**DANE COUNTY APPLICATION FOR**

**2024 FAIR CHANCE HOUSING FUND**

This application should be used for project seeking Dane County FCHF funds. Applications must be submitted electronically to DCDHS Division of Housing Access & Affordability by June 21, 2024. Upload application materials to the [**Dane County FCHF Dropbox**](https://countyofdane.sharefile.com/r-r4d55d29b141a4d0d87f03a2f6628f5ca).

**APPLICATION SUMMARY**

|  |  |  |
| --- | --- | --- |
| **ORGANIZATION NAME** |  | |
| **MAILING ADDRESS**  If P.O. Box, include Street Address on second line |  | |
| **TELEPHONE** |  | **LEGAL STATUS** |
| **FAX NUMBER** |  | Private, Non-Profit  Private, For Profit  Other: LLC, LLP, Sole Proprietor  Federal EIN:  Unique Entity Identifier (UEI): |
| **NAME CHIEF ADMIN/ CONTACT** |  |
| **INTERNET WEBSITE**  **(if applicable)** |  |
| **E-MAIL ADDRESS** |  |

**PROJECT NAME:** Please list the project for which you are applying.

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT NAME** | **PROJECT CONTACT PERSON** | **PHONE NUMBER** | **E-MAIL** |
|  |  |  |  |

**FUNDS REQUESTED:** Please list the amount and source of funding for which you are applying.

|  |  |  |
| --- | --- | --- |
| TOTAL PROJECT COST | AMOUNT OF FCHF FUNDS REQUESTED | PECENT OF FCHF FUNDS TO TOTAL PROJECT COST |
| $ | $ |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Chief Elected Official/Organization Head |  | Title |
|  |  |  |
| Printed Name |  | Date |

**PROJECT DESCRIPTION**

1. **PROJECT NAME AND LOCATION:** Indicate the name, address, and census tract where the project will be located. Attach maps to the application indicating the location of the proposed project. If application is lacking site control at time of application, identify a targeted or defined project area in Dane County.

|  |  |
| --- | --- |
| Project Name: |  |
| Project Address: |  |
| City, State, Zip: |  |
| Parcel Number: |  |
| Census Tract: |  |
| Targeted or defined project area (lacking site control only): |  |

1. **JURISDICTION:** Indicate the name of the jurisdiction where the project will be located, i.e., City, Town, or Village. Is the jurisdiction supportive of the project? Describe any meetings that have been held with municipal staff, applicable municipal committees, and neighborhood/community groups. If application is lacking site control at time of application, identify a targeted or defined project area in Dane County.

1. **ZONING:** Provide the current zoning classifications for the site and describe any changes in zoning, variances, special or conditional use permits, or other items that are needed to develop this proposal. Indicate if the project is consistent with any local comprehensive plans. If project is lacking site control at time of application, move to section D.

1. **PROJECT DESCRIPTION**: Provide a detailed description of the project. If project is lacking site control at time of application project description should provide a compelling case for the area being targeted by the agency.

## **TARTGET POPULATIONS:** Provide a detailed description of the targeted tenant population. It is required that at least 75% of the project units serve tenants who are criminal justice involved. (i.e. recently released from incarceration, experiencing literal homelessness, etc.)

## **UNIT ACCESS & MARKETING**: How will people gain access to these housing units? How will the program and units be marketed for applications? How will the waiting list process work? Will there be prioritization for access to units?

## **TENANT SELECTION:** Will the project adopt the Housing First Model for immediate access to affordable and supportive housing without tenant screening criteria? If yes, provide a detailed description related to recommended program practices (No housing readiness requirements, consumer choice, individualized supports, and harm reduction). If no, how does your program differ from the Housing First Philosophy, what or why have you decided this is a better approach?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

## **REQUIRED TENANT SELECTION CRITERIA TO BE ELIGIBLE FOR FUNDING:** Does the applicant affirm the project will not deny applicants based on any of the list criteria selection all of the tenant selection criteria detailed below?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

|  |  |
| --- | --- |
|  | Inability to meet a minimum income requirement if the applicant can demonstrate the ability to comply with the rent obligation based on a rental history of paying at an equivalent rent to income ratio for 24 months |
|  | Lack of housing history |
|  | Credit Score |
|  | Information on credit report that is disputed, in repayment, or unrelated to a past housing or utility (gas, electric, and water only) obligations. |
|  | Inability to meet financial obligations other than housing and utilities necessary for housing (gas, electric, water) |
|  | Owing money to a prior landlord or negative rent payment history if the tenant’s housing and utility costs were more than 50% of their monthly income |
|  | Owing money to a prior landlord or negative rent or utility payment history if applicant does one of the following: (1) establishes a regular record of repayment of the obligation; 2) signs up for automatic payment of rent to the housing provider; or (3) obtains a representative payee. |
|  | Wisconsin Circuit Court Access records |
|  | Criminal activity, except: (i) a criminal conviction within the last two years for violent criminal activity or drug related criminal activity resulting in a criminal conviction, and (ii) if the program or project is federally assisted, criminal activity for which federal law currently requires denial. (*Violent criminal activity* is defined in 24 C.F.R § 5.100 and means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage. “Drug related criminal activity is defined in Wis. Stat. s. 704.17(3m)(a)(2). “Drug-related criminal activity” means criminal activity that involves the manufacture or distribution of a controlled substance. “Drug-related criminal activity” does not include the manufacture, possession, or use of a controlled substance that is prescribed by a physician for the use of by a disabled person, as defined in s. 100.264(1)(a), and manufactured by, used, by or in the possession of the disabled person or in the possession of the disabled person’s personal care worker or other caregiver. ) |
|  | Membership in a class protected by Dane County fair housing ordinances and nondiscrimination ordinances in the municipality where the project is located |

**Required Tenant Selection Criteria To Be Eligible for Funding:** Does the applicant affirm the project incorporate the denial process detailed below?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

|  |  |
| --- | --- |
|  | Prior to a denial based on a criminal record, the housing provider shall provide the applicant access to a copy of the criminal record at least five days prior to the in-person appeal meeting and an opportunity to dispute the accuracy and relevance of the report, which is already required of HUD assisted housing providers. See 24 C.F.R. § 982.553(d), which applies to public housing agencies administering the section 8 rent assistance program. |
|  | Prior to a denial based on a criminal record, the housing provider shall provide the applicant the opportunity to exclude the culpable family member as a condition of admission of the remaining family members. |
|  | Prior to a denial decision, the housing provider is encouraged to meet with the applicant to review their application and make an individualized determination of their eligibility, considering: (a) factors identified in the provider’s own screening policies, (b) if applicable, federal regulations, and (c) whether the applicant has a disability that relates to concerns with their eligibility and an exception to the admissions rules, policies, practices, and services is necessary as a reasonable accommodation of the applicant’s disability. In making a denial decision, the housing provider shall consider all relevant circumstances such as the seriousness of the case, the extent of participation or culpability of individual family members, mitigating circumstances related to the disability of a family member, and the effects of denial on other family members who were not involved in the action or failure. |
|  | The property manager will base any denial on sufficient evidence. An arrest record or police incident report is not sufficient evidence. Uncorroborated hearsay is not sufficient evidence. |
|  | Denial notices shall include the following:  a) The reason for denial with details sufficient for the applicant to prepare a defense, including:  i) The action or inaction forming the basis for the denial,  ii) Who participated in the action or inaction,  iii) When the action or inaction was committed, and  iv) The source(s) of information relied upon for the action or inaction.  b) Notice of the applicant’s right to a copy of their application file, which shall include all evidence upon which the denial decision was based.  c) Notice of the applicant’s right to copies of the property manager’s screening criteria.  d) Notice of the right to request an in-person appeal meeting on the denial decision by making a written request for a hearing within 45 days. The housing provider is not required to hold the unit open while the appeal is pending.  e) Notice of the right to have an advocate present at the in-person appeal meeting and of the right to be represented by an attorney or other representative.  f) Notice of the right to present evidence in support of their application, including, but not limited to evidence related to the applicant’s completion or participation in a rehabilitation program, behavioral health treatment, or other supportive services. |
|  | If the applicant requests an in-person appeal meeting, the hearing will be conducted by a person who was not involved in or consulted in making the decision to deny the application nor a subordinate of such a person so involved. |
|  | The in-person appeal meeting shall be scheduled within ten working days of the request, unless the applicant requests a later date. |
|  | A written decision on the application shall be provided to the applicant within ten working days after the in-person appeal meeting. |

1. **GREEN TECHNOLOGIES/SUSTAINABILITY:** Indicate if the project will be pursuing any of the listed energy and sustainability standards. Submit certification of registration for any selected certification.

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| --- | --- |
|  | [2020 Enterprise Green Communities Certification](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.greencommunitiesonline.org%2F&data=04%7C01%7Cjlezaks%40slipstreaminc.org%7Cb2b853461f1e4597cfcc08d926b69b0d%7C14e9186db92e4c6db3d654b54c168413%7C1%7C1%7C637583387994847297%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=0Y5t2ym%2FhRkrtRF6PzpGqFu9xF4mbXzqIMvARH1vrt0%3D&reserved=0) |
|  | [ENERGY STAR Multifamily New Construction](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.energystar.gov%2Fpartner_resources%2Fresidential_new%2Fhomes_prog_reqs%2Fmultifamily_national_page&data=04%7C01%7Cjlezaks%40slipstreaminc.org%7Cb2b853461f1e4597cfcc08d926b69b0d%7C14e9186db92e4c6db3d654b54c168413%7C1%7C1%7C637583387994847297%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=NYmLtX%2BqGlbvgxnvkeQUbiHzU3%2B9WXyUeVakodgBa80%3D&reserved=0) and [EPA Indoor airPLUS](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.epa.gov%2Findoorairplus&data=04%7C01%7Cjlezaks%40slipstreaminc.org%7Cb2b853461f1e4597cfcc08d926b69b0d%7C14e9186db92e4c6db3d654b54c168413%7C1%7C1%7C637583387994857267%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=l5xYdBo8wIQ%2BajkDzPuhPkbaqk%2BIuTiAwO1VcXVFmrc%3D&reserved=0) |
|  | [2020 Enterprise Green Communities Certification Plus](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.greencommunitiesonline.org%2Foperating-energy&data=04%7C01%7Cjlezaks%40slipstreaminc.org%7Cb2b853461f1e4597cfcc08d926b69b0d%7C14e9186db92e4c6db3d654b54c168413%7C1%7C1%7C637583387994857267%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=XN1FbHk67G5N%2FOaMVtpYFGMXFV52%2BNnBNu8%2BPi1fpkw%3D&reserved=0) |
|  | [Passive House (PHIUS)](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.phius.org%2Fhome-page&data=04%7C01%7Cjlezaks%40slipstreaminc.org%7Cb2b853461f1e4597cfcc08d926b69b0d%7C14e9186db92e4c6db3d654b54c168413%7C1%7C1%7C637583387994867209%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=NmJE%2FrdVh2oTyZb7msthLB%2BlTB%2BrTYCQOZCTlyEy1d0%3D&reserved=0) |
|  | [Focus on Energy’s Multifamily Program](https://focusonenergy.com/business/multifamily) |

## **SUSTAINABILITY FEATURES**: Provide a detailed narrative on how the project will implement sustainability features; such as solar panels, LED light bulbs, HVAC upgrades, etc.

1. **WORK PLAN WITH TIMELINE AND MILESTONES:** In the space below, provide a work plan for how the project will be organized, implemented, and administered. Include a timeline and accomplishments from initiation through project completion. Add in extra quarters as needed. Examples of milestones are: acquisition, construction begins, substantial completion, certificate of occupancy, lease-up begins, etc. When will tenants be able to move in?

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| **ON OR BEFORE** | **MILESTONES** |
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1. **UNITS:** In the space below, please list each site (street address) and building where the work will be undertaken. For each address list the number of each units by size, income category, etc. Use additional pages as needed.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADDRESS #1:** | |  | | | | | | | | | | |
|  | **# of Bedrooms** | | | | | | | **Projected Monthly Unit, including Utilities** | | | | |
| **% of County Median Income (CMI)** | **Total # of Units** | | **# of Studios** | **# of 1 BRs** | **# of 2 BRs** | **# of 3 BRs** | **# of 4+ BRs** | **$ Rent for Studios** | **$ Rent for 1 BRs** | **$ Rent for 2 BRs** | **$ Rent for 3 BRs** | **$ Rent for 4+ BRs** |
| **≤30%** |  | |  |  |  |  |  |  |  |  |  |  |
| **40%** |  | |  |  |  |  |  |  |  |  |  |  |
| **50%** |  | |  |  |  |  |  |  |  |  |  |  |
| **60%** |  | |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |
| **Total Units** |  | |  |  |  |  |  | Notes: |  | | | |

\*40% = 31 to 40% CMI, 50%=41%-50% CMI, 60%=51-60% CMI, 80%=61-80% CMI, Market = ≥81%

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ADDRESS #2**: | |  | | | | | | | | | | |
|  | **# of Bedrooms** | | | | | | | **Projected Monthly Unit, including Utilities** | | | | |
| **% of County Median Income (CMI)** | **Total # of Units** | | **# of Studios** | **# of 1 BRs** | **# of 2 BRs** | **# of 3 of BRs** | **# of 4+ BRs** | **$ Rent for Studios** | **$ Rent for 1 BRs** | **$ Rent for 2 BRs** | **$ Rent for 3 BRs** | **$ Rent for 4+ BRs** |
| **≤30%** |  | |  |  |  |  |  |  |  |  |  |  |
| **40%** |  | |  |  |  |  |  |  |  |  |  |  |
| **50%** |  | |  |  |  |  |  |  |  |  |  |  |
| **60%** |  | |  |  |  |  |  |  |  |  |  |  |
| **Total Units** |  | |  |  |  |  |  | Notes: |  | | | |

\*40% = 31 to 40% CMI, 50%=41%-50% CMI, 60%=51-60% CMI, 80%=61-80% CMI, Market = ≥81%

1. **SITE AMENITIES:** Check all that apply.

|  |  |
| --- | --- |
|  | Community Building, square feet: |
|  | Community Room, square feet: |
|  | Garages, number:       and monthly rent: |
|  | Surface parking, number:       and monthly rent: |
|  | Underground parking, number       and monthly rent: |

1. **OTHER SITE AMENITIES**:In the following space, describe the other site amenities available for tenants and/or their guests if guests are welcome. Trauma informed design and safety needs within units and common areas.

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**LOCATION**

1. **NEIGHBORHOOD AMENITIES:** Describe the neighborhood in which the project will be located noting access to social, recreational, educational, commercial, health facilities and services, and other municipal facilities and services.

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Identify the distance the following amenities are from the proposed site.

|  |  |  |
| --- | --- | --- |
| **Type of Amenities & Services** | **Name of Facility** | **Distance from Site** |
| Full Service Grocery Store |  |  |
| Public Elementary School |  |  |
| Public Middle School |  |  |
| Public High School |  |  |
| Job-Training Facility, Community College, or Continuing Education Programs |  |  |
| Childcare |  |  |
| Public Library |  |  |
| Neighborhood or Community Center |  |  |
| Full Service Medical Clinic or Hospital |  |  |
| Pharmacy |  |  |
| Public Park or Hiking/Biking Trails |  |  |
| Banking |  |  |
| Retail |  |  |
| Other (list the amenities) |  |  |

1. **TRANSPORTATION:** Identify the travel time and cost via public transportation or public automobile from the neighborhood to places of employment providing a range of jobs for lower-income workers.

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**PROJECT APPROACH**

1. **PARTNERHIPS:** Will the developer or service provider be working in a formal partnership (signed contract or volunteer programing) with Wisconsin Department of Corrections or Dane County Jail prior to future tenant(s) release from incarceration?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

1. In the space below, provide information on any partnerships that have been or will be formed in order to ensure the success of the project. Provide the proposed individualized support plan for connecting with recently released from incarceration individuals (last 90 days) or those who will be existing in the near future. Preference for projects who work directly with Department of Corrections (DOC), Dane County Jail (DCJ), or both to reach clients prior to release from incarceration. Written confirmation or partnership with DOC or DCJ to be attached if applicable.

**EXPERIENCE AND QUALIFICATIONS**

1. **EXPERIENCE AND QUALIFICATIONS**: Describe the experience and qualifications of your organization related to the development of multifamily housing for low-income householdsand your experience working with a supportive services partner.

1. **PROPERTY MANAGEMENT:**  Describe the experience and qualifications of the organization that will be handling the ongoing property management.

If a Property Manager has yet to be identified, please describe how one will be selected.

**PROJECT FINANCING**

1. **BUDGET SUMMARY:** Indicate the sources and uses of all funds for this project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SOURCE | AMOUNT |  | USES | AMOUNT |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| TOTAL |  |  | TOTAL |  |

Which of the identified sources have been secured?

1. **FUNDS NEEDED:** In the space below, please describe why FCHF funds are needed to ensure the viability of this project.

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## **PROJECT BUDGET:** Include the amount and source(s) of all project funding for construction or acquisition/rehabilitation project.

| USES | SOURCES | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Total  Budget | Dane County | Source: | Source: | Source: | Source: |
|  |  |  |  |  |  |  |
| **Acquisition** |  |  |  |  |  |  |
| Land |  |  |  |  |  |  |
| Purchase of Buildings |  |  |  |  |  |  |
| Demolition |  |  |  |  |  |  |
| Other Acquisition Costs |  |  |  |  |  |  |
| Subtotal |  |  |  |  |  |  |
| **Rehabilitation** | | | | | | |
| Repairs |  |  |  |  |  |  |
| Materials |  |  |  |  |  |  |
| Labor |  |  |  |  |  |  |
| Permits |  |  |  |  |  |  |
| Other: |  |  |  |  |  |  |
| Subtotal |  |  |  |  |  |  |
| **Site Work** |  |  |  |  |  |  |
| Site Work |  |  |  |  |  |  |
| Off Site Work |  |  |  |  |  |  |
| Landscaping |  |  |  |  |  |  |
| Other Site Work |  |  |  |  |  |  |
| Subtotal |  |  |  |  |  |  |
| **Fees** |  |  |  |  |  |  |
| Accounting |  |  |  |  |  |  |
| Appraisal |  |  |  |  |  |  |
| Architect |  |  |  |  |  |  |
| Title and Recording |  |  |  |  |  |  |
| Zoning |  |  |  |  |  |  |
| Other Fees: |  |  |  |  |  |  |
| Subtotal |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |

1. **OPERATING BUDGET:** Complete the 20 Year Operating Budget for the construction project or acquisition of property, identifying the income and expenses, use additional pages as necessary. An Excel file may be submitted in lieu of the Operating Budget provided that it contains all of the same column and row headers.

**OPERATING BUDGET**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** | **Year 9** | **Year 10** |
| **INCOME** |  |  |  |  |  |  |  |  |  |  |
| Gross Potential Rent |  |  |  |  |  |  |  |  |  |  |
| Vacancy |  |  |  |  |  |  |  |  |  |  |
| Other Income |  |  |  |  |  |  |  |  |  |  |
| Total Income |  |  |  |  |  |  |  |  |  |  |
| **OPERATING EXPENSES** |  |  |  |  |  |  |  |  |  |  |
| Marketing |  |  |  |  |  |  |  |  |  |  |
| Payroll |  |  |  |  |  |  |  |  |  |  |
| Other Administrative Costs |  |  |  |  |  |  |  |  |  |  |
| Management Fees |  |  |  |  |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |  |  |  |  |
| Security |  |  |  |  |  |  |  |  |  |  |
| Maintenance Expenses |  |  |  |  |  |  |  |  |  |  |
| Property Taxes |  |  |  |  |  |  |  |  |  |  |
| Insurance |  |  |  |  |  |  |  |  |  |  |
| Reserves for Replacement |  |  |  |  |  |  |  |  |  |  |
| Total Operating Expenses |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Net Operating Income |  |  |  |  |  |  |  |  |  |  |
| Debt Service |  |  |  |  |  |  |  |  |  |  |
| Asset Management |  |  |  |  |  |  |  |  |  |  |
| Cash Flow |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Year 11** | **Year 12** | **Year 13** | **Year 14** | **Year 15** | **Year 16** | **Year 17** | **Year 18** | **Year 19** | **Year 20** |
| **INCOME** |  |  |  |  |  |  |  |  |  |  |
| Gross Potential Rent |  |  |  |  |  |  |  |  |  |  |
| Vacancy |  |  |  |  |  |  |  |  |  |  |
| Other Income |  |  |  |  |  |  |  |  |  |  |
| Total Income |  |  |  |  |  |  |  |  |  |  |
| **OPERATING EXPENSES** |  |  |  |  |  |  |  |  |  |  |
| Marketing |  |  |  |  |  |  |  |  |  |  |
| Payroll |  |  |  |  |  |  |  |  |  |  |
| Other Administrative Costs |  |  |  |  |  |  |  |  |  |  |
| Management Fees |  |  |  |  |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |  |  |  |  |
| Security |  |  |  |  |  |  |  |  |  |  |
| Maintenance Expenses |  |  |  |  |  |  |  |  |  |  |
| Property Taxes |  |  |  |  |  |  |  |  |  |  |
| Insurance |  |  |  |  |  |  |  |  |  |  |
| Reserves for Replacement |  |  |  |  |  |  |  |  |  |  |
| Total Operating Expenses |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Net Operating Income |  |  |  |  |  |  |  |  |  |  |
| Debt Service |  |  |  |  |  |  |  |  |  |  |
| Asset Management |  |  |  |  |  |  |  |  |  |  |
| Cash Flow |  |  |  |  |  |  |  |  |  |  |

# **SUPPORTIVE SERVICES**

Service dollars are available up to $217,500 in operating funds for an applicant or applicant’s agency partner to provide supportive services for tenants across all awarded projects. Funding is renewable for the life of selected projects pending the approval of future Dane County Budgets. These dollars must be used to provide services specifically for the set aside unit residents residing in the awarded development project. Services should be focused on reentry to the community from incarceration, including building economic and housing stability with eligible tenants.

## **SUPPORTIVE SERVICES PARTNER**: Provide the name of the Supportive Service Partner, its mission statement, agency goals, and how this proposed partnership aligns with the agency mission to serve the target population.

1. **SERVICES STAFFING:** Identify all key staff involved with the partnership. Include the FTE equivalent assigned to the program, position titles or descriptions, and if they have lived experience. Provide resumes of key staff including any copies of licenses as separate attachment, if applicable.

1. **TRAINING:** Detail specific trainings that staff are provided/will be provided and their frequency, in particular, trainings provided on case management basics, community networking, progressive engagement, trauma informed care, harm reduction, de-escalation, and/or trainings related to cultural competency.

## **Experience**: Describe the experience and qualifications of the Supportive Services Partner. Include how services to provided fit into already existing programing structure and capacity of the agency, (working with the homeless population and/or those coming out of incarceration, etc.) Include any explicit plans your agency is undertaking to address systemic changes rooted in racial inequalities including hiring those with lived experience. Please indicate if program staff reflect the races, ethnicities, and lived experience of the clients you serve. If not, indicate how you ensure that programming is being provided in a culturally respective manner. If applicable.

1. **SCOPE OF SERVICES**: Describe the scope of the services provided to tenants and how services will incorporate trauma-informed care principals. Include the frequency and location of services provided and/or a proposed schedule of when services are available to tenants. Describe your program’s stability plan development process, and include how case managers will work with participants on an individual service plan using a trauma informed and harm reduction approach.

1. **PROGRAM DATA:** Provide relevant performance data that provides insight into the supportive service partner’s experience serving the target tenant population, and the outcomes for their tenants. Metrics could include the number of individuals served in a related program in a year, housing retention rates for individuals served in that program, connections to employment, etc.

1. **PARTNERSHIP**: Detail how the supportive services partner and applicant will work together to ensure the best outcomes for tenants, such as housing retention. Indicate what relevant community collaborations are integral to providing the proposed program services. Specify how these existing and relevant programs supplement the proposed program for participants at entry, during, and at exit including referrals to mainstream benefits, subsidized housing, employment and training. Describe how these partners are essential for this program to administer services.

1. **GREIVANCE PROCEDURE:** Provide a summary of the agency’s policy and describe the process for responding to customer grievances, complaints, and/or appeals, as well as the agency’s service termination policy.

1. **FUNDING:** Describe how the supportive services partnership will be funded, if County Service Dollars are not awarded. Include if the applicant is providing funding to support the partnership.

1. **PERSONNEL SCHEDULE**: Please complete the Personnel Schedule for all staff who will be assigned to provide services to this project.

* Column 1) each individual staff position by title.
* Column 2) indicate the full time equivalent (FTE) of each position in the noted year.
* Column 3) indicate the estimated total salary for that staff position for the noted year.
* Column 4) indicate the estimated number of hours that this staff person will work on this project.
* Column 5) for each staff person whose time will be charged to this project, please indicate the amount of funds being requested for this individual through the county funding. Do not include payroll taxes and benefits in this table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2024 ESTIMATED** | | **County-FUNDED** | |
| **1) POSITION TITLE** | **2) FTE** | **3) TOTAL SALARY** | **4) ESTIMATED HOURS ON THIS PROJECT** | **5) County – FUNDED AMOUNT OF SALARY** |
|  |  |  |  |  |
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## **SUPPORTIVE SERVICES DETAILED PROJECT BUDGET:** Include the dollar amount and all sources of funding for services for the project.

| **Line Item** | **Total Project Budget**  **(B+C+D)** | **CDBG-Funded Project Costs (B)** | **Source C:** | **Source D:** |
| --- | --- | --- | --- | --- |
| **A. Personnel** |  |  |  |  |
| Salaries |  |  |  |  |
| Taxes |  |  |  |  |
| Benefits |  |  |  |  |
| Subtotal Personnel |  |  |  |  |
|  |  |  |  |  |
| **B. Operating** |  |  |  |  |
| Insurance |  |  |  |  |
| Professional Fees |  |  |  |  |
| Audit |  |  |  |  |
| Data Processing |  |  |  |  |
| Postage, Office, and Program Supplies |  |  |  |  |
| Equipment/Furnishings |  |  |  |  |
| Depreciation |  |  |  |  |
| Telephone |  |  |  |  |
| Training/Conference |  |  |  |  |
| Food/Household Supplies |  |  |  |  |
| Auto Allowance |  |  |  |  |
| Vehicle Costs |  |  |  |  |
| Other 1: |  |  |  |  |
| Other 2: |  |  |  |  |
| Subtotal Operating |  |  |  |  |
|  |  |  |  |  |
| **C. Space** |  |  |  |  |
| Rent |  |  |  |  |
| Utilities |  |  |  |  |
| Maintenance |  |  |  |  |
| Mortgage Interest, Depreciation |  |  |  |  |
| Property Taxes |  |  |  |  |
| Subtotal Space |  |  |  |  |
|  |  |  |  |  |
| **D. Other Activity Costs** |  |  |  |  |
| Assistance to Individuals |  |  |  |  |
| Other 1: |  |  |  |  |
| Other 2: |  |  |  |  |
| Subtotal Special Costs |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |