) in each staff position, across all agency programs.

Indicate the total salaries for all FTEs in that staff position. Do NOT include payroll taxes or benefits in this table.

| Staff Position/Category | 2010 | | 2011 | | | A | B | C |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Est. FTE | Est. Salary | Proposed FTE | Proposed Salary | Hourly Wage | FTE | FTE | FTE |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| | 0.00 | 0 | 0.00 | 0 | 0.00 | 0 | 0 | 0 |
| TOTAL | 0.00 | 0 | 0.00 | 0 | | 0 | 0 | 0 |

TOTAL PERSONNEL COSTS: 0

| Seasonal/Project Employee ONLY | Nbr of Weeks | Total Hours | Hourly Wage | Seasonal Earnings | | A # HRS | B # HRS | C # HRS |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | 0 | 0 | 0.00 | 0 | | 0.00 | 0.00 | 0.00 |
| | 0 | 0 | 0.00 | 0 | | 0.00 | 0.00 | 0.00 |
| | 0 | 0 | 0.00 | 0 | | 0.00 | 0.00 | 0.00 |
| | 0 | 0 | 0.00 | 0 | | 0.00 | 0.00 | 0.00 |
| | 0 | 0 | 0.00 | 0 | | 0.00 | 0.00 | 0.00 |
| TOTAL | 0 | 0 | | 0 | | 0.00 | 0.00 | 0.00 |

**2011 PROPOSED FTEs DISTRIBUTED BY PROGRAM**

| D | E | F | G | H | I | J | K | L | Non-City |
|---|---|---|---|---|---|---|---|---|---|
| FTE | FTE | FTE | FTE | FTE | FTE | FTE | FTE | FTE | FTE |
| 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 | 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 |
| 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 | 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 | 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 |

| D | E | F | G | H | I | J | K | L | Non-City |
|---|---|---|---|---|---|---|---|---|---|
| # HRS | # HRS | # HRS | # HRS | # HRS | # HRS | # HRS | # HRS | # HRS | # HRS |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

ORGANIZATION:

## NEIGHBORHOOD CENTERS/GARDENS

Please provide the following information if you are applying for projects that meet the Community Development Goals & Priorities, Outcome Objective G: Community Neighborhood Centers and Gardens.

1. Provide information that demonstrates you have the support and participation of neighborhood residents.

> 1000 characters (with spaces)

2. If your program utilizes user fees, please describe your fee structure and policies.

> 1000 characters (with spaces)

3. FUNDS NEEDED: Please describe why CDBG funds are needed to ensure the viability of this project.

> 400 characters (with spaces)

**COMMUNITY GARDENS, STOP HERE. NEIGHBORHOOD CENTERS, PROCEED.**

CDBG SUPPLEMENTAL PAGES

ORGANIZATION:

## 4. AGENCY BUDGET BY PROGRAM

| REVENUE | TOTAL BUDGET | | | Program A | | | |
|---|---|---|---|---|---|---|---|
| | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual |
| DANE CO HUMAN SVCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DANE CO CDBG | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MADISON-COMM SVCS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MADISON-CDBG | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| UNITED WAY ALLOC | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| UNITED WAY DESIG | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER GOVT | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FUNDRAISING DONATIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| USER FEES | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL REVENUE | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| EXPENSE | TOTAL BUDGET | | | Program A | | | |
|---|---|---|---|---|---|---|---|
| | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual |
| PERSONNEL | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OPERATING | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SPACE | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| SPECIAL COSTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL EXPENSES | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Program B | | Program C | | | Program D | | | |
|---|---|---|---|---|---|---|---|---|
| 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual |
| 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 |
| 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 |
| 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 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Program B | | Program C | | | Program D | | | |
|---|---|---|---|---|---|---|---|---|
| 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual |
| 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 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Program E | | Program F | | | Program G | | | |
|---|---|---|---|---|---|---|---|---|
| 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual |
| 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 |
| 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 |
| 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 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Program E | | Program F | | | Program G | | | |
|---|---|---|---|---|---|---|---|---|
| 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual |
| 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 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Program H | | Program I | | | Program J | | | |
|---|---|---|---|---|---|---|---|---|
| 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual |
| 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 |
| 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 |
| 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 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Program H | | Program I | | | Program J | | | |
|---|---|---|---|---|---|---|---|---|
| 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual |
| 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 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Program K | | Program L | | | Non-City Budget | | |
|---|---|---|---|---|---|---|---|
| 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed |
| 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 | 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 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Program K | | Program L | | | Non-City Budget | | |
|---|---|---|---|---|---|---|---|
| 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed | 2009 Actual | 2010 Budget | 2011 Proposed |
| 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 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

