**APPLICATION B: PROGRAMS & SERVICES**

This application form should be used for projects seeking funding from City of Madison Request for Proposals **#2022-11066**; Housing Forward: CDD Financing for Homeownership Development, Programs, and Services and responding to **Subsection B – Programs and Services**. Applications must be submitted electronically to the City of Madison Community Development Division by **noon on September 1, 2022**. Email to: [cddapplications@cityofmadison.com](mailto:cddapplications@cityofmadison.com)

**APPLICANT INFORMATION**

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| Proposal Title: |  | | | | | | |
| Amount of Funds Requested: | | | | $ | | | |
| Type of Project: | | Rehabilitation  Homebuyer Assistance  Homebuyer Education | | | | | |
| Name of Applicant: | | |  | | | | |
| Mailing Address: | | |  | | | | |
| Telephone: | | |  | | | Fax: |  |
| Project / Program Contact: | | |  | | | Email: |  |
| Financial Contact: | | |  | | | Email: |  |
| Website: | | |  | | | | |
| Legal Status: | | | Non-Profit | | Registered on SAM: | | Yes  No |
| Federal EIN: | | |  | | | SAM/UEI # |  |

**AFFIRMATIVE ACTION**

If funded, applicant hereby agrees to comply with the City of Madison Ordinance 39.02 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/aaFormsID.cfm>.

**LOBBYING REGISTRATION**

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. You may register at <https://www.cityofmadison.com/clerk/lobbyists/lobbyist-registration>.

**CITY OF MADISON CONTRACTS**

If funded, applicant agrees to comply with all applicable local, state and federal provisions. A sample contract that includes standard provisions may be obtained by contacting the Community Development Division at (608) 266-6520.

If funded, the City of Madison reserves the right to negotiate the final terms of a contract with the selected agency.

**SIGNATURE OF APPLICANT**

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Name: Date:

By submitting this application, I affirm that the statements and representations are true to the best of my knowledge.

By entering your initials in this box initials you are electronically signing your name as the submitter of the application and agree to the terms listed above.

**PROPOSAL OVERVIEW**

**Provide a brief overview or abstract of your proposal**. Include how your proposal meets the goals and objectives, and if applicable, responds to preferences outlined in the RFP. Include the impact of your proposed program on the community, key characteristics, and if applicable, targeted populations to be served. Examples of target populations can include BIPOC, LGBTQ+, immigrant, income-level, disability, and/or individuals, households, and geographic clusters, etc.

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**FUNDING SOURCE PREFERENCE**

The funding sources allocated to this RFP have various requirements and restrictions. It is important for applicants to understand the additional federal regulations imposed on HOME and CDBG funds that the City is unable to waive. Please acknowledge which funds your organization would be willing to accept, if awarded funds through this RFP:

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| City Levy / Affordable Housing Funds | HOME | CDBG |

CDD will make the final determination of the appropriate mix of financial sources to awarded proposals, based on the information identified above by applicants.

**AFFORDABLE HOUSING NEEDS**

1. Describe your agency’s process in identifying affordable housing needs within the City of Madison and how that process informed this proposal
2. Specifically, describe the data used to inform the anticipated demand for the proposed target populations and how your proposal will assist in meeting that demand.

*Use the space below to answer questions 1 & 2 under affordable housing needs.*

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**AGENCY OVERVIEW**

1. What other funds will your agency leverage to cover program costs?

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1. Describe the agency or team’s experience using federal HOME and/or CDBG funds. List past programs administered utilizing HOME or CDBG funds.

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1. Describe how yours agency builds relationships and authentically engages with individuals and households served.
   1. Specifically include information on previous and new strategies to engage individuals or households (who are BIPOC, LGBTQ+, immigrant, low-to-moderate income, and/or have a dis/ability), into your agency’s operations and housing programs.
   2. How does your community shape the direction of your organization?

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1. Briefly describe your connection to established systems, collaborations, and networks (i.e. referral process or client support). What is your group/agency’s role? Identify any partnerships that have been or will be formed to ensure the success of the program.

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1. Describe how your agency promotes and supports equity in internal policy and procedures and speak to the diversity of your staff.

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1. List Percent of Staff Turnover in 2021:
2. Divide the number of resignations or terminations in calendar year 2021 by total number of budgeted positions. Do not include seasonal positions. Explain if you had 20% or more turnover rate. Discuss any other noteworthy staff retention issues or policies in place to reduce staff turnover.

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1. Indicate by number the following characteristics for your agency’s current staff and Board of Directors.

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| **DESCRIPTOR** | **STAFF** | **BOARD** |
| \*These categories are identified in U.S. Department of Housing and Urban Development (HUD) Standards. | | |
| **GENDER** |  |  |
| Female |  |  |
| Male |  |  |
| Unknown/Other |  |  |
| **TOTAL GENDER** |  |  |
| **AGE** |  |  |
| Less than 18 years old |  |  |
| 18-59 years |  |  |
| 60 years and older |  |  |
| **TOTAL AGE** |  |  |
| **RACE\*** |  |  |
| White/Caucasian |  |  |
| Black/African American |  |  |
| Asian |  |  |
| American Indian/Alaskan Native |  |  |
| Native Hawaiian/Other Pacific Islander |  |  |
| **MULTI-RACIAL:** |  |  |
| Black/AA & White/Caucasian |  |  |
| Asian & White/Caucasian |  |  |
| Am Indian/Alaskan Native & White/Caucasian |  |  |
| Am Indian/Alaskan Native & Black/AA |  |  |
| Balance/Other |  |  |
| **TOTAL RACE** |  |  |
| **ETHNICITY** |  |  |
| Hispanic or Latino |  |  |
| Not Hispanic or Latino |  |  |
| **TOTAL ETHNICITY** |  |  |
| **PERSONS WITH DISABILITIES** |  |  |

**PleASE ATTACH THE FOLLOWING ADDITIONAL INFORMATION AND CHECK THE BOX WHEN ATTACHED:**

A completed Application Budget Workbook B – “Programs and Services”, showing the City’s proposed financial contribution and all other proposed financing.

A current list of Board of Directors, with home addresses included for each board member.

If this is a collaborative project, attach Memorandum of Understanding (MOU). MOU should describe the purpose of the collaboration, how it is expected to enhance the activity/project and how it will operate, be governed and share resources. The proposal must identity a lead agency and include a Memorandum of Understanding (MOU) signed by each of the collaborating agencies.

If applying for Financial Literacy and Homebuyer Education, provide evidence that organization is current a HUD-Certified counseling agency or evidence of submitted application for HUD Approval.

**IF APPLYING FOR**

* Homebuyer Assistance proceed to **page 6** and complete section.
* Major / Minor Rehabilitation proceed to **page 8** and complete section.
* Financial Literacy and Homebuyer Education proceed to **page 10** and complete section.

**HOMEBUYER ASSISTANCE (DOWN PAYMENT / MORTGAGE REDUCTION ASSISTANCE)**

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| Estimated total number of units/households to be served: |  |
| Estimated total number of units/households (<80% CMI): |  |
| Estimated total number of units/households (<50% CMI): |  |
| Average amount of CDD funds requested **per** unit/household: |  |

**PROGRAM DESIGN**

1. Describe in detail the process participants will go through and services they will receive through your program. Further, elaborate how your organization will support participants who have historically experience difficulty or barriers to purchasing a home.

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1. Explain how you have calculated the estimated average amount of CDD funds per household.

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1. Describe your agency’s affirmative marketing strategy, including what strategies it will include to engage the target population or neighborhood.

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1. If this proposal is for a program already operated by your organization, please explain the outcomes of the program to date, including success rates, number of persons from the target population who have closed on their homes, etc.

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1. If awarded federal funds, who will be responsible for monitoring compliance with federal regulations? Please describe the experience of the individual(s) including trainings and/or certifications that the individual(s)/agency has completed and/or attained relevant to federal regulations.

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**PROPOSAL TIMELINE**

1. Describe activities/benchmarks by month/year to illustrate how your project will be implemented.

| **Activity/Benchmark** | **Estimated Month / Year of Completion** |
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**MAJOR / MINOR REHABILITATION**

Funds will be applied to:  Major Rehabilitation  Minor Rehabilitation

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| Estimated total number of units/households to be served: |  |
| Estimated total number of units/households (<80% CMI): |  |
| Estimated total number of units/households (<50% CMI): |  |
| Average amount of CDD funds requested **per** unit/household: |  |

**PROGRAM DESIGN**

1. Describe in detail the process participants will go through and services they will receive through your program.

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1. Describe your agency’s affirmative marketing strategy, including what strategies it will include to engage the target population or neighborhood.

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1. Describe your agency’s affirmative marketing strategy and procurement efforts to encourage the participation of Minority, Women’s, Local, and Small Business Enterprise contractors.

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1. If this proposal is for a program already operated by your organization, please explain the outcomes of the program to date, including success rates, number of persons from the target population who have completed repairs on their homes, etc.

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1. Explain agencies past experience utilizing other established rehabilitation programs in State of WI (i.e. State’s Division of Energy, Housing and Community Resources (DEHCR) Weatherization Program, State’s Lead Safe Housing Program (LSHP)).

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1. If awarded federal funds, who will be responsible for monitoring compliance with federal regulations? Please describe the experience of the individual(s) including trainings and/or certifications that the individual(s)/agency has completed and/or attained relevant to federal regulations.

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1. Administration of this program requires knowledge of the City of Madison’s Minimum Housing Code and Lead Based Paint Standards. Describe experience, trainings, and/or certifications that the individual(s)/agency have completed or attained.

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**PROPOSAL TIMELINE**

1. Describe activities/benchmarks by month/year to illustrate how your project will be implemented.

| **Activity/Benchmark** | **Estimated Month / Year of Completion** |
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**FINANCIAL LITERACY AND HOMEBUYER EDUCATION**

Funds will be applied to:  General Financial Literacy and Homebuyer Education

Owl Creek Financial Literacy and Homebuyer Education

Southside Financial Literacy and Homebuyer Education

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| Estimated total number of units/households to be served: |  |
| Estimated total number of units/households (<80% CMI): |  |

**PROGRAM DESIGN**

1. Describe in detail what services your agency intends to offer to participants. Applicant should provide detailed information on how they intend to provide services to the community including: initial contact and outreach, frequency/availability/delivery of the education, intake process, and, how both short and long-term outcomes will be recorded and reported.

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1. Describe the applicant or team’s experience providing: homebuyer education, one-on-one credit and budget counseling, and financial coaching.

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1. Describe your agency’s affirmative marketing strategy, including what strategies it will include to engage the target population.

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1. Describe how your agency will retain program participants throughout the duration of the homebuyer education program.

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1. Describe how the proposed homebuyer education program is innovative and/or different from other programs currently offered in the community. Explain how this education program will serve the targeted population in a way that traditional homebuyer education courses are not able to do.

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1. If this proposal is for a program already operated by your organization, please explain the outcomes of the program to date, including success rates, number of persons from the target population who have closed on their homes, etc.

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**PROPOSAL TIMELINE**

1. Describe activities/benchmarks by month/year to illustrate how your project will be implemented.

| **Activity/Benchmark** | **Estimated Month / Year of Completion** |
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