

Application for Neighborhood and Community Development Funds

Submit original and 24 complete copies of this application to the CD Office by 4:30 p.m. by the 15th of the month, to be reviewed by the CDBG Commission on the first Thursday of the following month.

Program Title: IHN Day Center Rehab Amount Requested: \$ 61,300
Agency: Interfaith Hospitality Network of the Madison Area
Address: 1121 University Ave
Contact Person: Rachel Krinsky Telephone: 294-7998 x 302
Email: interfaith@tds.net Fax: 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.

Interfaith Hospitality Network (IHN) is moving to 128 Olin Avenue on July 1st. We will be relocating both our offices and the Day Center where homeless families in our shelter program reside during the day. The new space requires some renovation in order to provide appropriate services to the families. Namely, we need to install shower, bath, toilet and laundry facilities and a kitchenette.

The 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. Seventy percent of families who enter the program annually successfully move 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 annually # unduplicated individuals estimated to be served by this project.

30 annually # 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 – this facility is a community-based facility serving homeless families

N – this facility is a key component of the Shelter Network, which successfully assists homeless families to access housing.

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

- | | | | |
|-----------------------|--|----------|---|
| Acquisition/
Rehab | <input checked="" 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)	\$8,000		\$8,000	Fundraising
2. Fringe Benefits				
3. Payroll Taxes				
B. Non-Personnel Costs				
1. Office Supplies/Postage				
2. Telephone				
3. Rent/Utilities (1 year for day center)	\$20,200 \$5,000		\$20,200 \$5,000	DCHS Fundraising
4. Professional Fees & Contract Services				
5. Work Supplies and Tools				
6. Other: Relocation expenses	\$15,200		\$15,200	See attached
C. Capital Budget Expenditures (Detail in attachment C)				
1. Capital Cost of Assistance to Individuals (Loans)				
2. Other Capital Costs:	\$74,300	\$61,300	\$13,000	Volunteer services & Donated furnishings
D. TOTAL (A+B+C)	\$122,700	\$61,300	\$61,400	Fundraising & volunteer time

Estimated Month of Completion
(If applicable)

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.

Karl Madsen has agreed to serve as our General Contractor on a volunteer basis. He will organize subcontractors to do the work. Plans have already been submitted to the city and a scope of service is attached to this application. We intend to both begin and complete the work in June, 2008.

Personnel costs for IHN Day Center

Weekend staff: 16 hrs per weekend x 50 weekends x \$10/hr \$8,000

Relocation Expenses and In-kind donations for 2008 IHN move:

Re-print all paper materials with new address \$10,000

Move and rewire phone and computer systems \$2,000

80 moving volunteers x 4 hours x \$10/hr \$3,200

TOTAL \$15,200

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

Alder Julia Kerr has sent a letter of support for this proposal to the CDBG Office.

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 checked="" type="checkbox"/> Community Service Facility (Attachment D)	<input type="checkbox"/> Scattered Site Funds Addendum (Attachment H)
	<input checked="" type="checkbox"/> ESG Funding Addendum (Attachment I)

13. **Affirmative Action:** If funded, applicant hereby agrees to comply with City of Madison Ordinance 3.58(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 hereby agrees to comply with City of Madison Ordinance 3.72 ("Nondiscrimination based on Disability in City Facilities and City-Assisted Programs and Activities"), and to complete related forms specified by the Department of Civil Rights. The plan with instructions is available at: <http://www.cityofmadison.com/dcr/disabilityForms.cfm>.

Signature: Nancy M. Lotter Date: 4/15/08
President, Board of Directors/Department Head

Signature: [Signature] Date: 4/15/08
Executive Director

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

ATTACHMENT B

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?	
128 E. Olin Avenue	Purchase Rehab Construct	N/A	N/A	N/A	None				Yes	Yes	unknown
	Purchase Rehab Construct										
	Purchase Rehab Construct										