CDBG SUPPLEMENTAL PAGES

ORGANIZATION:

### 5. AGENCY PROCESS OBJECTIVES BY PROGRAM

| | Program label | 2009 Actual | 2010 Goal | 2011 Proposed |
|---|---|---|---|---|
| **Facility Use and Core** | | | | |
| Sponsored Children/Youth Hours | | 0 | 0 | 0 |
| Sponsored Adult/Family Hours | | 0 | 0 | 0 |
| Sponsored Senior Hours | | 0 | 0 | 0 |
| Optional Hours | | 0 | 0 | 0 |
| Meeting Space Hours | | 0 | 0 | 0 |
| Total Facility Use Hours | | 0 | 0 | 0 |
| Facility Use Unduplicated Participants | | 0 | 0 | 0 |
| Total Center Unduplicated Participants | | 0 | 0 | 0 |
| **Program A:** | Program A | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program B:** | Program B | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program C:** | Program C | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program D:** | Program D | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program E:** | Program E | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program F:** | Program F | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program G:** | Program G | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program H:** | Program H | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program I:** | Program I | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program J:** | Program J | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program K:** | Program K | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| **Program L:** | Program L | | | |
| Service Units | | 0 | 0 | 0 |
| Unduplicated Participants | | 0 | 0 | 0 |
| Non-City Pgm Service Units | | 0 | 0 | 0 |
| Non-City Pgm Unduplicated Participants | | 0 | 0 | 0 |

ORGANIZATION: 

## 6. AGENCY OUTCOME OBJECTIVE BY PROGRAM

| Program Name | Outcome Objective #1 | Performance Indicator #1 | Measurement Tool #1 |
|---|---|---|---|
| Program A | | | |
| Program B | | | |
| Program C | | | |
| Program D | | | |
| Program E | | | |
| Program F | | | |
| Program G | | | |
| Program H | | | |
| Program I | | | |
| Program J | | | |
| Program K | | | |
| Program L | | | |
| Non-City Programs | | | |

| Outcome Objective #2 | Performance Indicator #2 | Measurement Tool #2 | Performance Measurement | | |
|---|---|---|---|---|---|
| | | | 2009 Actual | 2010 Goal | 2011 Proposed |
| | | | 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% | 0.0% | 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% |
| | | | 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% | 0.0% | 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% |
| | | | 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% | 0.0% | 0.0% |
| | | | 0.0% | 0.0% | 0.0% |
| | | | 0.0% | 0.0% | 0.0% |
| | | | 0.0% | 0.0% | 0.0% |

**RENTAL HOUSING**

~~CDBG SUPPLEMENTAL PAGES~~

ORGANIZATION:

**RENTAL HOUSING**

**Please provide the following information if you are applying for projects that meet the Community Development Program Goals & Priorities, Outcome Objective D: Rental Housing**

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? |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*Less than or equal to 30% CMI, 30-50% CMI, 50-80% 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. Does the project include plans to provide supportive services to residents or links to appropriate services? If yes, please describe.

400 characters (with spaces)

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

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

400 characters (with spaces)

6. FUNDS NEEDED: Please describe why CDBG/ESG funds are needed to ensure the viability of this project.

400 characters (with spaces)

ORGANIZATION:

Please provide the following information -- if you are applying for projects that meet the CDD Community
Development Program Goals & Priorities Outcome Objective D-Rental Housing

### 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: | | | | | | | | | |
| | | | | | | | | | |
| 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.

~~CDBG SUPPLEMENTAL PAGES~~

ORGANIZATION:

## 8. CAPITAL BUDGET

Enter the proposed project capital budget. Identify the fund source and amount for each total line item.

