

# Application for Neighborhood and Community Development Funds

Applications should be submitted electronically to [cdbg@cityofmadison.com](mailto:cdbg@cityofmadison.com) by 12:00 p.m. on the first Friday of the month and will be reviewed by the CDBG Committee on the first Thursday of the following month.

Program Title:	<u>Minor Home Repair</u>	Amount Requested:	<u>\$50,000</u>
Agency :	<u>Project Home, Inc.</u>	Tax ID/EIN/FEIN:	<u>391279307</u>
Address:	<u>3841 Kipp St. Madison, WI 53718</u>	DUNS #	<u>076135748</u>
Contact Person:	<u>Wyolanda Singleton</u>	Telephone:	<u>(608) 246-3737</u>
Email:	<u><a href="mailto:wyolandas@projecthomewi.org">wyolandas@projecthomewi.org</a></u>	Fax:	<u>(608) 246-3722</u>

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.

Project Home proposes to repair owner occupied homes in the City of Madison for low to moderate income (LMI) homeowners whose homes are under the HUD assessed value limits and their household income is under 80% of the county median income (CMI). Household repairs can be costly and take some know how, we propose to offer very low cost professional repair services to LMI homeowners to repair and maintain their homes; avoiding deferred repairs that could cause more damage to the home or be extremely costly if left unattended. Our program keeps repair costs to the homeowner low by charging a minimal fee of \$15.00 to homeowners. The program additionally replaces water heaters with a subsidized rate for homeowners and maximum subsidy of \$1,000.00. Typical repair work includes general carpentry, accessibility modifications, plumbing, window/ door replacements, minor electrical, small roof repairs, and energy efficiency repairs. This funding would allow for repairs for fifteen – twenty households.

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.

# unduplicated individuals estimated to be served by this project.

The number of unduplicated individuals will be tracked through demographic collection for households served. We cannot fully anticipate the number of household members for each household at this point. If we use historical data from the past year, by serving 20 households, the average number of individuals has been on average is two (2) people per household.

# unduplicated households estimated to be served by this project.

Project Home anticipates serving 15-20 unduplicated households with this funding. The households will be those who are most in need in Dane County. The income level will met the goal of serving households under 80% of the CMI and households will be those under the HUD assessed value limit for 2017.

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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> A. Housing – Existing Owner-Occupied | <input type="checkbox"/> G. Neighborhood Civic Places   |
| <input type="checkbox"/> B. Housing – For Buyers                         | <input type="checkbox"/> K. Community-based Facilities  |
| <input type="checkbox"/> C. Housing – Rental Housing                     | <input type="checkbox"/> L. Neighborhood Revitalization |
| <input type="checkbox"/> E. Economic Dev. – Business Creating Jobs       | <input type="checkbox"/> N. Access to Housing Resources |
| <input type="checkbox"/> F. Economic Dev. – Micro-enterprise             |   |

The City of Madison has a goal of providing decent, safe, and sanitary affordable housing options for LMI households. Project Home intends to help assist in obtaining this goal by providing professional repair services for these households at a very affordable rate of \$15.00 per hour. The repair services will not only help homeowners with their requested repairs, but also offer homeowner education on future repairs. Project Home's repair staff will point out issues that homeowner may not be aware of. Additionally, our project will help to preserve the city's housing stock by assisting the LMI homeowner with low cost professional repair services that offers protection from future defect. Our program operates by conducting an initial housing quality inspection (HQS), once the HQS is completed and any potential defects revealed, the HQS is reviewed with the homeowner. The homeowner decides what work they wish to complete. Project Home will offer the best advice of how to handle other repairs the homeowner may not be tackling at this time. Once agreed upon Project Home will complete the requested repairs for the homeowners. To further the initiative of the homeowner Project Home offers 90 day free financing for their invoiced repairs.

Another important component of this program is the affordability and access to subsidized water heater repairs and replacements. Although, not a life threatening component to the home; water heaters do ensure a families comfort, sanitary standards and food security. Project Home will offer subsidized water heater replacement.

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

- |                       |   |          |   |
|-----------------------|---|----------|---|
| Acquisition/<br>Rehab | <input type="checkbox"/> New Construction, Acquisition,<br>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                   |

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
<b>A. Personnel Costs</b>				
1. Salaries/Wages (attach detail)	\$29,474	\$29,474		
2. Fringe Benefits	\$ 4,736	\$ 4,736		
3. Payroll Taxes	\$ 7,907	\$ 7,907		
<b>B. Non-Personnel Costs</b>				
1. Office Supplies/Postage	\$ 853.	\$ 853		
2. Telephone	\$ 454	\$ 454		
3. Rent/Utilities	\$ 2,842	\$ 2,842		
4. Professional Fees & Contract Services/Insurance	\$ 1,938	\$ 1,938		
5. Work Supplies and Tools	\$ 335	\$ 335		
6. Other: Travel/Training/Misc.	\$ 1461	\$ 1461		
<b>C. Capital Budget Expenditures (Detail in attachment C)</b>				
1. Capital Cost of Assistance to Individuals (Loans)				
2. Other Capital Costs:	\$20,000		\$ 20,000	homeowner
<b>D. TOTAL (A+B+C)</b>	<b>\$70,000</b>	<b>\$ 50,000</b>	<b>\$ 20,000</b>	

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.

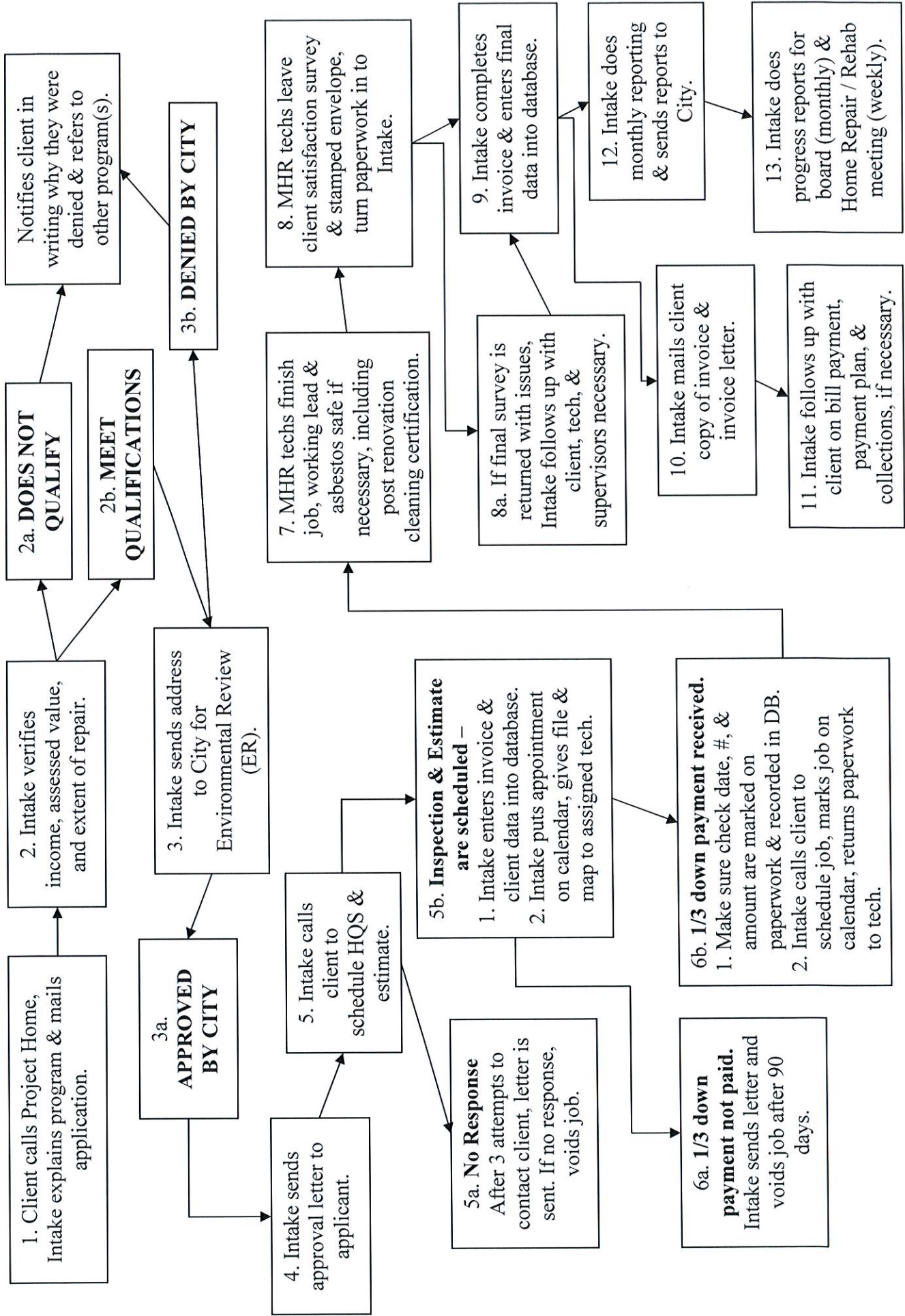
To ensure that the target population is served, Project Home will promote and market the Minor Home repair program in areas where LMI homeowners are sure to gather information (community centers, food pantries, neighbor centers, senior centers, ADRC). Project Home's Intake staff will assist homeowners in applying for the minor home repair program to determine eligibility. Once eligibility is established, a Project Home repair staff will conduct an HQS inspection. When the HQS reveals issues that the homeowner may need repaired Project Home staff will prepare a written estimate for the homeowner. A written "suggestion of future repairs" will also be prepared for the homeowner's education. When the work is agreed upon, the homeowner will make a down payment on the work with a 33% down payment check. The work will be schedule with the homeowner within 30 days. Project Home's Repair technician will complete the work to local codes and standards. A final invoice will be mailed to homeowner, who will have 90 days to pay remainder of their invoice. Homeowners will be allowed to request services once per calendar year. A program flow chart follows. The flow chart is applicable for both repair services and water heater replacement services.

