

# 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>Housing Assistance</u>	Amount Requested:	<u>\$216,000</u>
Agency :	<u>Movin' Out, Inc.</u>	Tax ID/EIN/FEIN:	<u>39-1833482</u>
Address:	<u>902 Royster Oaks Dr Ste 105 Madison, WI 53714</u>	DUNS #	<u>019470348</u>
Contact Person:	<u>Timothy Radelet</u>	Telephone:	<u>608 251 4446 x 3</u>
Email:	<u>tr@movin-out.org</u>	Fax:	<u>608 819 0623</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.

Madison has one of the highest median housing costs in the state while people with disabilities, on average, have a lower household income than the general population; affordable housing remains a critical need. People with disabilities require stability and continuity for them to be successful in their communities and home ownership generates both. Movin' Out, Inc. hopes to continue its homebuyer program using 2016 funds to support six households with down payment assistance toward the purchase of their own home. Over the past five years Movin' Out has granted more than double that amount to households each year. The recent demand for this funding has increased resulting in all current funding spent or fully reserved with the exception of one unit which will be reserved soon. A waiting list for funding will be started.

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.

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

6 # 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.

- |  |   |
|--|---|
| <input type="checkbox"/> A. Housing – Existing Owner-Occupied      | <input type="checkbox"/> G. Neighborhood Civic Places   |
| <input checked="" 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       |   |

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 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 checked="" 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)	28080	28080		
2. Fringe Benefits	1300	1300		
3. Payroll Taxes	3020	3020		
<b>B. Non-Personnel Costs</b>				
1. Office Supplies/Postage	425	425		
2. Telephone	845	845		
3. Rent/Utilities	1645	1645		
4. Professional Fees & Contract Services	685	685		
5. Work Supplies and Tools				
6. Other:				
<b>C. Capital Budget Expenditures (Detail in attachment C)</b>				
1. Capital Cost of Assistance to Individuals (Loans)	180000	180000		
2. Other Capital Costs:				
<b>D. TOTAL (A+B+C)</b>	<b>216000</b>	<b>216000</b>		

Estimated Month of Completion  
(If applicable) June 2017

6. Action Plan/Timetable

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.

Timelines: Households on anticipated waiting list will be notified of funding availability: upon notice of funding.

Approximately two households will submit applications and begin counseling: October.

Approximately four additional households will submit applications and begin counseling: January.

Approximately four additional households will submit applications and begin counseling: March.

All households have completed homebuyer education and financial analysis: May.

7. What was the response of the alderperson of the district to the project?
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 checked="" type="checkbox"/>	Housing for Resale (Attachment E)
<input checked="" type="checkbox"/>	Property Description (Attachment B)	<input type="checkbox"/>	Rental Housing and Proforma (Attachment F)
<input checked="" type="checkbox"/>	Capital Budget (Attachment C)	<input checked="" 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 square feet of non-residential space, or a residential development of over 10 dwelling units, or if you are seeking assistance from the City with a value of over \$10,000 (this includes grants, loans, TIF or similar assistance), then you likely are subject to Madison's lobbying ordinance, sec. 2.40, MGO. You are required to register and

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: Valerie Brown 6/27/16 Date:  
President-Board of Directors/Department Head

Signature: Robert J. Radcliff 6/27/16 Date:  
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?	
tbd	Purchase Rehab Construct										
tbd	Purchase Rehab Construct										
tbd	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					
*Precipmt/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): _____					
(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:

To be determined as needed by property. Any items that fail a housing quality standard will be corrected prior to purchase/closing on the property.

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):

The funding will be a deferred loan repaid upon sale. The funding will reduce the first mortgage amount borrowed by the household.

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

Table B: OWNER									
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:

This project will include scattered sites that will be determined by the participant on the open market. Accessibility need and features will be built into the housing counseling plan for households that need assistance.

**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.

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.