Example: Acquisition: $300,000 HOME, $100,000 from CDBG, $200,000 from Anchor Bank @5% interest/15 years.

| | TOTAL | Amount | Source/Terms** | Amount | Source/Terms** |
|---|---|---|---|---|---|
| **Acquisition Costs:** | | | | | |
| Acquisition | 0 | 0 | | 0 | |
| Title Insurance and Recording | 0 | 0 | | 0 | |
| Appraisal | 0 | 0 | | 0 | |
| Predvlpmnt/feasibility/market study* | 0 | 0 | | 0 | |
| Survey | 0 | 0 | | 0 | |
| Marketing* | 0 | 0 | | 0 | |
| Relocation | 0 | 0 | | 0 | |
| Other (List) | | | | | |
| | 0 | 0 | | 0 | |
| **Construction:** | | | | | |
| Construction Costs | 0 | 0 | | 0 | |
| 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 | 0 | 0 | | 0 | |
| Other (List) | | | | | |
| | 0 | 0 | | 0 | |
| **Fees:** | | | | | |
| Architect | 0 | 0 | | 0 | |
| Engineering | 0 | 0 | | 0 | |
| Accounting* | 0 | 0 | | 0 | |
| Legal* | 0 | 0 | | 0 | |
| Development Fee* | 0 | 0 | | 0 | |
| Leasing Fee* | 0 | 0 | | 0 | |
| Other (List) | | | | | |
| | 0 | 0 | | 0 | |
| **Project Contingency:** | 0 | 0 | | 0 | |
| **Furnishings:** | 0 | 0 | | 0 | |
| **Reserves Funded from Capital:** | | | | | |
| Operating Reserve | 0 | 0 | | 0 | |
| Replacement Reserve | 0 | 0 | | 0 | |
| Maintenance Reserve | 0 | 0 | | 0 | |
| Vacancy Reserve | 0 | 0 | | 0 | |
| Lease Up Reserve | 0 | 0 | | 0 | |
| **Other: (List)** | | | | | |
| | 0 | 0 | | 0 | |
| **TOTAL COSTS:** | **0** | **0** | | **0** | |

*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.

ORGANIZATION: 

## 9. TOTAL PROJECT PROFORMA

Enter total Revenue and Expense information for the proposed project for a 15 year period.

|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|
| **Revenue:** | | | | | | |
| Gross Income | 0 | 0 | 0 | 0 | 0 | 0 |
| Less Vacancy/Bad Debt | 0 | 0 | 0 | 0 | 0 | 0 |
| **Income from Non-Residential Use*** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Revenue** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Expenses:** | | | | | | |
| Office Expenses and Phone | 0 | 0 | 0 | 0 | 0 | 0 |
| Real Estate Taxes | 0 | 0 | 0 | 0 | 0 | 0 |
| Advertising, Accounting, Legal Fees | 0 | 0 | 0 | 0 | 0 | 0 |
| Payroll, Payroll Taxes and Benefits | 0 | 0 | 0 | 0 | 0 | 0 |
| Property Insurance | 0 | 0 | 0 | 0 | 0 | 0 |
| Mtc, Repairs and Mtc Contracts | 0 | 0 | 0 | 0 | 0 | 0 |
| Utilities (gas/electric/fuel/water/sewer) | 0 | 0 | 0 | 0 | 0 | 0 |
| Property Mgmt | 0 | 0 | 0 | 0 | 0 | 0 |
| Operating Reserve Pmt | 0 | 0 | 0 | 0 | 0 | 0 |
| Replacement Reserve Pmt | 0 | 0 | 0 | 0 | 0 | 0 |
| Support Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (List) | | | | | | |
|  | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Expenses** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Net Operating Income** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Debt Service:** | | | | | | |
| First Mortgage | 0 | 0 | 0 | 0 | 0 | 0 |
| Second Mortgage | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (List) | | | | | | |
|  | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Debt Service** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Annual Cash Expenses** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Net Operating Income** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Debt Service Reserve** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Cash Flow** | 0 | 0 | 0 | 0 | 0 | 0 |

*Including laundry facilities, vending machines, parking spaces, storage spaces or application fees.

**Assumptions**

| Vacancy Rate | 0.0% |
|---|---|
| Annual Increase | 0.0% |

Other

| Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|---|---|---|---|---|---|---|---|---|
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ORGANIZATION:

## HOUSING FOR BUYERS

Please provide the following information if you are applying for projects that meet the Community

Development Program Goals & Priorities, Outcome Objective B: Housing for Buyers

Enter the site address (or addresses) for the proposed project and answer the identified questions by column

for each address site.