# City of Madison Minor Home Repair Program

Additional Funding of \$50,000

Personnel Details	HOURS	RATES			Personnel Costs			TOTAL
		wage	tax	fringe	wage	tax	fringe	
124 Home Repair Coordinator		31.08	6.13	13.05	\$ 3,854	\$ 760	\$ 1,618	\$ 6,232
200 Home repair Tech 2		29.29	5.79	8.98	\$ 5,858	\$ 1,158	\$ 1,796	\$ 8,812
200 Home repair Tech 2		25.71	5.11	12.06	\$ 5,142	\$ 1,022	\$ 2,412	\$ 8,576
200 Home repair Tech 2		25.71	5.11	5.01	\$ 5,142	\$ 1,022	\$ 1,002	\$ 7,166
72 Field Supervisor		35.26	3.42	2.35	\$ 2,539	\$ 246	\$ 169	\$ 2,954
					<u>\$ 22,535</u>	<u>\$ 4,208</u>	<u>\$ 6,997</u>	<u>\$ 33,740</u>
85 Intake		41.68	2.86	5.36	\$ 3,543	\$ 243	\$ 456	\$ 4,243
80 Finance		42.44	3.56	5.68	\$ 3,395	\$ 285	\$ 454	\$ 4,134
					\$ 2			
					<u>\$ 6,940</u>	<u>\$ 528</u>	<u>\$ 910</u>	<u>\$ 8,377</u>
<b>GRAND TOTAL</b>					<b>\$ 29,474</b>	<b>\$ 4,736</b>	<b>\$ 7,907</b>	<b>\$ 42,117</b>

# CDBG City of Madison Minor Home Repair Flowchart



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

As this program is an ongoing program, Project Home has not made a direct inquiry to our current alderperson. Our current request is to increase the number of clients we serve under our current CDBG Minor Home Repair contract.

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:
- |                          |   |                             |
|--------------------------|---|-----------------------------|
| <input type="checkbox"/> | D | Facilities                  |
| <input type="checkbox"/> | E | Housing for Buyers          |
| <input type="checkbox"/> | 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 type="checkbox"/> | Property Description (Attachment B)       | <input type="checkbox"/> | Rental Housing and Proforma (Attachment F)   |
| <input type="checkbox"/> | Capital Budget (Attachment C)             | <input type="checkbox"/> | CHDO (Attachment G)                          |
| <input type="checkbox"/> | Community Service Facility (Attachment D) | <input type="checkbox"/> | Scattered Site Funds Addendum (Attachment H) |
|                          |   | <input type="checkbox"/> | 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>

15. Notice regarding lobbying ordinance: If you are seeking approval of a development that has over 40,000 gross

report your lobbying. Please consult the City Clerk for more information. Failure to comply with the lobbying ordinance may result in fines of \$1,000 to \$5,000.

Signature: Karen Knobel Date: 6-14-17  
President-Board of Directors/Department Head

Signature: Quinn Matyko Date: 6/8/17  
Executive Director

For additional information or assistance in completing this application, please contact the Community Development Division at 266-6520.

**FUTURE FUND PROPOSAL ONLY**

- A. Describe the project features which make this a prototype project, feasibility study, addresses a short-lived revitalization opportunity or develops a new method or approach, which triggered the need for Future Funds.