CAPITAL BUDGET

TOTAL PROJECT/CAPITAL BUDGET (include all fund sources)		Amount	Source/Terms**	Amount	Source/Terms**
Amount and Source of Funding. ***	TOTAL	Amount	Source/Terms**	Amount	Source/Terms**
Acquisition Costs:					
Acquisition					
Title Insurance and Recording					
Appraisal					
*Predvpmnt/feasibility/market study					
Survey					
*Marketing/Affirmative Marketing					
Relocation					
Other:					
Construction:					
Construction Costs	\$60,800		CDBG		
Soils/site preparation					
Construction management					
Landscaping, play lots, sign					
Const interest					
Permits; print plans/specs	\$500		CDBG		
Other:					
Fees:					
Architect	\$3,000				Volunteer hours from Don Richards
Engineering					
*Accounting					
*Legal					
*Development Fee	\$7,000				Volunteer hours from Karl Madsen
*Leasing Fee					
Other:					
Project Contingency:					
Furnishings:					
Reserves Funded from Capital:					
Operating Reserve	\$3,000				Donations – both retail and used
Replacement Reserve					
Maintenance Reserve					
Vacancy Reserve					
Lease Up Reserve					
Other (specify):					
Other (specify):					
TOTAL COSTS:	\$74,300				

* 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 GRF.
 *** 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.)

The improvement of the space will allow families access to laundry, shower, bath and toilet facilities while staying in the shelter network and provide an appropriate place to store food, eat and wash dishes during the day.

The plans also call for addition of a new door to the suite giving clients and the public clear access to the agency. (The current door leads into a hallway, while the new door will lead to a reception area.) A second door addition will separate the day center from the offices.

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

<u>Amount</u>	<u>Name</u>	
\$7,000	CDBG (ESG)	Due June 30, 2008
\$31,360	CDBG	Due June 30, 2008

D. If rented space:

1. Who is current owner? Family Service
2. What is length of proposed or current lease? Five Years: July 1, 2008 through June 30, 2011
3. What is proposed rental rate (\$/sq. ft. and terms) and how does this compare to other renters in building or in area?
The rental rate is \$13.70/sq. ft or \$3,032 per month for five years with an annual 3% increase. This rate includes utilities and is comparable to other rents in the area for similar buildings.

E. If this is new space, what is the impact of owning or leasing this space compared to your current level of space costs?

Our current rental cost, including utilities, equals \$13.74 per square foot. The new space has more square footage to accommodate our growing staff and programs, so the total will be more.

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.)
N/A - general contracting services are donated.
2. A copy of the plans and specifications for the work, or a description of the design specifications you have in mind.
- Scope of services attached
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.)

N/A

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.

IHN 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.

- 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.

N/A



INTERFAITH HOSPITALITY NETWORK

CONSTRUCTION NOTES FOR REMODELING SUITE 2B, 128 OLIN AVENUE

Scope of the Work The General Contractor shall furnish all labor and materials to complete this work which consists of 1) New Bath Suite and Kitchen / Laundry to be constructed in an existing 12' x 32' conference room. 2) a new 3' x 6' 8" solid core entrance door at the top of the west stair hall. 3) a new 3' x 4' half door at the west side of the Lounge (including all hardware, keyed to building standards).

General Demolish existing construction as necessary for new construction and dispose of debris properly. Remove carpeting carefully for possible reuse elsewhere in the suite. Reuse existing hardware where possible. Install blocking in walls for attachment of grab bars, paper holders, etc. General contractor to furnish and install all towel bars, paper holders, grab bars etc. Reuse existing cabinets, counter tops, sink and trim in new Kitchen. New cabinets shall be similar to existing if reused.

Finishes Floor and base to be ceramic tile, thin set. Walls to be 1/2" gyp wall board, level 4 finish, painted 1 coat of primer and 2 coats of finish, the last of which shall be low luster enamel. Existing walls to be painted one coat of finish to match. Ceilings in Bath Suite shall be gyp wall board, level 4 finish and painted as walls. Doors, frames and trim to match building standards.

Plumbing Run supply and drainage lines in the manner least disruptive to other building tenants as possible. Install stops and air chambers at all supply lines.

Fixtures: Water closets to be elongated rim by American Standard or Kohler.

Lavatories: in Bath Suite shall be style made for laminated counter top. Note the handicapped lav in the Handicapped Toilet.

Laundry sink to be stainless steel.

Tub and Shower to be preformed one piece acrylic units.

Trim to be Moen, Delta or other approved single handled faucets.

Furnish and install Floodsaver unit for owner's stacked washer - dryer.

HVAC Re-design / re-balance existing systems to accommodate new construction. Ventilate all toilets, shower, bath and clothes dryer to outside as required.

Electrical All electrical shall comply with the National Electric Code and all governing local codes. Remove any unused switches and outlets properly. Re-design the electrical system in the construction area to reflect new usage. Furnish and install fixtures as indicated on the drawing.

Note that it is the intention of these document to have a complete workable "move in" project when finished including all light bulbs, hardware and fittings normally associated with this type of work.