



## Capital Improvements for Non-profit Housing (CINH) Program

### APPLICATION

- Applicants should read the CINH program guidelines document before completing this application.
- Applicants must be an already established non-profit corporation (Non-stock Corporation) organized under Chapter 181 of Wisconsin Statutes and in compliance with the Wisconsin Department of Financial Institutions (DFI) and own the property seeking rehabilitation support.
- Applications will be accepted by May 15<sup>th</sup>, June 15<sup>th</sup>, July 15<sup>th</sup> and final opportunity August 15<sup>th</sup>, 2023.
- The CINH program has a budget of approximately \$1,500,000 of CDBG funds. Once funds are exhausted, applications will no longer be accepted. Applications are considered on a first-come, first-served basis.

Questions can be directed to [cdd@cityofmadison.com](mailto:cdd@cityofmadison.com) or to Community Development Specialist Chelsea Volden-Stammen [CVolden-Stammen@cityofmadison.com](mailto:CVolden-Stammen@cityofmadison.com)

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

SAM/ Unique Entity Identifier # \_\_\_\_\_

| Project Addresses (Street Number, Name and Zip Code) | Does this property already have City, HOME or CDBG Loan? Yes/No | Number of Units in the building? | Is this property currently occupied by 51% LMI households Yes/No | <a href="#">Davis Bacon</a> : Eight (8) or more units in this project? Yes/No | Year property was built? | Amount of CDBG funds requested? |
|--|---|----------------------------------|--|---|--------------------------|---------------------------------|
| Ex: 215 Martin Luther King, 53703                    | Yes   | 15                               | Yes  | No  | 1981                     | \$65,000                        |
|  |   |                                  |  |   |                          |                                 |
|  |   |                                  |  |   |                          |                                 |
|  |   |                                  |  |   |                          |                                 |
|  |   |                                  |  |   |                          |                                 |
|  |   |                                  |  |   |                          |                                 |

1. Was income reviewed through self-certification or 24 CFR Part 5 Review?

2. Please describe, in detail, the proposed scope of the rehab project by address:

3. Will the project require relocating tenants during construction/rehab work?

Yes                      No

**If yes**, please set up a meeting with CDD to discuss Uniformed Relocation Act costs prior to submitting the application.

4. Are at least 5% of its units in the development accessible to and usable by individuals with disabilities?

Yes                      No

5. If no, after project completion, will at least 5% of the units be accessible to and usable by individuals with disabilities?

Yes                      No

## 6. PROJECT TIMELINE

| Description                   | Projected Dates (Mo/Yr) |
|-------------------------------|-------------------------|
| Rehabilitation Bid Publishing | (Mo/Yr)                 |
| Rehabilitation Start          | (Mo/Yr)                 |
| Rehabilitation Completion     | (Mo/Yr)                 |

## 7. SOURCES AND USES OF FUNDS

This is a statement of how much money is required to complete the project, its source, and how it will be used. By definition, sources must equal uses.

| SOURCES OF FUNDS            | Amount | Source: Lender, Grantor, etc. |
|-----------------------------|--------|-------------------------------|
| First Mortgage Loan:        |        |                               |
| Subordinate Loan:           |        |                               |
| City Financing Requested:   |        |                               |
| Project Equity (own funds): |        |                               |
| Other:                      |        |                               |
| <b>TOTAL SOURCES:</b>       |        |                               |

| USES OF FUNDS                                 | Amount | Source |
|---|--------|--------|
| Renovations/improvements (existing building): |        |        |
| Relocation Costs:                             |        |        |
| Other:  |        |        |
| <b>TOTAL USES:</b>                            |        |        |

**ALL APPLICATIONS:**

- Funded applicants are responsible for complying with all of the terms and conditions outlined in the CINH Program Guidelines.
- Applications to the Capital Improvements for Non-profit Housing Program will be considered on a first-come, first-served basis.
- Final approval of funds above \$50,000 will be awarded, via a Resolution, by the City's Common Council with recommendations from the CDBG Committee. Timeline for a commitment of funds is contingent upon committee's schedule.

**APPLICATION CERTIFICATION**

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of the City of Madison Capital Improvements for Non-profit Housing Program and is true and complete to the best of the applicant's knowledge and belief.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Applications must be submitted to the Community Development Division by email:

[cdd@cityofmadison.com](mailto:cdd@cityofmadison.com)