

Application for Neighborhood and Community Development Funds

Submit original and 27 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: M.A.D. Amount Requested: \$ 32,000.00
Agency: Madison Association of the Deaf, Inc
Address: 1109 Williamson St.
Contact Person: Ken Hewitt Telephone: (608) 234-5058 V.P.
Email: K_hewitt@charter.net Fax: _____

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.

primary goal is to renovate an existing building which provide services to the disability (Deaf + hard of hearing) and needy population living within the city of Madison. The work involved will make the building usable by that group & thereby improve services being provided by the city to the disability (Deaf + hard of hearing) relate to non-profit organization/space.

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 subgroups.

approximate 32,000.00 funds are needed to improve the public services for the Deaf population of the city of Madison 60% of the members of M.A.D. fall low or moderate income definition.

The funds will be used for renovate an existing non-profit Deaf Club building and will benefit to the Willy neighborhood.

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

80 # unduplicated households estimated to be served by this project.

3. Program Objectives: The 5-Year Plan lists 9 project objectives (A through N). Circle the one most applicable to your proposal and describe how this project addresses that objective.

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

"The Madison Association of the Deaf is proudly to serve to our deaf and hearing community where we do provide deaf and interpreter workshops, sign language classes, programs for children, and social night. Also, any organization could use our clubhouse for educational purposes."

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

- | | | | |
|-----------------------|--|----------|---|
| Acquisition/
Rehab | <input type="checkbox"/> New Construction, Acquisition, Expansion of Existing Building | Futures | <input type="checkbox"/> Prototype |
| | <input type="checkbox"/> Accessibility | | <input type="checkbox"/> Feasibility Study |
| | <input checked="" 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 type="checkbox"/> Services |

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

District #6 Marsha A. Rummel

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
[X] 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.)

[X] No Yes - Complete Attachment G

10. Do you seek Scattered Site Acquisition Funds for acquisition of serviceenriched housing?

[X] No Yes - Complete Attachment B, C, F, and H

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

[X] No Yes - Complete Attachment I

12. This proposal is hereby submitted with the approval of the Board of Directors/Department Head and with the knowledge of the agency executive director, and includes the following:

Future Fund (Attachment A) Housing for Resale (Attachment E)
Property Description (Attachment B) Rental Housing and Proforma (Attachment F)
Capital Budget (Attachment C) CHDO (Attachment G)
Community Service Facility (Attachment D) Scattered Site Funds Addendum (Attachment H)
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 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: [Signature] Date: 7/8/09
President-Board of Directors/Department Head

Signature: [Signature] Date: 7/8/09
Executive Director

For additional information or assistance in completing this application, please contact the CD Office at 267740.

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?	
1109 Williamson	Purchase Rehab Construct	—	—	—	N/A	200,000	est. 250,000	N/A	Yes	Yes	
27	Purchase Rehab Construct										
	Purchase Rehab Construct										

CAPITAL BUDGET

Amount and Source of Funding: ***	TOTAL PROJECT/CAPITAL BUDGET (include all fund sources)						
	TOTAL	Amount	Source/Terms**	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*	32,000	- see attached -					
Soils/site preparation							
Construction management							
Landscaping, play lots, sign							
Const interest							
Permits; print plans/specs							
Other:							
Fees:							
Architect							
Engineering							
*Accounting							
*Legal							
*Development Fee							
*Leasing Fee							
Other:							
Project Contingency:							
Furnishings:							
Reserves Funded from Capital:							
Operating Reserve							
Replacement Reserve							
Maintenance Reserve							
Vacancy Reserve							
Lease Up Reserve							
Other (specify):							
Other (specify):							
TOTAL COSTS:	32,000						

* 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.)

The Madison Association of the Deaf is seeking to improve our building's condition is to have a better environment for our community to use due to a health safety. The electrical system need to rewired for in order to have low cost on energy to have an affordable budget.

The basement floor & wall remove the asbestos and repair the cracked wall. The sidewalk need to be replaced with a new ramp for who sit on the chair to have an access to the backyard.

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

Amount

Name

0

D. If rented space:

N/A

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?

N/A

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.)
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.)

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.

Prepare to have our clubhouse remodel list;

1. Electric

a) new 200 amp breaker panel replace and follow the MG+E required the code, put the power box and electric meter outside instead of no-inside.

\$4,443.00

b) 15 - 2 lamp T-8 floarescent troffer fixtures replace

\$2,443.00

c) 1-50 Watt Metal halide wall outside and light install and required the 3 exit/emergency fixture (code) replace

\$960.00

d) Kitchen - put the fan/light ceiling install

\$417.00

e) backyard - electric (old fixture) install after customer buy the 6"X6"X20' post and install it on ground by ourself

+ \$215.00

Total: \$8,478.00

2. Carpet floor

1,800 sq. ft new carpet/install replace

Cost \$3,962.00

3. Painting Contractor

bleach and clean off the mildex, power wash and epoxy "V-coat 131" and one coat paint and mortar repair

Cost \$2,2300.00

4. Basement

a) Enviroment Construction - remove and dispose of light brown vinyle floor and surface grind on concrete floor (use asbestos on 1,850 sq ft.)

Cost \$6,860.00

b) Basement waterproofing - 148ft water trek Aqua, 68' feet finish white wall covering and 3-1/2 hp pump install

Cost \$7,500.00

5. Concrete Contractor

2 - old walk remove and make 2 new ramp and put the concrete to hole cover from basement women's window cover and make new concrete floor enter front door of building

Cost \$2,900.00

Total: \$32,000.00