### 1. Real Estate Project Data Summary

| | # 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? | Accessible Post-Project? |
|---|---|---|---|---|---|---|---|---|---|
| Address: | | | | | | | | | |
| | | | | | | | | | |
| 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.

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

| Address/Unit# | # Bedrooms | Amount of CD $ Requested | Proj. Monthly PITI | Proj. Income Category* | Affordability Period # Yrs | Sale Price |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*Less than or equal to 30% CMI, 30-50% CMI, 50-80% CMI or >80% CMI

3. Identify if your project includes any of the following features (Check all that apply):

Incorporates accessibility features

Incorporates energy efficiency improvements

Involves lead paint removal

Involves asbestos removal

Incorporates long-term affordability restrictions greater than that required by the HOME rules

Provides pre-purchase and post-purchase homebuyer counseling

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

ORGANIZATION:

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

400 characters (w ith spaces)

6. FUNDS NEEDED: Please describe why CDBG/HOME funds are needed to ensure the viability of this project.

400 characters (w ith spaces)

## 7. CAPITAL BUDGET

Enter the proposed capital budget for the proposed project. Identify the fund source and amount for each total line item.

For ex: acquisition $300,000, $100,000 from CDBG, $200,000, from Anchor Bank@ 5% interest/15 years.

**Acquisition Costs:**

| | TOTAL | Amount | Source/Terms** | Amount | Source/Terms** |
|---|---|---|---|---|---|
| Acquisition | 0 | 0 | | 0 | |
| Title Insurance and Recording | 0 | 0 | | 0 | |
| Appraisal | 0 | 0 | | 0 | |
| Predvlpmnt/feasibility/market study* | 0 | 0 | | 0 | |
| Survey | 0 | 0 | | 0 | |
| Marketing* | 0 | 0 | | 0 | |
| Relocation | 0 | 0 | | 0 | |
| Other (List) | | | | | |
| | 0 | 0 | | 0 | |

**Construction:**

| | | | | | |
|---|---|---|---|---|---|
| Construction Costs | 0 | 0 | | 0 | |
| 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 | 0 | 0 | | 0 | |
| Other (List) | | | | | |
| | 0 | 0 | | 0 | |

**Fees:**

| | | | | | |
|---|---|---|---|---|---|
| Architect | 0 | 0 | | 0 | |
| Engineering | 0 | 0 | | 0 | |
| Accounting* | 0 | 0 | | 0 | |
| Legal* | 0 | 0 | | 0 | |
| Development Fee* | 0 | 0 | | 0 | |
| Leasing Fee* | 0 | 0 | | 0 | |
| Other (List) | | | | | |
| | 0 | 0 | | 0 | |

| | | | | | |
|---|---|---|---|---|---|
| **Project Contingency:** | 0 | 0 | | 0 | |
| **Furnishings:** | 0 | 0 | | 0 | |

**Reserves Funded from Capital:**

| | | | | | |
|---|---|---|---|---|---|
| Operating Reserve | 0 | 0 | | 0 | |
| Replacement Reserve | 0 | 0 | | 0 | |
| Maintenance Reserve | 0 | 0 | | 0 | |
| Vacancy Reserve | 0 | 0 | | 0 | |
| Lease Up Reserve | 0 | 0 | | 0 | |
| **Other: (List)** | | | | | |
| | 0 | 0 | | 0 | |
| **TOTAL COSTS:** | 0 | 0 | | 0 | |

*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.

~~CDBG SUPPLEMENTAL PAGES~~

ORGANIZATION:

ECONOMIC DEVELOPMENT-CAPITAL PROJECTS

Please provide the following information -- if you are applying for programs that meet the CDD Community
Development Program Goals & Priorities Outcome
Objective E- Economic Development -- if it involves real estate purchase or rehab.

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.

1. Real Estate Project Data Summary

| | Total Sq. Footage of Property | # Tenants to be Displaced | Appraised Value Current | Appraised Value Post-Project | Purchase Price | Accessible Current? | Accessible Post-Project? |
|---|---|---|---|---|---|---|---|
| Address: | | | | | | | |
| 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.

2. FUNDS NEEDED: Please describe why CDBG funds are needed to ensure the viability of this project.

400 characters (w ith spaces)

CDBG SUPPLEMENTAL PAGES

ORGANIZATION:

### 3. CAPITAL BUDGET

Enter the proposed capital budget for the proposed project. Identify the fund source and amount for each total line item.