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?	
	Purchase Rehab Construct										
	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**
<b>Acquisition Costs:</b>					
Acquisition					
Title Insurance and Recording					
Appraisal					
*Pred/plan/feasibility/market study					
Survey					
*Marketing/Affirmative Marketing					
Relocation					
Other:					
<b>Construction:</b>					
Construction Costs					
Soils/site preparation					
Construction management					
Landscaping, play lots, sign					
Const interest					
Permits; print plans/specs					
Other:					
<b>Fees:</b>					
Architect					
Engineering					
*Accounting					
*Legal					
*Development Fee					
*Leasing Fee					
Other:					
<b>Project Contingency:</b>					
<b>Furnishings:</b>					
<b>Reserves Funded from Capital:</b>					
Operating Reserve					
Replacement Reserve					
Maintenance Reserve					
Vacancy Reserve					
Lease Up Reserve					
Other					
(specify):					
Other					
(specify):					
<b>TOTAL COSTS:</b>					

\* 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.)

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

<u>Amount</u>	<u>Name</u>
---------------	-------------

D. If rented space:

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?

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.)

**HOUSING FOR BUYERS**

A. Recap briefly the key or unique features of this project:

1. Activities to bring it to housing and code standards:
  
2. Ways to assure the long-term affordability of the unit? (i.e. Repayment or land use/lease restriction or other special funding features to make it affordable):

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

<b>Table B: OWNER</b>									
Unit #	# of Bedroom	Purchase Price	Amt of CD \$	Use of CD Funds*	Projected Monthly PITI	Household Income Category**	Affordability Period # of Years	Sale Price	Appraised Value

\* Refer to 24 CFR 92.206 or 570.202 for such costs as construction, acquisition, architectural engineering services, affirmative marketing, and relocation.

\*\* Less than or equal to 30% of median income, less than or equal to 50% of median, less than or equal to 60% of median, or less than or equal to 80% of median.

C. Describe proposed improvements to increase the level of accessibility:

**RESIDENTIAL RENTAL PROPERTY**

A. Provide the following information for rental properties:

Table A: RENTAL						
		Site 1		Site 2		Site 3
Unit #	# of Bedrooms	Amount of CD \$	Use of CD Funds*	Monthly Unit Rent	Includes Utilities?	Household Income Category

B. Indicate how the project will demonstrate that the housing units will meet housing and code standards.

C. Describe briefly your tenant selection criteria and process.

D. Does the project include plans to provide support services to assisted residents or to link assisted residents to appropriate services? If yes, describe.

ATTACHMENT F  
(continued)

TOTAL PROJECT PROFORMA (total units in the project)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Revenue															
Gross Income															
Less Vacancy															
<b>Net Income</b>															
Expenses															
Audit															
Taxes															
Insurance															
Maintenance															
Utilities															
Property Management															
Operating Reserve Pmt															
Replacement Reserve Pmt															
Support Services															
Affirmative Marketing															
Other _____															
<b>Total Expenses</b>															
<b>NET OPERATING INCOME</b>															
Debt Service															
First Mortgage															
Other															
Other															
<b>Total Debt Service</b>															
<b>Total Annual Cash Expenses</b>															
<b>Debt Service Reserve</b>															
<b>Cash Flow</b>															
Assumptions:															
Vacancy Rate															
Annual Increase															
Carrying Charges															
Expenses															

**COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) ONLY**

A. Please describe how the organization meets the following key criteria:

- Possesses not-for-profit, tax exempt 501(c) status
- Has a board with fewer than 1/3 of its members as public officials;
- Includes provision of affordable housing within its statement of purpose;
- Includes lower income or lower income representatives for a minimum of 1/3 of its board and includes a means for lower-income participation;
- Demonstrates its capacity and experience in service the community.

**APPLICATION FOR SCATTERED SITE ACQUISITION FUNDS**

Address: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

1. Which State of Wisconsin statute are you organized under?  Chapter 181  
 Chapter 185
  
2. Proposed Acquisition Site:
  - A. Address:
  - B. Current appraised value:
  - C. Accepted purchase price (if offer has been made):
  - D. Number of bedrooms, living units, or shared living units: \_
  - E. Number of square feet on the property:
  
3. Program Abstract: Provide an overview of the service program. Identify the community need to be addressed. Summarize the program's major purpose in terms of problems to be addressed, the goals and procedures to be utilized, and the expected outcomes. Limit response to 150 words.
  
4. Describe how your target population meets the CDA definition of special needs.



## 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.