

CITY OF MADISON

Registration Statement

CDBG
Name of Board, Committee or Commission

Name Greta Hansen
Address 1717 N Stonington Rd
Madison 53704

Date 4/5/12
Item public comment

Support Oppose

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself?
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Yes No

Name, address and telephone number of each person or organization you are representing:
Community Action Coalition for S. C. WI, Inc.
1717 N Stonington Rd
Madison 53712 246-2730

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization?
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.) Yes No

Registration Statement - Page 2

Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? Yes No
(If you answered "yes" to the question, STOP. You need not complete the rest of this form except that you must sign this form.
If you answered "no" to the question, go on to the next questions.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that:

1. Before you engage in lobbying as a lobbyist, you or your principal must file an authorization with the City Clerk? Yes No
2. Your principal is not permitted to authorize you to lobby unless the principal is registered with the City Clerk? Yes No
3. If your principal spends or will owe more than \$500 for lobbying services in any reporting period (calendar quarter), the principal must file expense statements with the City Clerk for the remaining quarters of the calendar year? Yes No

(If you answered "no" to any of the last three questions, please call the City Clerk at 266-4601 or go to the Clerk's Office at Room 103 of the City-County Building, Madison, for more information.)

Date 4/5/12

Signature [Handwritten Signature]
Print Name Greta C Hansen

CAC Financial Assistance Facts – 2011

- Provided over 15,700 referrals and information to those seeking assistance.
- Intake met with more than 5,400 participants.
- 75% of intake requests are for eviction prevention; 25% of requests are for entry cost.
- Drawings for eviction prevention and security deposit had participant entries totally more than 2500 individuals.
- 848 household households or 2108 individuals were turned away for financial assistance (85%); CAC was able to assist only 15% of those through the drawing and/or collaboration with other agencies through the Rentable Consortium.
- ESG funds for the drawing only covered 1% of that percentage served (HPRP*).
- Total ESG (including partnerships with agencies) = 154 households (363 individuals)
 - EP = 117 households (267 ind) – in the form of one time assistance and rent subsidies
 - EC = 37 households (96 ind) - same
- Of those served with ESG (whether it was one time assistance or rent subsidies), there was 89% retention rate at 6 months and 75% at 12 months.
 - EP 6 months = 93% EP 12 months = 73%
 - EC 6 months = 85% EC 12 months = 77%
- All rent subsidies (and now anyone receiving financial assistance including one time assistance) will receive some type of component of case management.

**HPRP numbers include eviction prevention, entry cost/security deposits, utility assistance, and rent subsidies from both CAC and agencies referral slots from area agencies within the Continuum of Care for Dane County. Both the City and the County served 241 households totally 629 participants. (Note: Numbers reflect only 2011 – not since beginning of the program). Taking all the categories into consideration, at 6 month follow up, 73% maintained housing and at 12 month follow ups, 65% participants still were maintaining their housing due to HPRP assistance with their housing.*

CITY OF MADISON

CDBG

Registration Statement

Name of Board, Committee or Commission

Name STEVEN SCHOOLEN
Address 306 N. BROOKS

Date 4/5/2012
Item _____

Support Oppose
Public Comment

Wish to Speak
 Do Not Wish to Speak
 Available to Answer Questions

At this meeting are you representing an organization or a person other than yourself?
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.) Yes No

Name, address and telephone number of each person or organization you are representing:
Perchlight
506 North Brooks St

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization?
(If you answered "no" to both these questions, STOP. You need not complete the rest of this form.
If you answered "yes," turn over to the next question.) Yes No

Registration Statement - Page 2

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Date 4/5/12 Signature [Signature]
Print Name STEVEN J. SCHOOLEN