For ex: acquisition $300,000, $100,000 from CDBG, $200,000, from Anchor Bank@ 5% interest/15 years.

| | TOTAL | Amount | Source/Terms** | Amount | Source/Terms** |
|---|---|---|---|---|---|
| **Acquisition Costs:** | | | | | |
| Acquisition | 0 | 0 | | 0 | |
| Title Insurance and Recording | 0 | 0 | | 0 | |
| Appraisal | 0 | 0 | | 0 | |
| Predvlpmnt/feasibility/market study* | 0 | 0 | | 0 | |
| Survey | 0 | 0 | | 0 | |
| Marketing* | 0 | 0 | | 0 | |
| Relocation | 0 | 0 | | 0 | |
| Other (List) | | | | | |
| | 0 | 0 | | 0 | |
| **Construction:** | | | | | |
| Construction Costs | 0 | 0 | | 0 | |
| 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 | 0 | 0 | | 0 | |
| Other (List) | | | | | |
| | 0 | 0 | | 0 | |
| **Fees:** | | | | | |
| Architect | 0 | 0 | | 0 | |
| Engineering | 0 | 0 | | 0 | |
| Accounting* | 0 | 0 | | 0 | |
| Legal* | 0 | 0 | | 0 | |
| Development Fee* | 0 | 0 | | 0 | |
| Leasing Fee* | 0 | 0 | | 0 | |
| Other (List) | | | | | |
| | 0 | 0 | | 0 | |
| **Project Contingency:** | 0 | 0 | | 0 | |
| **Furnishings:** | 0 | 0 | | 0 | |
| **Reserves Funded from Capital:** | | | | | |
| Operating Reserve | 0 | 0 | | 0 | |
| Replacement Reserve | 0 | 0 | | 0 | |
| Maintenance Reserve | 0 | 0 | | 0 | |
| Vacancy Reserve | 0 | 0 | | 0 | |
| Lease Up Reserve | 0 | 0 | | 0 | |
| Other: (List) | | | | | |
| | 0 | 0 | | 0 | |
| **TOTAL COSTS:** | 0 | 0 | | 0 | |

*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.

CDBG SUPPLEMENTAL PAGES

ORGANIZATION:

## 4. TOTAL PROJECT PROFORMA

Enter total Revenue and Expense information for the proposed project for a 15 year period.

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|
| **Revenue:** | | | | | | |
| Gross Income | 0 | 0 | 0 | 0 | 0 | 0 |
| Less Vacancy/Bad Debt | 0 | 0 | 0 | 0 | 0 | 0 |
| **Income from Non-Residential Use*** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Revenue** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Expenses:** | | | | | | |
| Office Expenses and Phone | 0 | 0 | 0 | 0 | 0 | 0 |
| Real Estate Taxes | 0 | 0 | 0 | 0 | 0 | 0 |
| Advertising, Accounting, Legal Fees | 0 | 0 | 0 | 0 | 0 | 0 |
| Payroll, Payroll Taxes and Benefits | 0 | 0 | 0 | 0 | 0 | 0 |
| Property Insurance | 0 | 0 | 0 | 0 | 0 | 0 |
| Mtc, Repairs and Mtc Contracts | 0 | 0 | 0 | 0 | 0 | 0 |
| Utilities (gas/electric/fuel/water/sewer) | 0 | 0 | 0 | 0 | 0 | 0 |
| Property Mgmt | 0 | 0 | 0 | 0 | 0 | 0 |
| Operating Reserve Pmt | 0 | 0 | 0 | 0 | 0 | 0 |
| Replacement Reserve Pmt | 0 | 0 | 0 | 0 | 0 | 0 |
| Support Services | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (List) | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Expenses** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Net Operating Income** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Debt Service:** | | | | | | |
| First Mortgage | 0 | 0 | 0 | 0 | 0 | 0 |
| Second Mortgage | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (List) | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Debt Service** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Annual Cash Expenses** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Net Operating Income** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Debt Service Reserve** | 0 | 0 | 0 | 0 | 0 | 0 |
| **Cash Flow** | 0 | 0 | 0 | 0 | 0 | 0 |

*Including laundry facilities, vending machines, parking spaces, storage spaces or application fees.

**Assumptions**

| Vacancy Rate | 0.0% |
|---|---|
| Annual Increase | 0.0% |

Other

| Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|---|---|---|---|---|---|---|---|---|
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |