

Application for Neighborhood and Community Development Funds

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

Program Title: Hope House Amount Requested: \$ 2,400.00
Agency: Dane County Parent Council Tax ID/EIN/FEIN: 39-1418945
Address: 2096 Red Arrow Trail, Madison, WI. 53711 DUNS #: 124301037
Contact Person: Marcia Huemoeller Telephone: 608-275-6740
Email: mhuemoeller@dcpcinc.org 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.

Hope House is a transitional housing residence for young homeless mothers and their babies. Hope House also provides intensive case management and comprehensive family support services to residents from Early Head Start Program enrollment. To provide emergency support and care in the evening and on weekends, a Residential Manager lives at Hope House. This individual serves as a liaison among residents, the Coordinator, agency staff and the Bethel Lutheran Church volunteers. She ensures that housing policies are adhered to, that parents strive to implement positive parenting skills, while maintaining a safe, nurturing home environment. The Residential Manager fosters trusting, supportive relationships with multi-cultural, low-income families. She assists residents in negotiating problems without placing blame, documents nightly and weekend activities, and supports parenting goals. Providing a stipend will help us to secure a reliable individual, giving us consistent, quality services for the residents and their children.

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.

Hope House serves young mothers and infant/toddlers who are homeless. Those families are low income and enrolled in the Early Head Start Program.

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

 12 # 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 | <u>N. Access to Housing Resources</u> |
| F. Economic Dev. – Micro-enterprise | |

The primary function of the Resident Manager is to ensure the safe and nurturing living conditions at Hope House while residents are assisted in attaining their housing goals. Additional responsibilities include assistance with applications, housing and job searches and successfully adhering to community living requirements.

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

- | | | | |
|-----------------------|---|----------|---|
| Acquisition/
Rehab | <input type="checkbox"/> New Construction, Acquisition,
Expansion of Existing Building | Futures | <input type="checkbox"/> Prototype |
| | <input type="checkbox"/> Accessibility | | <input type="checkbox"/> Feasibility Study |
| | <input type="checkbox"/> Maintenance/Rehab | | <input type="checkbox"/> Revitalization Opportunity |
| | <input type="checkbox"/> Other | | <input type="checkbox"/> New Method or Approach |
| Housing | <input type="checkbox"/> Rental Housing | Homeless | <input checked="" type="checkbox"/> Housing |
| | <input type="checkbox"/> Housing For Buyers | | <input checked="" type="checkbox"/> Services |

8. Does agency seek funds for property acquisition and/or rehab? [If applicable, describe the amount of funds committed or proposed to be used to meet the 25% match requirements (HOME or ESG) with its qualifications.]

No Complete Attachment A

Yes Complete Attachment B and C and one of the following:

D Facilities

E Housing for Buyers

F Rental Housing and Proforma

9. Do you qualify as a Community Housing Development Organization (CHDO)? (See attachment G for qualifications.)

No

Yes - Complete Attachment G

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

No

Yes - Complete Attachment B, C, F, and H

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

No

Yes - Complete Attachment I

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

Future Fund (Attachment A)

Housing for Resale (Attachment E)

Property Description (Attachment B)

Rental Housing and Proforma (Attachment F)

Capital Budget (Attachment C)

CHDO (Attachment G)

Community Service Facility (Attachment D)

Scattered Site Funds Addendum (Attachment H)

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>.

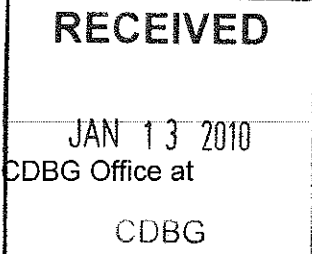
14. Non-Discrimination Based on Disability: Applicant shall comply with Section 39.05, Madison General Ordinances, Nondiscrimination Based on Disability in City-Assisted Programs and Activities. Under section 39.05(7) of the Madison General Ordinances, no City financial assistance shall be granted unless 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: Shawn Dan
President-Board of Directors/Department Head

Date: 1/3/10

Signature: Marcia Huemalle
Executive Director

Date:



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

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:	2,400.00	2,400.00		
C. Capital Budget Expenditures (Detail in attachment C)				
1. Capital Cost of Assistance to Individuals (Loans)				
2. Other Capital Costs:				
D. TOTAL (A+B+C)	2,400.00	2,400.00		

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.

The Hope House Residential Manager lives on-site providing evening/weekend oversight of Hope House mothers and their children. The manager is required to be present during evenings and weekends both to ensure the safety of the residents ensuring that they adhere to policy/procedures. The Manager also will also serve as a liaison between the residents, Bethel Lutheran Church, and DCPC staff in order to ensure continuity of programming and communication. The Resident Manager also interacts with and provides family support while ensuring a nurturing environment for all the residents. This volunteer position is a full-year position.

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

Since its inception in 2002 Hope House has been supported by its neighborhood community. This request will strengthen the program in the community.

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.

Hope House is a collaborative effort between Dane County Parent Council and Bethel Lutheran Church. Client referrals come from the Dane County Parent Council - Early Head Start Program. Contact is made via Family Advocates to the Hope House Coordinator. When a client is accepted into Hope House weekly meetings are established between the resident's Family Advocate and the Hope House Coordinator to coordinate services. A Family Partnership Agreement is established to identify education, employment, and housing goals. Needed steps are taken to obtain documentation (birth certificates, Identification, and/or community assistance), to establish both a credit and tenant history. Dane County Parent Council staff collaborate with other community providers to access information, referrals, and services.

The Hope House Coordinator is a member of the Dane County Housing Consortium, a local group that works together to support the needs of Dane County's homeless population. She attends Consortium meetings to stay abreast of resources and to advocate for the needs of homeless clients, their children and other agencies serving homeless families.

- 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.

Compensation for Hope House Resident Manager responsibilities provides new resources for supervision, safety, and oversight of existing program services. This additional supervision assist in ensuring safety of all residents and guests, adherence to program and policy procedure and offers greater assistance to residents in achieving their housing, employment and educational goals.