

City of Dover CDBG Program

FY26-FY30 Consolidated Plan

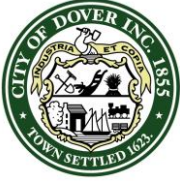
&

FY26 Action Plan

Section 1-4: FY26 Action Plan

Section 5: FY26-FY30 Consolidated Plan

Adopted 5/28/2025



CITY OF DOVER

CITY OF DOVER - RESOLUTION

Agenda Item#: 12.C.3.

Resolution Number: **R – 2025.05.14 - 77**
Resolution Re: Acceptance of the FY26-FY30 Consolidated Plan and
FY26 Action Plan and the expenditures for Fiscal Year
2026 CDBG Entitlement Funds

- WHEREAS: The City of Dover will have funds available for appropriation from the FY26 CDBG Entitlement year, including program income; and
- WHEREAS: The Planning Department is required by HUD to prepare, and the Governing Body adopt the "Consolidated Plan" which is a needs assessment and detailed expenditure plan for the use of CDBG funds in meeting the needs of very low, low and moderate income residents of Dover; and
- WHEREAS: The Planning Board has reviewed proposed projects for said funds and has held a public hearing for the purpose of obtaining citizens' viewpoints, on the recommended expenditures; and
- WHEREAS: City administration and the Planning Board have reviewed the proposals and derived a recommended expenditure plan; and
- WHEREAS: The recommended disbursements of funds have been reviewed for compliance with HUD statutory requirements and for meeting national objectives; and

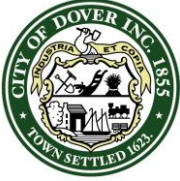
NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND DOVER CITY COUNCIL THAT:

The FY26-FY30 Consolidated Plan and FY26 Action Plan are adopted and the City Manager is authorized to enter into sub-recipient contracts as part of this Action Plan for expenditure of FY26 CDBG Entitlement Funds, FY26 Program Income and FY25 Program Income.

AND, FURTHER BE IT RESOLVED;

Should Congress adopt a budget that results in a grant amount that is different than anticipated in the Action Plan, or should the program income amounts received be different than anticipated for use in the Action Plan, the City Manager is authorized to adjust the amounts of the Action Plan allotments per HUD guidance and as described in the Action Plan.

THIS RESOLUTION REQUIRES A PUBLIC HEARING PRIOR TO ADOPTION



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Resolution Re: Acceptance of the FY26-FY30 Consolidated Plan and
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Financing Estimated Revenue

| Account | Description | Appropriation |
|--|---------------------|---------------------|
| 2100.1.180.46311.3311.06311.26.000.000.R30 | FY26 Federal Grant | \$315,000.00 |
| 2100.1.180.46311.3933.06311.26.000.000.R90 | FY26 Program Income | \$11,800.00 |
| 2100.1.180.43611.3933.06311.25.000.000.R90 | FY25 Program Income | \$11,800.00 |
| TOTAL | | \$338,600.00 |

Financing Appropriations

| Account | Description | Appropriation |
|--|--|---------------------|
| 2100.1.180.46348.4835.06367.26.000.000.800 | AIDS Response | \$7,120.00 |
| 2100.1.180.46348.4835.06398.26.000.000.800 | Alliance for Community Transportation | \$4,120.00 |
| 2100.1.180.46348.4835.06362.26.000.000.800 | CASA of NH | \$3,120.00 |
| 2100.1.180.46348.4835.06333.26.000.000.800 | Community Partners | \$4,120.00 |
| 2100.1.180.46348.4835.06351.26.000.000.800 | Cornerstone VNA | \$3,120.00 |
| 2100.1.180.46348.4835.06377.26.000.000.800 | Cross Roads | \$7,320.00 |
| 2100.1.180.46348.4835.06361.26.000.000.800 | HAVEN | \$6,120.00 |
| 2100.1.180.46348.4835.06342.26.000.000.800 | My Friends Place | \$7,720.00 |
| 2100.1.180.46348.4835.06395.26.000.000.800 | Strafford Nutrition Meals on Wheels | \$3,120.00 |
| 2100.1.180.46348.4835.06360.26.000.000.800 | Dover Welfare Sec Deposit | \$3,120.00 |
| 2100.1.180.46525.4835.06396.26.000.000.800 | Dover Econ Loan Pool & Business Assistance | \$10,000.00 |
| 2100.1.180.46341.4835.06388.26.000.000.800 | City Hall Second Floor Bathrooms - Barrier Removal | \$1,000.00 |
| 2100.1.180.46341.4835.06380.26.000.000.800 | Home for Now - Bathroom | \$1,000.00 |
| 2100.1.180.46341.4835.06346.26.000.000.800 | MFP Transitional Housing Roofs | \$1,000.00 |
| 2100.1.180.46341.4835.06332.26.000.000.800 | Sidewalk Ramps - Barrier Removal | \$111,300.00 |
| 2100.1.180.46341.4835.06343.26.000.000.800 | Universal Changing Stations | \$75,000.00 |
| 2100.1.180.46323.4835.06335.26.000.000.800 | Weatherization & Energy Efficiency Program | \$25,000.00 |
| 2100.1.180.46311.4110.06311.26.000.000.800 | Gen Administration & Planning | \$65,300.00 |
| TOTAL | | \$338,600.00 |

AUTHORIZATION

Document Created by: Finance Department
Document Posted on: May 29, 2025

Acceptance FY26-FY30 CDBG Consolidated Plan and
FY26 Action Plan
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CITY OF DOVER

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Approved as to Funding: Daniel R. Lynch
Finance Director

Sponsored by: Councilor Fergus Cullen
Ward 6 Councilor

Approved as to Legal Form and Compliance: Jennifer R. Perez
Acting City Attorney

Recorded by: Jerrica Vanslyvong-Bizier
City Clerk

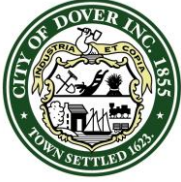
DOCUMENT HISTORY:

| | |
|-------------------------------|--------------------------------|
| First Reading Date: 5/14/2025 | Public Hearing Date: 5/14/2025 |
| Approved Date: 5/28/2025 | Effective Date: 5/28/2025 |

DOCUMENT ACTIONS:

Councilor Williams moved to approve the resolution, seconded by Councilor Nemeth.
Roll Call Vote: 5-0, with Councilor Hackett and Councilor Warach Recused.

| VOTING RECORD | | |
|--------------------------------------|---------|----|
| Date of Vote: 5/28/2025 | YES | NO |
| Mayor Robert Carrier | Absent | |
| Deputy Mayor Dennis Shanahan | X | |
| Councilor S. April Richer, Ward 1 | X | |
| Councilor Robert Warach, Ward 2 | Recused | |
| Councilor Anthony Retrosi , Ward 3 | Absent | |
| Councilor Debra Hackett, Ward 4 | Recused | |
| Councilor Fergus Cullen, Ward 6 | X | |
| Councilor Linnea Nemeth, At Large | X | |
| Councilor Lindsey Williams, At Large | X | |
| Total Votes: | 5 | |
| Resolution does pass. | | |

| | |
|---|---|
|  <p>CITY OF DOVER</p> | <h2 style="text-align: center;">CITY OF DOVER - RESOLUTION</h2> <p style="text-align: right;">Agenda Item#: 12.C.3.</p> <p>Resolution Number: R – 2025.05.14 - 77</p> <p>Resolution Re: Acceptance of the FY26-FY30 Consolidated Plan and FY26 Action Plan and the expenditures for Fiscal Year 2026 CDBG Entitlement Funds</p> |
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RESOLUTION BACKGROUND MATERIAL:

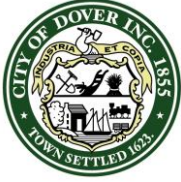
FY26-FY30 CONSOLIDATED PLAN

Every five years the City of Dover adopts a new Consolidated Plan for the Community Development Block Grant (CDBG) program. The Consolidated Plan serves as a strategic plan for addressing issues such as homelessness, housing, public services, community development needs and economic development opportunities. These efforts are targeted towards very low, low and moderate income persons within the community. One of the functions of the Consolidated Plan is to provide direction for funding decisions made through each of the five Action Plans that will be adopted during the life of the Consolidated Plan.

Throughout the fall of 2024 and the winter of 2025, the City engaged in an extensive public outreach process to gather input from citizens, organizations, business community and City Departments. The outreach involved listening sessions with the general public, meetings with service providers, an online survey and a public hearing. This input was used to help shape the priorities identified in the proposed FY26-FY30 Consolidated Plan. July 1, 2025 will mark the beginning of the next 5-year Consolidated Plan cycle.

FY26-FY30 Consolidated Plan Goals:

| | | |
|---|-------------------------|--|
| 1 | Goal Name | Access to Services |
| | Goal Description | To provide assistance for residents of Dover who require shelter, transportation, housing, care, recreation and related human services. |
| 2 | Goal Name | Barrier Removal and Transportation |
| | Goal Description | To remove barriers to access and provide transportation related services and improvements. |
| 3 | Goal Name | Affordable Housing |
| | Goal Description | To provide assistance to programs and projects that address the housing needs of Dover residents. |
| 4 | Goal Name | Public Improvements |
| | Goal Description | To assist with the development of facilities and infrastructure that support vulnerable populations of the community. |
| 5 | Goal Name | Economic Development |
| | Goal Description | To provide assistance to businesses and the business community that supports opportunities for business development and economic growth. |

| | | |
|---|---|--|
|  CITY OF DOVER | CITY OF DOVER - RESOLUTION | |
| | <p style="text-align: right;">Agenda Item#: 12.C.3.</p> <p>Resolution Number: R – 2025.05.14 - 77 Resolution Re: Acceptance of the FY26-FY30 Consolidated Plan and FY26 Action Plan and the expenditures for Fiscal Year 2026 CDBG Entitlement Funds</p> | |

FY26 ACTION PLAN

To implement the Consolidated Plan, the community annually adopts an Action Plan that identifies activities and projects that will receive CDBG funds. The Action Plan serves as a means to assure that the funded activities are consistent with the Consolidated Plan and that the activities comply with HUD National Objectives.

FY26 ACTION PLAN – HUD MANDATED FUNDING CAPS

The Action Plan identifies the Activities that will receive CDBG funding for the next fiscal year. Per HUD regulations, the maximum amount of funding that can be provided for all Public Services allocations combined, and for General Administration & Planning, is capped as follows:

- Public Services Cap: Fifteen percent of the anticipated FY26 grant amount plus fifteen percent of the anticipated FY25 program income: **\$49,000.00.**
- General Administration & Planning Cap: Twenty percent of the anticipated FY26 federal grant plus twenty percent of the anticipated FY26 program income: **\$65,300.00.**

FY26 ACTION PLAN - FUNDING CATEGORIES

PUBLIC SERVICES

AIDS Response Seacoast

Amount Requested: \$10,000.00
Planning Board Recommendation: \$7,120.00

Partially support the salaries and benefits of the Case Management Department staff, consisting of a Program Manager, Medical Case Managers and a Financial Administrator.

Alliance for Community Transportation

Amount Requested: \$4,200.00
Planning Board Recommendation: \$4,120.00

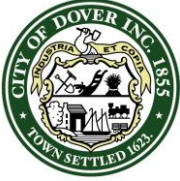
Operate TripLink, a regional transportation call center; operate Community Rides that provides transportation to healthcare for seniors and individuals with disabilities; provide staffing for Regional Coordination Council to provide greater access to community transportation resources.

CASA of NH

Amount Requested: \$5,000.00
Planning Board Recommendation: \$3,120.00

Recruitment and training/support of additional CASA Volunteer Advocates to serve the victimized children of Dover

| | |
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| Document Created by: Finance Department Document Posted on: May 29, 2025 | Acceptance FY26-FY30 CDBG Consolidated Plan and FY26 Action Plan Page 5 of 8 |
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Community Partners

Amount Requested: \$5,000.00
Planning Board Recommendation: \$4,120.00

Provide rental assistance including security deposits, and first month's rent assistance for individuals and families in Dover with mental illness or a developmental disability who are in threat of becoming homeless.

Cornerstone VNA

Amount Requested: \$25,000.00
Planning Board Recommendation: \$3,120.00

Offset underinsured or free care provided to Dover residents in need. It would also offset subsidized homemaking services, community education, and caregiver support in Dover.

Cross Roads

Amount Requested: \$20,000.00
Planning Board Recommendation: \$7,320.00

Provide emergency and transitional shelter and supportive services for families and individuals from Dover who are experiencing homelessness.

HAVEN

Amount Requested: \$7,500.00
Planning Board Recommendation: \$6,120.00

Funds requested will pay a portion (approximately 5%) of the rental costs of our new Strafford County 6-unit Domestic Violence shelter

My Friend's Place

Amount requested: \$30,000.00
Planning Board Recommendation: \$7,720.00

General operating cost to run both the Emergency Shelter and the Transitional Housing programs.

Strafford Nutrition & Meals on Wheels

Amount requested: \$5,000.00
Planning Board Recommendation: \$3,120.00

Help provide meals to homebound, elderly & low-income disabled Dover residents. Approximately 5,000 meals.

Welfare Department - Dover

Amount requested: \$12,000.00
Planning Board Recommendation: \$3,120.00

Security deposit program. Help Dover residents move into apartments when they cannot afford security deposits.



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PUBLIC FACILITIES PROJECTS

City Hall Second Floor Bathrooms – Barrier Removal

Amount Requested: **\$120,000.00**
Planning Board Recommendation: **\$1,000.00**

Renovations to City Hall second floor bathrooms for Barrier Removal related improvements.

Home for Now – Bathroom

Amount Requested: **\$15,500.00**
Planning Board Recommendation: **\$1,000.00**

Funding for installation of a new bathroom in the basement of the shelter.

MFP Transitional Housing – Roof Replacement

Amount Requested: **\$30,000.00**
Planning Board Recommendation: **\$1,000.00**

Funding for roof replacement at two transitional housing buildings.

Sidewalk Ramps – Barrier Removal

Amount Requested: **\$120,000.00**
Planning Board Recommendation: **\$111,300.00**

Funding for installation of sidewalk ramps/tip-downs and for installation of lighting and pedestrian activated crossing beacons, where appropriate, with sidewalk ramp/tip-down installations.

Universal Changing Stations – Barrier Removal

Amount Requested: **\$75,000.00**
Planning Board Recommendation: **\$75,000.00**

Funding for acquisition and installation of universal changing stations at existing publicly accessible buildings.

Weatherization & Energy Efficiency Program

Amount Requested: **\$25,000.00**
Planning Board Recommendation: **\$25,000.00**

Funding to supplement the Weatherization Assistance Program for Dover residents.

ECONOMIC DEVELOPMENT

City of Dover - Economic Development Activities:

Amount Requested: **\$10,000.00**
Planning Board Recommendation: **\$10,000.00**



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Funding for the DELP loan pool, job training and related economic development activities.

ADMINISTRATION

General Administration & Planning

Amount Requested: \$65,300.00

Planning Board Recommendation: \$65,300.00

Activities associated with overall administration of the CDBG program. Activities include development of the Action Plan; quarterly, semi-annual and annual reporting; training & legal notices. The amount proposed equals the maximum amount permissible per HUD regulations.

Activity Administration

Amount Requested: \$0.00

Planning Board Recommendation: \$0.00

Administrative costs associated with individual Activities. Activity specific costs include contract development & administration, processing requests for reimbursement, site visits, subrecipient monitoring and environmental review.

Section 1

CDBG Program Description

CDBG PROGRAM DESCRIPTION

The City of Dover is designated as an Entitlement Community by HUD. That means that each year, the City receives funds directly from HUD rather than having to apply to the State for CDBG funds.

These funds may only be used to address one of HUD's three National Objectives:

1. Benefit low and moderate income persons.
2. Prevent or eliminate blight.
3. Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs.

The City of Dover has traditionally used CDBG funding to address the first National Objective listed above.

CONSOLIDATED PLAN

The Consolidated Plan serves as a strategic plan for addressing issues such as of homelessness, housing, public services, community and development needs and expanding economic opportunities for very low, low and moderate income persons within the community. The FY26-FY30 Consolidated Plan includes the Goals provided below. Funded activities must meet one at least one of the Goals.

DOVER CONSOLIDATED PLAN GOALS: FY26-FY30

- | | |
|----------|------------------------------------|
| Goal #1: | Access to Services |
| Goal #2: | Barrier Removal and Transportation |
| Goal #3: | Affordable Housing |
| Goal #4: | Public Improvements |
| Goal #5: | Economic Development |

ACTION PLAN

To implement the Consolidated Plan, the community must annually adopt an Action Plan that identifies activities and projects that the community has decided to fund with CDBG funds. The Action Plan serves as a means to assure that the Goal and Objectives of the Consolidated Plan are being addressed. As part of the Action Plan process, citizens must be allowed an opportunity to provide comments on the Plan during the review process and after it has been approved by the City. After approval by the City, and a subsequent 30-day public comment period, the Action Plan must be sent to HUD for their review and approval.

This is the first Action Plan of the FY26-FY30 Consolidated Plan.

ELIGIBLE ACTIVITIES

Examples of eligible activities include:

Acquisition: Acquisition of real property for any public purpose.

Activity Delivery Costs (ADC): Separate from general administration and planning activities, these are costs associated with administering specific grant awards. These costs include activities such as contract provision monitoring, Davis Bacon related activities and performing environmental reviews for each recipient.

Administration and Planning: Payment of administrative costs and carrying charges related to the general planning and execution of Community Development program. The amount shall not exceed 20 percent of the grant plus 20 percent of the current year's estimated program income.

Clearance and Remediation Activities: Clearance, demolition, and removal of buildings and improvements.

Disposition: Disposition of real property acquired with CDBG funds.

Economic Development: Activities include direct economic development assistance to for-profit entities and job training programs.

Housing Rehabilitation: Single family, multi-family, low income public housing or other publicly owned residential buildings.

Loss of Rental Income: Payments to owners for losses of rental income during relocation of individuals or families displaced by Community Development program activities.

Planning: Planning activities, data gathering, studies and analysis.

Public Facilities and Improvements: Acquisition, construction, reconstruction, rehabilitation or installation of public facilities and improvements.

Public Services. Provision of public services including labor, supplies, and materials. The amount shall not exceed 15 percent of the grant plus 15 percent of program income from the previous year.

Section 2

Funding Pool, Funding Categories, Mandated
Funding Formulas, Proposed Funding by Category &
Contingency Funding Formula

AVAILABLE FUNDING

Overview

FUNDING POOL

The City of Dover calculates the total FY26 Action Plan funding pool based upon the following factors:

1. Anticipated FY26 Annual Allocation from HUD: **\$315,000.00**
2. Anticipated FY26 Program Income available for FY26 AP: **\$11,800.00**
3. Anticipated FY25 Program Income available for FY26 AP: **\$11,800.00**

Based upon items 1, 2 & 3 above, the total anticipated funding pool for the FY26 Action Plan is **\$338,600.00**

FUNDING CATEGORIES

All funded activities fall into one of four categories:

1. Public Services
2. Public Facilities
3. Economic Development
4. Administration (*General Administration & Planning; Activity Administration*)

HUD MANDATED FUNDING FORMULAS

Public Services: The maximum amount of funding that can be allocated for all Public Services equals fifteen percent of the *actual* FY26 grant amount plus fifteen percent of the *actual* FY25 program income: **\$49,000.00**

General Administration & Planning: The maximum amount of funding that can be allocated for General Administration & Planning equals twenty percent of the *actual* FY26 grant amount plus twenty percent of the *actual* FY26 program income: **\$65,300.00**

Note: There are no HUD mandated funding formulas/caps for Public Facilities, Economic Development or Activity Administration

PROPOSED FUNDING BY CATEGORY

Public Services: **\$49,000.00**

- Allocations to applicants under the Public Services category include activities such as operating expenses, supplies and rental security deposits.

Public Facilities: **\$214,300.00**

- Funding for construction based activities and projects.

Economic Development: **\$10,000.00**

- Funding for the DELP loan pool and related economic development activities.

Administration: **\$65,300.00**

- General Administration & Planning: \$65,300.00
General Administration of the CDBG program such as updating of the Consolidated Plan; development of the Action Plan; annual performance reporting to HUD (CAPER); quarterly and semi-annual reporting to HUD; training & legal notices.
- Activity Administration: \$0.00
Administrative costs associated with individual Activities. Activity specific costs include contract development & administration, processing requests for reimbursement, site visits, subrecipient monitoring and environmental review.

CONTINGENCY FUNDING FORMULA

In the event that that the FY26 Entitlement Grant amount and/or the FY25 or FY26 Program Income amounts are other than as listed above, allocations will be adjusted as follows:

1. *Public Services:* Public Service allocations will each be adjusted by an equal percentage, to achieve a total Public Service allocation amount that will meet, but not exceed, the 15% Public Services CAP.
2. *General Administration and Planning:* Allocation will be adjusted to meet, but not exceed, the 20% cap.
3. *Economic Development:* After adjusting for General Administration and Public Services, the Economic Development allocation will be adjusted as necessary to assure that the total of all FY26 allocations meet, but do not exceed, the total funding pool.
4. *Public Facilities:* In the event that after adjusting per steps 1-3 above the adjusted total is greater than the funding pool, each Public Facilities award shall be adjusted by an equal amount until the total FY26 allocations equal the FY26 funding pool.

Section 3

Funding Requests – Activity Summary

FUNDING REQUESTS – ACTIVITY SUMMARY

Public Services, Public Facilities, Economic Development & Administration

Following are the names of applicants with the amount requested and a very brief description of proposed use of funds. See applications from organizations in Section 4 for a description of the program and expanded discussion regarding use of funds. See Section 2 for anticipated funding pool, HUD mandated spending caps for Public Services & Administration, proposed funding by category and contingency funding formula.

PUBLIC SERVICES

1. AIDS Response Seacoast

Amount Requested: \$10,000.00

Planning Board Recommendation: \$7,120.00

Partially support the salaries and benefits of the Case Management Department staff, consisting of a Program Manager, Medical Case Managers and a Financial Administrator.

2. Alliance for Community Transportation

Amount Requested: \$4,200.00

Planning Board Recommendation: \$4,120.00

Operate TripLink, a regional transportation call center; operate Community Rides that provides transportation to healthcare for seniors and individuals with disabilities; provide staffing for Regional Coordination Council to provide greater access to community transportation resources.

3. CASA of NH

Amount Requested: \$5,000.00

Planning Board Recommendation: \$3,120.00

Recruitment and training/support of additional CASA Volunteer Advocates to serve the victimized children of Dover

4. Community Partners

Amount Requested: \$5,000.00

Planning Board Recommendation: \$4,120.00

Provide rental assistance including security deposits, and first month's rent assistance for individuals and families in Dover with mental illness or a developmental disability who are in threat of becoming homeless.

5. Cornerstone VNA

Amount Requested: \$25,000.00

Planning Board Recommendation: \$3,120.00

Offset underinsured or free care provided to Dover residents in need. It would also offset subsidized homemaking services, community education, and caregiver support in Dover.

6. Cross Roads

Amount Requested: \$20,000.00

Planning Board Recommendation: \$7,320.00

Provide emergency and transitional shelter and supportive services for families and individuals from Dover who are experiencing homelessness.

7. HAVEN

Amount Requested: \$7,500.00

Planning Board Recommendation: \$6,120.00

Funds requested will pay a portion (approximately 5%) of the rental costs of our new Strafford County 6-unit Domestic Violence shelter

8. My Friend's Place

Amount requested: \$30,000.00

Planning Board Recommendation: \$7,720.00

General operating cost to run both the Emergency Shelter and the Transitional Housing programs.

9. Strafford Nutrition & Meals on Wheels

Amount requested: \$5,000.00

Planning Board Recommendation: \$3,120.00

Help provide meals to homebound, elderly & low-income disabled Dover residents. Approximately 5,000 meals.

10. Welfare Department - Dover

Amount requested: \$12,000.00

Planning Board Recommendation: \$3,120.00

Security deposit program. Help Dover residents move into apartments when they cannot afford security deposits.

PUBLIC FACILITIES PROJECTS

1. City Hall Second Floor Bathrooms – Barrier Removal

Amount Requested: \$120,000.00

Planning Board Recommendation: \$1,000.00

Renovations to City Hall second floor bathrooms for Barrier Removal related improvements.

2. Home for Now – Bathroom

Amount Requested: \$15,500.00

Planning Board Recommendation: \$1,000.00

Funding for installation of a new bathroom in the basement of the shelter.

3. MFP Transitional Housing – Roof Replacement

Amount Requested: \$30,000.00

Planning Board Recommendation: \$1,000.00

Funding for roof replacement at two transitional housing buildings.

4. Sidewalk Ramps – Barrier Removal

Amount Requested: \$120,000.00

Planning Board Recommendation: \$111,300.00

Funding for installation of sidewalk ramps/tip-downs and for installation of lighting and pedestrian activated crossing beacons, where appropriate, with sidewalk ramp/tip-down installations.

5. Universal Changing Stations – Barrier Removal

Amount Requested: \$75,000.00

Planning Board Recommendation: \$75,000.00

Funding for acquisition and installation of universal changing stations at existing publicly accessible buildings.

6. Weatherization & Energy Efficiency Program

Amount Requested: \$25,000.00

Planning Board Recommendation: \$25,000.00

Funding to supplement the Weatherization Assistance Program for Dover residents.

ECONOMIC DEVELOPMENT

1. City of Dover - Economic Development Activities:

Amount Requested: \$10,000.00

Planning Board Recommendation: \$10,000.00

Funding for the DELP loan pool, job training and related economic development activities.

ADMINISTRATION

1. General Administration & Planning

Amount Requested: \$65,300.00

Planning Board Recommendation: \$65,300.00

Activities associated with overall administration of the CDBG program. Activities include development of the Action Plan; quarterly, semi-annual and annual reporting; training & legal notices. The amount proposed equals the maximum amount permissible per HUD regulations.

2. Activity Administration

Amount Requested: \$0.00

Planning Board Recommendation: \$0.00

Administrative costs associated with individual Activities. Activity specific costs include contract development & administration, processing requests for reimbursement, site visits, subrecipient monitoring and environmental review.

Section 4

Funding Sources, Funding Requests
& Applications

FY26 FUNDING SOURES & ALLOCATIONS

FY26 Funding Pool

| | |
|---|---------------------|
| Anticipated FY26 Federal Grant | \$315,000.00 |
| Anticipated FY26 PI available for FY26 AP:: | \$11,800.00 |
| Anticipated FY25 PI available for FY26 AP: | \$11,800.00 |
| Available for FY26 Funding Pool: | \$338,600.00 |

Activities

| Public Services | Amount Requested | Planning Board Recommended Allocation |
|---|---------------------|--|
| AIDS Responses | \$10,000.00 | \$7,120.00 |
| Alliance for Community Transportation (ACT) | \$4,200.00 | \$4,120.00 |
| CASA of NH | \$5,000.00 | \$3,120.00 |
| Community Partners | \$5,000.00 | \$4,120.00 |
| Cornerstone VNA | \$25,000.00 | \$3,120.00 |
| Cross Roads | \$20,000.00 | \$7,320.00 |
| HAVEN | \$7,500.00 | \$6,120.00 |
| My Friends Place (MFP) | \$30,000.00 | \$7,720.00 |
| Strafford Nutrition Meals on Wheels (SNMoW) | \$5,000.00 | \$3,120.00 |
| Welfare Department - Sec Deposit | \$12,000.00 | \$3,120.00 |
| Total | \$123,700.00 | \$49,000.00 |

| Economic Development | Amount Requested | Recommended Allocation |
|---------------------------------|--------------------|------------------------|
| Loan Pool & Business Assistance | \$10,000.00 | \$10,000.00 |
| Total | \$10,000.00 | \$10,000.00 |

| Public Facilities | Amount Requested | Recommended Allocation |
|--|---------------------|------------------------|
| City Hall Second Floor Bathrooms - Barrier Removal | \$120,000.00 | \$1,000.00 |
| Home for Now - Bathroom | \$15,500.00 | \$1,000.00 |
| MFP Transitional Housing Roofs | \$30,000.00 | \$1,000.00 |
| Sidewalk Ramps - Barrier Removal | \$120,000.00 | \$111,300.00 |
| Universal Changing Stations | \$75,000.00 | \$75,000.00 |
| Weatherization & Energy Efficiency Program | \$25,000.00 | \$25,000.00 |
| Total | \$385,500.00 | \$214,300.00 |

| Administration | Amount Requested | Recommended Allocation |
|--|--------------------|------------------------|
| General Administration | \$65,300.00 | \$65,300.00 |
| Econ Dev Adm | \$0.00 | \$0.00 |
| City Hall Second Floor Bathrooms - Admin | \$0.00 | \$0.00 |
| Home for Now Bathroom - Admin | \$0.00 | \$0.00 |
| MFP Transitional Housing Roofs - Admin | \$0.00 | \$0.00 |
| Sidewalk Ramps/Barrier Removal - Admin | \$0.00 | \$0.00 |
| Universal Changing Stations - Admin | \$0.00 | \$0.00 |
| Weatherization & Energy Efficiency Program - Admin | \$0.00 | \$0.00 |
| Total | \$65,300.00 | \$65,300.00 |

| | | |
|--------------------|---------------------|---------------------|
| Grand Total | \$584,500.00 | \$338,600.00 |
|--------------------|---------------------|---------------------|

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|---|---------------------------------------|
| Organization AIDS Response Seacoast | |
| Name of Program or Project Medical Case Management | |
| Name of Executive Director Tamara Leibowitz | |
| Mailing Address 100 Campus Drive, Suite 1, Portsmouth, NH 03801 | |
| Physical Address 100 Campus Drive, Suite 1, Portsmouth, NH 03801 | |
| Contact Person Tamara Leibowitz | Phone 603-433-5377 |
| E-Mail tamaral@arsnh.org | Website www.aidsresponse.org |
| Please Identify the Type of Organization Applying for Funds (<i>Note: More than one may apply</i>) | |
| <input checked="" type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of | |
| <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education | |
| <input type="checkbox"/> Other (Explain): | |
| Tax ID # 22-2884488 | |
| SAM UEI # V1F8M6GH2P98 | SAM Expiration Date 01-18-2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity/project: \$ 10,000.00 |
| Provide a very brief summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Funding will be utilized to partially support salaries and benefits of the Case Management Department staff, consisting of a Program Manager, Medical Case Managers and a Financial Administrator. |

| PROJECT LOCATION |
|--|
| Location(s) where services will be provided or physical improvements will be made. 100 Campus Dr. Ste. 1, Portsmouth, NH 03801 |

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **Persons Living with HIV, Low-income households**

Beneficiaries:

For **FY 2026 (7/1/2025 – 6/30/2026)** please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 20

For **FY 2024 (7/1/2023 – 6/30/2024)** please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 20

Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): yes

If so, how much? 7371.00

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☒ Yes ☐ No

If yes, are the criteria/protocols in writing?: ☒ Yes ☐ No

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

The Department of Clients Services provides clients-centered Medical Case Management for people living with HIV/AIDS who live in Rockingham and Strafford Counties of New Hampshire. Case managers at ARS provide direct, face-to-face meetings for initial assessments, reassessments and informal 'check-in' meetings, phone support and medical and social referrals as indicated. Within this process, a client's needs and goals are assessed and an individual service plan (ISP) is developed in collaboration with the client to attain their goals. A case manager coordinates this process by providing information, advocacy and referrals linking clients to primary and specialty health care, dental, mental health/substance misuse counseling, Medicaid, Medicare, fuel assistance, SNAP, Section 8 Housing and the AIDS Drug Assistance Program (ADAP) administered by the New Hampshire Department of Health and Human Services CARE program.

CDBG funds will be used to partially cover the salaries and benefits of the Medical Case Managers, program director and financial administrator. The services provided by ARS Client Services Department directly benefit Dover residents, of which 90 % are low or very low incomes, receive the medical care necessary for them to maintain their health and obtain viral suppression.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

| Outcome | Measurement |
|--|--|
| Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| 95% of clients will maintain stable and satisfactory housing | Number of clients in stable housing and satisfactory housing divided by total number of clients |
| 90% of clients will have an HIV viral load of <200 copies/ml at last viral load test during measurement year | Number of clients with viral load <200 copies/ml divided by number of clients with HIV diagnosis with at least one HIV viral load test in measurement year. |
| | |

DESCRIPTION OF ORGANIZATION

Please provide a description of the organization or agency that is undertaking the activity or project.

AIDS Response Seacoast (ARS) is a non-profit community-based HIV/AIDS Service organization dedicated to providing direct assistance, education and advocacy for persons living with and affected by HIV/AIDS. ARS provides services to clients at all stages of HIV infection that live in Rockingham and Strafford counties of New Hampshire as well as providing educational programs though out our catchment area. It is the mission of ARS to support and assist those infected and affected by HIV/AIDS in maintaining a high quality of life through direct assistance and advocacy and to prevent the spread of new infections by promoting safer sex practices and education for local and regional communities.

| AUDIT AND EVALUATION |
|---|
| Does your organization have an annual CPA audit or other financial statement? Yes |
| If yes, please submit most recent audit or financial statements as an attachment to this application. |
| Is your organization evaluated by outside agencies or programs? Yes |
| If yes, please note the agency/program and how often the evaluation occurs. |
| -NH Department of Health & Human Services, Bureau of Infectious Disease Control-Program & Fiscal annually. |
| -Boston Public Health Commission, HIV/AIDS Services Division (administering agency for Ryan White CARE Act for Boston Eligible Metropolitan Area (EMA)-Program and fiscal annually. |

| BOARD OF DIRECTORS | |
|--------------------|-----------------------|
| Name | Residence (city/town) |
| David Steady | Portsmouth, NH |
| Andrew Houldsworth | Somersworth, NH |
| Jordan McKenney | Somersworth, NH |
| Art Nicholson | Portsmouth, NH |
| Raymond Ouellette | Dover, NH |
| Tyra Bauguess | Somersworth, NH |
| Monica Dorley | Portsmouth, NH |
| Elvin Palacios | Dover, NH |
| Kelsey Elliot | Somersworth, NH |
| | |
| | |
| | |
| | |
| | |

BUDGET: ACTIVITY or PROJECT-PLEASE SEE ATTACHED

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. Public Services | | | |
|------------------------------------|----------------------------|----------------|-----------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| | | | |
| | | | |
| | | | |

AIDS Response Seacoast
Projected Program Budget - Client Services Department
For Fiscal Year Ending June 30, 2026

| <u>LINE ITEM DESCRIPTION:</u> | <u>DOVER FUNDS REQUESTED</u> | <u>OTHER FUNDING</u> | <u>TOTAL</u> |
|--|---|---------------------------------|---------------------|
| Client Services Dept. Staff Salaries | \$ 7,100.00 | \$ 172,900.00 | \$ 180,000.00 |
| Program Manager | | | |
| Medical Case Manager 1 | | | |
| Medical Case Manager 2 | | | |
| Financial Administrator | | | |
| Payroll Taxes & Fringe Benefits | \$ 1,990.00 | \$ 48,010.00 | \$ 50,000.00 |
| Clinical Supervision & Consultants | \$ - | \$ 4,600.00 | \$ 4,600.00 |
| Consultant - Quality Improvement | \$ - | \$ 1,500.00 | \$ 1,500.00 |
| Consultant - Tech Support | \$ - | \$ 1,400.00 | \$ 1,400.00 |
| Direct Financial Assistance to Clients | | | |
| Housing and Utilities Assistance | \$ - | \$ 22,000.00 | \$ 22,000.00 |
| Food & Nutrition | \$ - | \$ 14,600.00 | \$ 14,600.00 |
| Client Transportation | \$ - | \$ 2,200.00 | \$ 2,200.00 |
| Linguistic Services | \$ - | \$ 100.00 | \$ 100.00 |
| Other Direct Client Support | \$ - | \$ 1,000.00 | \$ 1,000.00 |
| Supplies - Office and PC | \$ - | \$ 3,800.00 | \$ 3,800.00 |
| Copying & Printing | \$ - | \$ 1,400.00 | \$ 1,400.00 |
| Postage | \$ - | \$ 600.00 | \$ 600.00 |
| Audit & Professional Fees | \$ - | \$ 6,300.00 | \$ 6,300.00 |
| Insurance | \$ - | \$ 4,000.00 | \$ 4,000.00 |
| Telephone & Internet | \$ - | \$ 4,900.00 | \$ 4,900.00 |
| Equipment Maintenance & Repairs | \$ - | \$ 500.00 | \$ 500.00 |
| Training and Conferences | \$ - | \$ 300.00 | \$ 300.00 |
| Case Managers Travel - Home Visits | \$ - | \$ 800.00 | \$ 800.00 |
| Rent | \$ - | \$ 26,000.00 | \$ 26,000.00 |
| Direct Department Overhead | \$ 910.00 | \$ 28,090.00 | \$ 29,000.00 |
| Total | \$ 10,000.00 | \$ 345,000.00 | \$ 355,000.00 |

Additional Housing Support -

In addition to the support shown above, AIDS Response Seacoast coordinates through a program titled "Housing Opportunities for People With AIDS" (HOPWA) for approximately **\$56,500** annually in direct housing and utilities assistance for our clients. These funds are administered directly and are not part of our financial statements.
(See Note 6 of Audited Financials)

| | | | |
|------------------------|--|--|--|
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | | | |

| 2. Public Facilities | | | |
|--|----------------------------|----------------|-----------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| | | | |
| Total Hard Costs | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| Total Soft Costs | | | |
| TOTAL PROPOSED BUDGET: | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES-PLEASE SEE ATTACHED

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | Total Amount (\$) | Explanation |
|--|--|-------------------|-------------|
| Federal: | Committed: Pending: Proposed: | | |
| State: | Committed: Pending: Proposed: | | |
| Local: | Committed: Pending: | | |

AIDS RESPONSE SEACOAST
PROJECTED OTHER FUNDING SOURCES - CLIENT SERVICES DEPARTMENT PROGRAM
FOR FISCAL YEAR ENDING JUNE 30, 2026
All Pending

FEDERAL GRANTS

| | | |
|---|------------|------------|
| Boston Public Health Ryan White Funding | \$ 150,000 | |
| UW EFSP - Rockingham | \$ 2,000 | |
| UW EFSP - Strafford | \$ 2,000 | |
| Portsmouth Community Development Block Grant | \$ 10,000 | |
| Dover Community Development Block Grant <i>(Not included)</i> | \$ - | |
| | | \$ 164,000 |

STATE GRANTS & MUNICIPALITIES

| | | |
|----------------------------|------------|------------|
| NH DHHS Client Services | \$ 133,500 | |
| Portsmouth Social Services | \$ 5,000 | |
| Local Municipalities | \$ 15,000 | |
| | | \$ 153,500 |

FOUNDATIONS :

| | | |
|----------------|----------|-----------|
| Broadway Cares | \$ 7,500 | |
| Walmart | \$ 2,000 | |
| PhRMA & Gilead | \$ 5,000 | |
| | | \$ 14,500 |

DONATIONS -Restricted

| | | |
|--|-----------|-----------|
| In Kind Donations - Food | \$ 10,000 | |
| In Kind Donations For Clients - Other Client Support | \$ 3,000 | |
| | | \$ 13,000 |

TOTALS

\$ 345,000

NOTE:

Does not include funds that would be requested from Dover CDBG

| | | | | |
|------------------|-------------------------------------|--|--|--|
| | Proposed: | | | |
| Private: | Committed: Pending: Proposed: | | | |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | | |
| Rochester CDBG: | Committed: Pending: Proposed: | | | |
| Other: | Committed: Pending: Proposed: | | | |
| Total: | Committed: Pending: Proposed: | | | |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | | Explanation |
|---|---|--|-------------|
| | Committed: Pending: Proposed: | | |
| Total: | | | |

BUDGET: ORGANIZATION -PLEASE SEE ATTACHED

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from | to | Current Year | Next Year (projected) |
|-----------------------------------|----|--------------|-----------------------|
| REVENUES | | | |
| Federal Funds | | | |
| State Funds | | | |
| Foundations/Private Contributions | | | |
| United Way | | | |
| Fundraising or other income | | | |

**AIDS RESPONSE SEACOAST
ANNUAL BUDGETS
PERIOD JULY 1 TO JUNE 30**

| | CURRENT YEAR | PROJECTED |
|---|----------------------|----------------------|
| | ENDING | ENDING |
| Revenue Sources | June 30, 2025 | June 30, 2026 |
| Federal Grants | \$ 167,900 | \$ 174,000 |
| State Grants & Municipalities | \$ 150,550 | \$ 153,500 |
| Foundations | \$ 13,500 | \$ 14,500 |
| Special Events | \$ 26,000 | \$ 28,000 |
| Charitable Donations | \$ 27,000 | \$ 19,900 |
| Interest Income | \$ 50 | \$ 100 |
| Total | \$ 385,000 | \$ 390,000 |
| | | |
| | | |
| Expenses | TOTAL BUDGET | TOTAL BUDGET |
| Salaries | \$ 225,800 | \$ 227,000 |
| Payroll Taxes & Employee Benefits | \$ 60,400 | \$ 61,100 |
| Contracted Services | | |
| Clinical Supervision and Consultants | \$ 4,600 | \$ 4,600 |
| Consultants - Tech Support | \$ 1,200 | \$ 1,400 |
| Consultants - Quality Improvement | \$ 1,300 | \$ 1,500 |
| Direct Client Financial Assistance | | |
| Housing and Utilities Assistance | \$ 18,000 | \$ 22,000 |
| Food and Nutritional Supplements | \$ 16,000 | \$ 14,600 |
| Client Transportation | \$ 2,200 | \$ 2,200 |
| Linguistic Services | \$ 100 | \$ 100 |
| Other Direct Client Support | \$ 1,000 | \$ 1,000 |
| Supplies - Office | \$ 3,500 | \$ 4,000 |
| Copying and Printing | \$ 1,800 | \$ 1,800 |
| Telephone and Internet | \$ 5,500 | \$ 5,500 |
| Training and Conferences | \$ 300 | \$ 400 |
| Travel for Client Home Visits | \$ 900 | \$ 800 |
| Insurance | \$ 4,800 | \$ 4,800 |
| Equipment Expense | | |
| Equipment Rentals | \$ - | \$ - |
| Equipment Purchase and Repairs - Office | \$ 800 | \$ 500 |
| Postage | \$ 800 | \$ 1,000 |
| Rent | \$ 24,300 | \$ 26,000 |
| Advertising | \$ 400 | \$ 100 |
| Dues and Subscriptions | \$ 500 | \$ 500 |
| Professional Fees / Audit / Consultants | \$ 8,500 | \$ 7,000 |
| Bank Charges | \$ 100 | \$ 100 |
| Miscellaneous | \$ 1,000 | \$ 500 |
| Fundraising Event Costs | \$ 1,200 | \$ 1,500 |
| Other Agency Overhead | \$ - | \$ - |
| Total | \$ 385,000 | \$ 390,000 |
| | | |
| | | |

| | | |
|---|--|--|
| Other (describe) | | |
| Community Dev. Block Grant (include anticipated request) | | |
| TOTAL REVENUE | | |
| EXPENSES | | |
| Salaries | | |
| Fringe Benefits | | |
| Supplies (include printing/copying) | | |
| Travel | | |
| Training | | |
| Communications | | |
| Audit | | |
| Property Maintenance | | |
| Service Contracts | | |
| Construction Supplies/Materials | | |
| Other (describe) | | |
| TOTAL EXPENSES | | |
| NET (Income - Expenses) | | |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS-PLEASE SEE ATTACHED

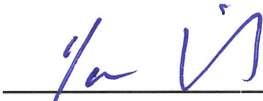
| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|--|---|---------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Total Expenditure of Federal Awards | | | | \$ | \$ |
| NH Dept. of | [Agency Name] | | | \$ | \$ |

Schedule of Expenditures of Federal Awards FY-2025

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|----------------------------------|----------------------------|
| U.S. Dept. of | HRSA | 93.686 | | | |
| Direct Program | Ryan White Part A | Unknown | Unknown | | |
| Passed Through | Boston Public Health Commission | 93.914 | Unknown | | \$15,508,205 |
| | ARS | | | \$146,294 | |
| Total U.S. Dept. of | HRSA | | | \$146,294 | |
| U.S. Dept. of | FEMA | 97.024 | Unknown | | Unknown |
| Direct Program | Emergency Food and Shelter | | | | |
| Passed Through | United Way | Unknown | Unknown | | Unknown |
| | ARS | | | \$2,500 | |
| Total U.S. Dept. of | FEMA | | | \$2,500 | Unknown |
| U.S. Dept. of | HUD | | | | |
| Direct Program | Housing Opportunities for People Living With AIDS | 14.241 | Unknown | Unknown | \$450,000,000 |
| Passed Through | Merrimack Valley Assistance Program | Unknown | Unknown | | \$944,877 |
| | ARS | | | MVAP CUT ALL FUNDING-FY25 | |
| Total U.S. Dept. of | HUD | | | \$0 | \$0 |
| U.S. Dept. of | HUD | | | | |
| Direct Program | CDBG | 14.218 | | | |
| Passed Through | Portsmouth | | | | 1,961,622 |
| | ARS | | | | \$10,000 |
| Total U.S. Dept. of | HUD/CDBG | | | | Unknown |
| Total Expenditures of Federal Awards | | | | \$158,794 | |
| NH Dept. of | NH DHHS Ryan White Part B | Unknown | Unknown | | \$4,156,380 |
| | Ryan White Part B to ARS | | | \$133,590 | |
| Total NH Dept. of | Health and Human Services | | | \$133,590 | |
| Local Assistance: | Various | | | \$11,000 | \$0 |
| Total Local Assistance: | Various | | | \$11,000 | \$0 |
| Total State and Local Awards | | | | \$144,590 | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$303,384 | |

| | | | | | |
|---|----------------|--|--|----|----|
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Local Assistance: | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total State and Local Awards | | | | \$ | \$ |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$ | \$ |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.


SIGNATURE

11-1-2024
DATE

TAMARA LEIBOWITZ
PRINTED NAME

EXECUTIVE DIRECTOR
TITLE

AIDS Response Seacoast
Dover CDBG FY 2026
Measurement Goals

| | | | |
|----------------------|--|-------------------------|--------|
| Goal 1 | 90% of all clients will have had an HIV Viral Load <200 copies/ml at last HIV viral load test during the measurement period. | | |
| Measurement Dates: | October 1, 2023 to September 30, 2024 | | |
| Your Agency Outcome: | 95.56% | Statewide ASOs Outcome: | 94.74% |
| Numerator: | Number of patients in the denominator with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement period. | | 86 |
| Denominator: | Number of patients, regardless of age, with a diagnosis of HIV with at least one HIV viral load test during the measurement period. | | 90 |
| | | | |

| | | | |
|-----------------------------|--|--------------------------------|-------|
| Goal 2 | Less than 2% of clients self-identified as Homeless or Unstably Housed during the measurement period. | | |
| Measurement Dates: | October 1, 2023 to September 30, 2024 | | |
| Your Agency Outcome: | 1.0% | Statewide ASOs Outcome: | 1.87% |
| Numerator: | Number of clients who were homeless or unstable housed during the measurement period. | | 1 |
| Denominator: | Number of persons receiving HIV services during the measurement period. | | 100 |

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|--|--|
| Organization Cooperative Alliance for Seacoast Transportation | |
| Name of Program or Project Alliance for Community Transportation | |
| Name of Executive Director Rad Nichols | |
| Mailing Address 42 Sumner Drive, Dover, NH 03820 | |
| Physical Address Same | |
| Contact Person Jeff Donald | Phone 603-516-0796 |
| E-Mail Info@CommunityRides.org | Website CommunityRides.org and KeepNHMoving.com |
| Type of Organization Applying for Funds (Note: More than one may apply) X 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain): | |
| Tax ID # 02-0362579 | |
| SAM UEI # RTMFG5LQG5A1 | SAM Expiration Date October 30, 2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity/project: \$4,200 |
| Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Operate TripLink, a regional transportation call center; operate Community Rides, a “suggested donation” service providing transportation to healthcare for seniors and individuals with disabilities; provide staffing for the Regional Coordination Council to provide greater access to, and improve the operation of, community transportation resources. |

| PROJECT LOCATION |
|--|
| Location(s) where services will be provided or physical improvements will be made. Services are provided throughout Strafford County, eastern Rockingham County, Wakefield, and Brookfield. |

| BENEFICIARIES |
|--|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Older adults and individuals with disabilities in need of transportation. |
| Beneficiaries: For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 60 For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 52 Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): Yes If so, how much? \$4,121 |

| CLIENT POPULATION |
|---|
| Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u> |
|--|
| <p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. The Alliance for Community Transportation and COAST operate TripLink, a regional transportation call center. TripLink provides information and referral services to individuals looking for transportation services. ACT also operates Community Rides. Community Rides provides non-emergency medical transportation to seniors and individuals with disabilities if they do not qualify for another service such as COAST ADA Paratransit. Rides are provided by COAST, Meals on Wheels of Rockingham County, and the Community Action Partnership of Strafford County. In FY24, Community Rides provided 23 rides to 5 Dover residents. In FY24, 81 residents used the TripLink Common Application to apply for services, a 9% increase from FY23.</p> <p>ACT is the Regional Coordination Council for Community Transportation for Strafford County (RCC), eastern Rockingham County, Wakefield, and Brookfield. RCC's around the state consist of transportation providers, social service agencies, healthcare providers, and regional planning commissions. They work to improve and expand transportation options for older adults and individuals with disabilities. ACT helped to establish a volunteer driver program serving rural communities and launched TripLink, a coordinated call center. TripLink helps agencies operate more efficiently and professionally, by consolidating call-taking, scheduling, and dispatching services at one agency. TripLink manages these services for COAST, Ready Rides, Rockingham Nutrition & Meals on Wheels, Community Rides, and the Community Action Partnership of Strafford County's senior shuttle.</p> <p>ACT and TripLink are supported by Federal Transit Administration (FTA) funding, transit agencies, and grant funding. While most of the funding for these programs are provided by the FTA, 20% local match is required to leverage the federal dollars. ACT also requests financial support from philanthropic foundations, hospitals, and others.</p> <p>This program benefits Dover residents by ensuring seniors and individuals with disabilities have access to a robust transportation network that will allow to continue living in their community by providing reliable access to health care,</p> |

grocery shopping, and other essential services. TripLink helps callers to find the services that they need, including COAST's ADA Paratransit, Community Rides, and Strafford CAP's senior shuttle. TripLink also provides advice on how to ride the bus, as it is often more cost-effective and can be ridden without clients having to call and request a ride. Community Rides provides rides to medical care for those who would otherwise often go without care.

The Common Application allows users to apply for multiple transportation services at the same time. For Dover residents, this means that they will be able to apply for ADA Paratransit, Community Rides, and the CAP senior shuttle at once.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

| Outcome | Measurement |
|--|--|
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Seniors and individuals with disabilities can remain living in their communities | Number of rides provided by Community Rides and Strafford CAP, and number of unduplicated clients |
| Seniors and individuals with disabilities can remain living in their communities | Number of new clients who register for a transportation service |
| Seniors and individuals with disabilities have access to health care | Number of rides provided to medical facilities and percentage of trip requests fulfilled |

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. The Cooperative Alliance for Seacoast Transportation (COAST) is a regional public transit system serving the Seacoast since 1982. COAST is a nonprofit agency governed by a board of directors comprised of the communities served, planning commission, and local agencies. COAST serves as ACT's Lead Agency and fiscal sponsor.

The Alliance for Community Transportation (ACT) is the state-designated Regional Coordination Council for Community Transportation, serving southeastern NH. ACT's mission is to facilitate the implementation of coordinated community transportation and to encourage the development of improved and expanded regional community transportation services. ACT is comprised of transportation providers, regional planning commissions, healthcare providers, social service agencies, and riders.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. Every 3 years

BOARD OF DIRECTORS

| Name | Residence (city/town) |
|---------------------------|-----------------------|
| Dennis Shanahan | Dover |
| Michael Scala | Rochester |
| Scott Bogle | Durham |
| Margaret Joyce | Nottingham |
| Dave Sandmann | Greenland |
| Kendra Amaral | Somersworth |
| Fred Butler | Concord |
| Sean Clancy | Portsmouth |
| Sonke Dornblut | Newmarket |
| Denis Hebert | Newington |
| Colin Lentz | Rochester |
| Michael Mates | Portsmouth |
| Joann Neumann | Portsmouth |
| Crystal Paradis-Catanzaro | Somersworth |
| Nick Taylor | Raymond |
| David Tovey | Exeter |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services

| | A | B | A + B |
|-----------------|----------------------------|----------------|-----------------------|
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |

| | | | |
|------------------------------------|---------|-------|---------|
| Utilities | \$4,200 | \$511 | \$4,711 |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| | | | |
| | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | | | |

| 2. Public Facilities | | | |
|---|----------------------------|----------------|-----------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| | | | |
| <i>Total Hard Costs</i> | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| <i>Total Soft Costs</i> | | | |
| <i>TOTAL PROPOSED BUDGET:</i> | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used **for this activity or project.** Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|-------|-------------------|------------------------|
| Federal: | Committed: | \$511 | \$511 | FTA Section 5310 funds |
| | Pending: | | | |
| | Proposed: | | | |

| | | | | |
|------------------|-------------------------------------|--|--|--|
| State: | Committed: Pending: Proposed: | | | |
| Local: | Committed: Pending: Proposed: | | | |
| Private: | Committed: Pending: Proposed: | | | |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | | |
| Rochester CDBG: | Committed: Pending: Proposed: | | | |
| Other: | Committed: Pending: Proposed: | | | |
| Total: | Committed: Pending: Proposed: | | | |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | | Explanation |
|---|---|--|-------------|
| | Committed: Pending: Proposed: | | |
| Total: | | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from July 1 to June 30 | Current Year | Next Year (projected) |
|---|---------------------|-----------------------|
| REVENUES | | |
| Federal Funds | \$495,017.75 | \$550,000.00 |
| State Funds | | |
| Foundations/Private Contributions | \$20,000.00 | \$60,000.00 |
| Partner Match | \$26,150.00 | \$28,752.60 |
| Fundraising or other income | \$53,980.81 | \$17,397.07 |
| Rochester CDBG | \$1,000.00 | |
| Community Dev. Block Grant (include anticipated request) | \$4,120.00 | \$4,200.00 |
| TOTAL REVENUE | \$600,268.56 | \$660,349.67 |
| EXPENSES | | |
| Salaries | \$222,780.51 | \$232,122.15 |
| Fringe Benefits | \$92,785.75 | \$96,033.25 |
| Supplies (include printing/copying) | \$3,000.00 | \$3,000.00 |
| Travel | | |
| Training | | |
| Communications | \$4,711.27 | \$4,899.72 |
| Audit | | |
| Property Maintenance | | |
| Service Contracts | \$46,141.03 | \$48,431.55 |
| Purchased Transportation | \$228,750.00 | \$273,763.00 |
| Planning & Marketing | \$2,100.00 | \$2,100.00 |
| TOTAL EXPENSES | \$600,268.56 | \$660,349.67 |
| NET (Income - Expenses) | | |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|--------------------------------|----------------------------|
| | | | | | |
| U.S. Dept. of | Transportation (FTA) | | | \$ | \$ |
| Direct Program | FTA 5310 | | | | |
| Passed Through | NHDOT | 20.513 | | \$550,000 | \$550,000 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | Transportation | | | \$ | \$ |
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total Expenditure of Federal Awards | | | | \$550,000 | \$550,000 |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| | | | | | |
| Local Assistance | City of Rochester | | | \$6,000 | \$6,000 |
| | General Fund | | | | |
| Local Assistance | Strafford County | | | \$8,000 | \$8,000 |
| | NonCounty Special | | | | |
| Local Assistance: | Rockingham County | | | \$4,000 | \$4,000 |
| | NonCounty Special | | | | |
| Total Local Assistance: | [Agency Name] | | | \$18,000 | \$18,000 |
| | | | | | |
| Total State and Local Awards | | | | \$18,000 | \$18,000 |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$568,000 | \$568,000 |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



SIGNATURE

11/8/2024

DATE

RAD NICHOLS
PRINTED NAME

EXECUTIVE DIRECTOR
TITLE

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|---|------------------------------|
| Organization Court Appointed Special Advocates (CASA) of NH | |
| Name of Program or Project Volunteer recruitment and support | |
| Name of Executive Director Marcia R. Sink | |
| Mailing Address PO Box 1327 Manchester, NH 03105 | |
| Physical Address 138 Coolidge Ave Manchester, NH 03102 | |
| Contact Person Tarah Bergeron, Development Associate | Phone 603-626-4600 x2113 |
| E-Mail tbergeron@casanh.org | Website www.casanh.org |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) | |
| <input checked="" type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of | |
| <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education | |
| <input type="checkbox"/> Other (Explain): | |
| Tax ID # 02-0432242 | |
| SAM UEI # CLIQB5GM33E7/ 5F3T4 | SAM Expiration Date 8/6/2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity/project: \$ 5,000 |
| Provide a very brief summary of the activity or project for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Recruitment, training and support for two CASA volunteer advocates serving the City of Dover |

| PROJECT LOCATION |
|---|
| Location(s) where services will be provided or physical improvements will be made. City of Dover |

| BENEFICIARIES |
|--|
| <p>Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) abused and neglected children ages birth to 21</p> |
| <p>Beneficiaries:</p> <p>For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): CASA estimates 75 children served during FY26</p> <p>For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: During FY24 there were 68 children from the City of Dover with a CASA volunteer advocate</p> <p>Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): If so, how much? CASA received \$3,121 in funding from the City of Dover</p> |

| CLIENT POPULATION |
|--|
| <p>Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u> |
|--|
| <p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.</p> <p><small>Court Appointed Special Advocates (CASA) of NH respectfully requests appropriated funds in the amount of \$5,000. The City of Dover's support will allow CASA of NH to expand and elevate our continued recruitment efforts in your community. Funding will provide training and support for two CASA volunteer advocates so that they may serve children who are the victims of abuse and neglect in your area. CASA of NH estimates that it costs \$2,500 to train and support one volunteer advocate per year who, in turn, will serve 2.5 children on average.</small></p> |
| NARRATIVE – <u>PUBLIC FACILITY</u> ACTIVITY OR PROJECT <u>ONLY</u> |
| <p>Please provide the following information for the proposed <u>project</u> (<i>not the organization</i>):</p> <p>Describe the nature of the project:</p> <p>Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :</p> <p>Proposed project starting date:</p> <p>Proposed project completion date:</p> <p>Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):</p> <p>Note: Written estimates, <u>based upon the information provided above</u>, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.</p> |

| PERFORMANCE OUTCOME MEASURES | |
|--|--|
| Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes. | |
| Outcome | Measurement |
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Provide advocacy services to more children who are the victims of abuse and neglect in the City of Dover | Number of children we served in Dover for the funding year. |
| | Increased number of advocates in Dover for the funding year. |
| | |

| DESCRIPTION OF ORGANIZATION |
|---|
| <p>Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>CASA of NH provides a voice for abused and neglected children and youth by empowering a statewide network of trained volunteers to advocate on their behalf so they can thrive in safe, permanent homes. It is our goal to provide an advocate for 100 percent of NH's children.</p> |

| AUDIT AND EVALUATION |
|--|
| <p>Does your organization have an annual CPA audit or other financial statement? Yes</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application.</p> <p>Is your organization evaluated by outside agencies or programs? Yes</p> <p>If yes, please note the agency/program and how often the evaluation occurs.</p> <p>CASA is evaluated by the National CASA organization, last audit was 06/2021</p> |

| BOARD OF DIRECTORS | |
|----------------------------|-----------------------|
| Name | Residence (city/town) |
| Michael Burns: Co-Chair | Hillis, NH |
| Evelyn Alssa: Co-Chair | Concord, NH |
| Paul CHant: Vice Chair | Chocorua, NH |
| Kathleen Thomas: Treasurer | Hampton, NH |
| Evan Lowry: Secretary | Nashua, NH |
| Mike Ambrogi | North Hampton, NH |
| Dr. Charles Cappetta | Nashua, NH |
| Sue Chollet | Peterborough, NH |
| Pat Clancey | Nashua, NH |
| Madison Dragon | Laconia, NH |
| Sabrina Dunlap | Hopkinton, NH |
| Bill Glahn | Concord, NH |
| Terry Heinzmann | Manchester, NH |
| Tom Stevens | Manchester, NH |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. <u>Public Services</u> | | | |
|------------------------------------|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| Prgram Manager- Dover | 4,197 | 53,092 | 57,289 |
| taxes and Benefits | 802 | 10,142 | 10,944 |
| | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | 5,000 | 63,234 | 68,233 |

| 2. <u>Public Facilities</u> | | | |
|---|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| | | | |
| <i>Total Hard Costs</i> | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| <i>Total Soft Costs</i> | | | |
| <i>TOTAL PROPOSED BUDGET:</i> | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|--------|-------------------|----------------------|
| Federal: | Committed: | | | |
| | Pending: | | | |
| | Proposed: | 30,704 | 30,704 | VOCA Funding |
| State: | Committed: | | | |
| | Pending: | | | |
| | Proposed: | | | |
| Local: | Committed: | | | |
| | Pending: | | | |
| | Proposed: | | | |
| Private: | Committed: | | | |
| | Pending: | | | |
| | Proposed: | | | |
| Portsmouth CDBG: | Committed: | | | |
| | Pending: | | | |
| | Proposed: | 5,000 | 5,000 | |
| Rochester CDBG: | Committed: | | | |
| | Pending: | | | |
| | Proposed: | 5,000 | 5,000 | |
| Other: | Committed: | | | |
| | Pending: | | | |
| | Proposed: | 22,528 | 22,528 | individual donations |
| Total: | Committed: | | | |
| | Pending: | | | |
| | Proposed: | 63,832 | 63,832 | 68,832 with Dover |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | | Explanation |
|---|---|--|-------------|
| | Committed: | | |
| | Pending: | | |
| | Proposed: | | |
| Total: | | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from | to | Current Year | Next Year (projected) |
|---|-----------------------|--------------|-----------------------|
| REVENUES | | | |
| Federal Funds | | 508,950 | 669,912 |
| State Funds | | 1,126,550 | 1,126,550 |
| Foundations/Private Contributions | | 350,000 | 300,000 |
| United Way | | 3000 | 3,000 |
| Fundraising or other income | | 830,000 | 965,000 |
| Other (describe) individual donations | | 1,066,862 | 960,000 |
| Community Dev. Block Grant (include anticipated request) | | 28,000 | 30,000 |
| | TOTAL REVENUE | 3,913,362 | 4,051,462 |
| EXPENSES | | | |
| Salaries | | 2,723,635 | 2,638,544 |
| Fringe Benefits | | 530,733 | 746,632 |
| Supplies (include printing/copying) | | 27,000 | 26,120 |
| Travel | | 30,900 | 50,750 |
| Training | | 6,150 | 3,500 |
| Communications | | 219,400 | 228,800 |
| Audit | | 22,660 | 22,660 |
| Property Maintenance | | 61,752 | 74,956 |
| Service Contracts | | 0 | 7,312 |
| Construction Supplies/Materials | | 0 | |
| Other (describe) Equip, insurance, bank fees, consulting, cc fees dues, utilities, postage, rent | | 452,423 | 359,333 |
| | TOTAL EXPENSES | 4,074,653 | 4,158,607 |
| NET (Income - Expenses) | | -161,291 | -107,145 |

CASA of NH
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED June 30, 2024

| Federal Grantor/ Pass Through Grantor/ Program Title | Federal CFDA Number | Pass Through Entity Identifying Number | Passed Through to Subrecipients | Federal Expenditures |
|---|---------------------------|---|---------------------------------------|-------------------------|
| U.S. DEPARTMENT OF TREASURY: | | | | |
| Total COVID-19 Coronavirus Relief Fund | | | - | - |
| Total U.S. Department of Treasury | | | | - |
| U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) | | | | |
| Pass-through: National CASA | | | | |
| Growth Grant | 16.726 | N/A | - | 17,258 |
| Pass-through: State of NH Justice Department | | | | |
| VOCA Victims Assistance Formula Grant | 16.575 | N/A | - | 565,347 |
| Pass-through: State of NH Justice Department | | | | |
| VOCA Victims Assistance Grant | 16.575 | N/A | - | 78,502 |
| Pass-through: State of NH Justice Department | | | | |
| Childrens Justice Act-Recruitment & Training Support Grant | 93.643 | N/A | - | 6,188 |
| Total U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP) | | | | 667,295 |
| Corporation for National and Community Service, AmeriCorps State and National | | | | |
| Pass-through: Volunteer New Hampshire | | | | |
| Volunteer Generation Fund | 94.003 | N/A | - | 5,435 |
| Total Corporation for National and Community Service, AmeriCorps State and National | | | | 5,435 |
| U.S. Department of Health & Human Services, Administration for Children & Families | | | | |
| Pass-through: State of NH Department of Health & Human Services, Division of Children, Youth and Families | | | | |
| Title IVE-CASA Training Partnership | 93.658 | N/A | - | 27,485 |
| U.S. Department of Health & Human Services, Administration for Children & Families | | | | |
| Advocacy for Abused and Neglected New Hampshire Children | 93.493 | N/A | - | 100,000 |
| Total U.S. Department of Health & Human Services, Administration for Children & Families | | | | 127,485 |
| Total Expenditures of Federal Awards | | | \$ - | \$ 800,215 |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|--------------------------------|----------------------------|
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total Expenditure of Federal Awards | | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Local Assistance: | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total State and Local Awards | | | | \$ | \$ |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$ | \$ |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Tarah Bergeron
SIGNATURE

11/20/2024
DATE

Tarah Bergeron
PRINTED NAME

Development Associate
TITLE

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|---|--|
| Organization Behavioral Health and Developmental Services of Strafford County, Inc. d/b/a Community Partners | |
| Name of Program or Project Rental Assistance | |
| Name of Executive Director Christopher Kozak | |
| Mailing Address 113 Crosby Road – Suite 1, Dover, NH 03820 | |
| Physical Address 113 Crosby Road – Suite 1, Dover, NH 03820 | |
| Contact Person Elizabeth Fourar-Laidi | Phone 603-516-9321 |
| E-Mail eflaidi@communitypartnersnh.org | Website www.communitypartnersnh.org |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) | |
| <input checked="" type="checkbox"/> 501(c)(3) Government | <input type="checkbox"/> For-profit authorized under 570.201(o) |
| <input type="checkbox"/> Faith-based Organization | <input type="checkbox"/> Unit of Institution of Higher Education |
| <input type="checkbox"/> Other (Explain): | |
| Tax ID # 02-0366120 | |
| SAM UEI # F6H7M3LQKZP4 | SAM Expiration Date 9/18/2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|--|
| Amount of Dover CDBG funds requested for activity/project: \$ \$5,000 |
| Provide a very brief summary of the activity or project for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Community Partners is requesting CDBG funds to provide rental assistance including security deposits, and first month's rent assistance for individuals and families in Dover with mental illness or a developmental disability who are in threat of becoming homeless. This population is low-to-moderate income and often deals with mental illness or developmental disability. The goal of this program is to aid the target population in obtaining and maintaining permanent housing in Dover. |

| PROJECT LOCATION |
|--|
| Location(s) where services will be provided or physical improvements will be made. Community Partners main office: 113 Crosby Road, Dover, NH 03820 |

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **Homeless, disabled or mental health issues, low-to-moderate income households**

Beneficiaries:

For **FY 2026** (7/1/2025 – 6/30/2026) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 4-6

For **FY 2024** (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 23

Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): No

If so, how much?

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☒ Yes ☐ No

If yes, are the criteria/protocols in writing?: ☒ Yes ☐ No

NARRATIVE – PUBLIC SERVICE ACTIVITY OF PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. CDBG funds are critical in financing Community Partners' rental assistance services which affect low-to-moderate income households. Funds will be used to assist households in danger of losing housing and those who may need to find new housing. This may take the form of rental assistance, first month's rent and/or security deposits. Funds are needed for those households who may have lost jobs or experienced a health crisis preventing them from paying these bills. The funds will help Dover residents in need to stay in their homes, preventing the homelessness of an individual or a family with children and taking financial pressure off the city's welfare department. Funds may be distributed unevenly throughout the year as they are disbursed as the need arises.

These funds will be administered through Behavioral Health Adult Services and Developmental Services Case Management. The former works with individuals with severe and persistent mental illness who may need assistance in managing their daily lives. Services provided in this program include budgeting and financial management including Representative Payee services if needed; nutrition planning and grocery shopping; vocational services and supports; social skills; supportive counseling; medication monitoring; home care and other life skills; and benefits planning.

Many of the clients in Behavioral Health Adult Services receive assistance with housing-related issues including help with negotiation and communication with landlords, help with arranging seasonal payment plans to offset utility increases during the winter months, or education and guidance on appropriate tenant behavior (such as making timely rent payments and keeping the apartment clean).

The Developmental Services Case Management program works with adults and parents of children with developmental disabilities, helping them to manage and coordinate benefits; residential and day programs and activities; and connecting them to mainstream resources. For individuals living independently, Case Managers will advocate for Community Support Services which assist them with cleaning, shopping, budgeting, and other independent living skills.

All program participants will receive vocational assessments. If employment is a viable option, they will work with vocational staff and Vocational Rehabilitation to find and secure a job. Vocational staff will assist with job development, job placement, and job coaching; and individuals with mental illness will utilize Supported Employment, an evidence-based practice currently in use at community mental health centers throughout the state.

In addition to employment, program participants will be required to apply for benefits. Their case manager will assist them with determining what benefits they are eligible to receive and will facilitate the application process. These resources may include, but are not limited to, Section 8, Fuel Assistance, Social Security Disability, Medicaid, TANF, and food stamps. Community Partners regularly makes coordinated referrals to the Dover Adult Learning Center, Community Action Partnership of Strafford County, and Goodwin Community Health Center, and can make referrals for education, child-care/parenting, and health programs.

The Agency staff has a positive relationship with the area homeless shelters and city welfare offices, and there is open communication regarding clients who may benefit from CDBG funds. The program continues to be a valuable source of financial support for people who need assistance in obtaining permanent housing. When one lacks safe and affordable housing, the experience has a significant impact on their mental and emotional health. Community Partners' Dover CDBG program helps to ensure that a vulnerable population will be at less risk. In FY24, twenty-three (23) people in Dover were given rental assistance for a total of \$8,109. We assisted a total of 39 people in Strafford County for a total amount of \$20,655.00.

Community Partners is grateful for the long-standing CDBG support of its Dover program, dating back to 2003. With CDBG funding, Community Partners has been able to effect great positive change for our homeless consumers and those at risk of homelessness in Dover. Over the past 20 years, our Dover CDBG program has impacted over 500 individuals, aiding them in securing permanent and affordable housing. We hope that we will be able to continue this important work in FY2026 with CDBG support.

Description of Need: CDBG dollars are critical in financing Community Partners' rental assistance services. Since the end of the pandemic, funding for rental assistance has dropped precipitously and funding for this service has been severely curtailed. The majority of our consumers are in the low to very low-income bracket, and many struggle to find decent, affordable housing for themselves or their family. The need for more affordable housing in Strafford County and Dover, NH is well documented. According to the New Hampshire 2024 Residential Rental Cost Survey Report, rents have increased steadily over the past 10 years. The 2024 statewide median monthly gross rent (including utilities) for 2-bedroom units was \$1,833, a 3.9% increase from last year (\$1,764) and a 36% increase from five years ago (\$1,347 in 2019). To afford the statewide median cost of a typical two-bedroom apartment with utilities, a New Hampshire renter would have to earn 137% of the estimated statewide median renter income, or over \$70,600 a year. Thus, only 13% of two-bedroom units in New Hampshire are affordable to median income households. Increased rental rates, coupled with only a .06% vacancy rate, have converged to make affordable housing nearly impossible for vulnerable populations in our county. A vacancy rate of 4 to 5% is considered a balanced market for supply and demand. Figures are not available for low to very low-income families.

When affordable housing is not available, many are forced into homelessness. According to the 2022 latest annual New Hampshire Coalition to End Homelessness report, the overall number of homeless people in New Hampshire had remained approximately the same as the previous year. This statistic coupled with a decrease in median household income, an increase in gross rent and a reduced vacancy rate paints a concerning picture for the homeless of Strafford County.

Even in a better economic climate, the affordability of permanent housing is a constant struggle for the clients served by Community Partners. Most of these individuals are reliant on Social Security Disability benefits as many are unable to work due to their disability. In 2024, the average monthly disability benefit was \$1,537; this is barely enough to keep an individual above the poverty level (Social Security Administration) and not enough to cover even the rent portion of their expenses. Individuals and families who are chronically homeless typically have complex and long-term health conditions, such as mental illness, substance use disorders, or physical disabilities. Once they become homeless, they may experience longer or repeated episodes of homelessness and have an increased difficulty returning to stable, long-term housing. Per the Annual Report on People with Disabilities, this population which usually experiences chronic homelessness increased from 13.5 percent in 2021 to 13.9 percent in 2022. The ever-increasing and staggering costs of an apartment can, oftentimes, exacerbate symptoms of mental illness and lead to further distress for people with disabilities. Providing a specialized funding stream for the populations that Community Partners serves alleviates the burden on City Welfare, leaving those funds for the general public, more of whom are finding they need assistance in this current economy.

Community Partners' CDBG program will work to ensure that our Dover consumers are placed in sustainable, long-term housing. Consumers will work with Case Managers to establish realistic housing goals, and secure placement in affordable

housing utilizing CDBG funded rental assistance, security deposits and/or first month's rental payments to help establish themselves in their new residence. Consumers at risk of homelessness will be given the support needed to prevent eviction.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

| Outcome | Measurement |
|--|--|
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Decrease the number of people with mental illness or a disability at risk for homelessness | Number of people/families helped to retain their homes |
| | |
| | |

DESCRIPTION OF ORGANIZATION

Please provide a description of the organization or agency that is undertaking the activity or project. Community Partners has been in operation since September of 1982 as the Area Agency for Developmental Services in Strafford County. In 2001, we were also designated by the State of New Hampshire as the Community Health Center; and the ServiceLink location for Strafford County. In 2018 we began providing case management for the Choices for Independence waiver program.

The organization is overseen by the Board of Directors and executive officers with directors and managers in each department. The agency has currently updated the five-year strategic plan with the intention of increasing the efficient delivery and quality of its programming. This agency-wide examination has already proven to be valuable in developing innovative programming for our clients and their families.

Our mission is to connect our clients and their families to the opportunities and possibilities for full participation in their communities. This feeds our vision to serve those who experience emotional distress, mental illnesses, substance use disorders, developmental disabilities, chronic health needs, acquired brain disorder, as well as those in need of information and referral to access long term supports and services. We strive to be an organization that consistently delivers

outstanding services and supports that are person-focused and dedicated to full participation in communities. We take leadership roles in educating our community network, families, and the public to reduce stigma and to increase self-determination and personal empowerment. We are committed to evidence-based and outcome-driven practices and invest in our staff to further professional development and foster an environment of innovation. Currently under a grant provided by SAMHSA and other funders, this past year, we trained 54 Dover community members in Mental Health Awareness.

Behavioral Health Services include 24/7 crisis intervention services, group, individual and family therapy, youth and family services, community support programs for persons with severe and persistent illness, psychiatry, and medication monitoring. Developmental Services include case management; adult residential and day programs; community support services; and family support, including respite and transition planning, vocational supports, and nursing. Family Centered Early Supports and Services are also available for children from birth to age three with a developmental disability or delay and their families. The Partners in Health program is available for children with chronic health conditions.

Community Partners served over 4,109 individuals and families in Fiscal Year 2023; of this total, 1053 (26%) were Dover residents.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. Community Partners is evaluated by the New Hampshire Bureau of Behavioral Health through quarterly billing reports, annual work plan submission, contractual outcomes and a formal re-approval process every five years; last completed and approved August 2021. The New Hampshire Bureau of Developmental Services requires monthly billing and attendance reports, strategic plan submission, and a formal re-designation process. In the past, this process occurred every five years, but it has recently shifted to an annual procedure. We are also required to achieve client outcomes for each funded program.

BOARD OF DIRECTORS

| Name | Residence (city/town) |
|------------------------|-----------------------|
| Wayne Goss | Dover, NH |
| Anthony Demers | Newfields, NH |
| Bryant Hardwick | Dover, NH |
| Gary Gletow | Dover, NH |
| Ken Muske | Portsmouth, NH |
| Ann Landry | Dover, NH |
| Kathleen Boisclair | East Rochester, NH |
| Kristine Baber | Dover, NH |
| Judge Daniel Cappiello | Barrington, NH |
| Tracy Hayes | Middleton, NH |
| Sharon Reynolds | Dover, NH |
| Phillip Vancelette | Rochester, NH |
| Mark Santoski | Dover, NH |
| Margaret Wallace | Dover, NH |
| Danielle Pomeroy | Dover, NH |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. Public Services | | | |
|--|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| | | | |
| | | | |
| | | | |
| Other: Rental Assistance, First Month and Security Deposits | 4,400 | 4,400 | 8,800 |
| Administrative Overhead – Staff Time to work with Clients, Accounting staff to keep records and budget submissions (12%) | 600 | 600 | 1200 |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | 5,000 | 5,000 | 10,000 |

| 2. Public Facilities | | | |
|---|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs <i>Note:</i> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| | | | |
| <i>Total Hard Costs</i> | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| <i>Total Soft Costs</i> | | | |
| <i>TOTAL PROPOSED BUDGET:</i> | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | Total Amount (\$) | Explanation |
|--|--|-------------------|---------------------------------------|
| Federal: | Committed: Pending: Proposed: | | |
| State: | Committed: Pending: Proposed: | | |
| Local: | Committed: Pending: Proposed: | | |
| Private: | Committed: Pending: Proposed: | | |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | |
| Rochester CDBG: | Committed: Pending: Proposed: | | |
| Other: | Committed: Pending: Proposed: | 5,000 5,000 | Application submitted |
| Total: | Committed: Pending: Proposed: | 5,000 5,000 | Waiting on Application Decision |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | Explanation |
|---|---|-------------|
| | Committed: Pending: Proposed: | |
| Total: | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from 7/1/24 to 6/30/25 | Current Year | Next Year (projected) |
|--|-------------------|-----------------------|
| REVENUES | | |
| Federal Funds | 4,044,861 | 4,044,861 |
| State Funds | 36,928,453 | 36,928,453 |
| Foundations/Private Contributions | 1,127,251 | 1,127,251 |
| United Way | 0 | 0 |
| Fundraising or other income | 0 | 0 |
| Other (describe) Program Fees, Comm. Ins | 3,905,639 | 3,905,639 |
| Community Dev. Block Grant (include anticipated request) | 2,500 | 5,000 |
| TOTAL REVENUE | 46,008,704 | 46,011,204 |
| EXPENSES | | |
| Salaries | 22,360,814 | 22,360,814 |
| Fringe Benefits | 5,523,701 | 5,523,701 |
| Supplies (include printing/copying) | 293,651 | 293,651 |
| Travel | 592,066 | 592,066 |
| Training | 302,200 | 302,200 |
| Communications | 375,100 | 375,100 |
| Audit | 95,000 | 95,000 |
| Property Maintenance | 471,100 | 471,100 |
| Service Contracts | 224,500 | 224,500 |
| Construction Supplies/Materials | 90,800 | 90,800 |
| Other (describe) Legal, Professional, Occupancy, Insurance, Client Treatment Svcs, Rental and Security Deposit Assistance | 15,679,772 | 15,682,272 |
| TOTAL EXPENSES | 46,008,704 | 46,011,204 |
| NET (Income - Expenses) | 0 | 0 |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CFDA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|------------------------|---|-----------------------------------|-------------------------------|
| ProHealth NH | NH DHHS | 93.243 | | \$ | \$ 48,118 |
| Health Care Coordination | Bureau of Developmental Services | 93.667 | | | \$75,834 |
| Health Care Coordination – Health Related Expenses | Bureau of Developmental Services | 93.667 | | \$ | \$ 540 |

| | | | | | |
|---|----------------------------------|---------|--|-----------|-------------------|
| Part C – ESS | Bureau of Developmental Services | 84.181A | | | \$ 72,852 |
| Part C – ESS – Autism Proposal | Bureau of Developmental Services | 84.181 | | \$ | \$ 17,799 |
| Mental Health Awareness Training | SAMHSA | 93.243 | | | \$ 82,588 |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Expenditure of Federal Awards | | | | \$ | \$ 297,730 |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Local Assistance: | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total State and Local Awards | | | | \$ | \$ |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$ | \$ |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.


SIGNATURE

11/15/24
DATE

ELIZABETH FOURAR-LAIDI
PRINTED NAME

GRANT COORDINATOR
TITLE

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|--|--------------------------------------|
| Organization Cornerstone VNA | |
| Name of Program or Project Home Care, Palliative Care and Community Education Services in the City of Dover | |
| Name of Executive Director Julie Reynolds RN, MS, President/CEO | |
| Mailing Address 178 Farmington Rd, Rochester, NH 03867 | |
| Physical Address 178 Farmington Rd, Rochester, NH 03867 | |
| Contact Person Ann Vennard | Phone 603-994-6941 |
| E-Mail AVennard@cornerstonevna.org | Website cornerstonevna.org |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input checked="" type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain): | |
| Tax ID # 02-0231026 | |
| SAM UEI # MG7ZZEFH DU75/53NM9 | SAM Expiration Date 4/19/2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity/project: \$ 25,000.00 (Total cost is \$137,706 but we will find other sources of revenue and philanthropy to offset). |
| Provide a very brief summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Funding would offset underinsured or free care provided to Dover residents in need. It would also offset subsidized homemaking services, community education, and caregiver support in Dover. |

| PROJECT LOCATION |
|---|
| Location(s) where services will be provided or physical improvements will be made. Dover |

| BENEFICIARIES |
|--|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Low-income individuals and senior services. |
| Beneficiaries: <p>For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 525</p> <p>For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 508</p> <p>Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): Yes</p> <p>If so, how much? \$3, 121.00</p> |

| CLIENT POPULATION |
|--|
| <p>Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No</p> <p>If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No</p> <p>Patients are determined to be eligible for Home Care by having a physician order and being homebound. Hospice and Palliative Care patients do not need to be homebound. We have a transition care nurse who meets with patients in the hospitals and rehabilitation facilities as requested by the hospital case managers and rehab case managers. Community education and caregiver support are open to all community members.</p> <p>Uninsured patients are given a sliding fee scale.</p> |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u> |
|---|
| <p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. Home Care: Providing care at home for patients of all ages, this program is well regarded in the community due to the high number of specialized services we offer. Our clinicians are certified in Lymphedema, Vestibular, Wound, Ostomy and Incontinence Care, Behavioral Health, Intravenous Therapy, Chronic Care Management, Balance Therapy and Fall Prevention and Telehealth, an in-home remote health monitoring system for high-risk patients. Hospice Care: Hospice is a philosophy of care which focuses on the greatest quality of life until the end of life. Our goal is to provide physical, emotional, and spiritual comfort to patients and their families. Hospice is a concept of care that can be provided in a private residence, skilled nursing facility, assisted living or hospital. Palliative Care: Palliative Care provides specialized medical care for people with a serious illness, with a focus on providing symptom management and patient education. The primary goals of Palliative Care are to improve the quality of life for both the patient and their family and decrease the need for emergency room visits or re-hospitalizations. Our Palliative Care medical team includes specialized nurse practitioners who are experts in addressing unique patient needs. Life Care: Life Care is a private duty program providing a full array of services to help individuals “age in place”. Our goal is to help people remain at home as long as possible and live safely, independently, and comfortably. Community Care: Community Care is comprised of a Certified Health Coach, Nurses and other clinical experts who provide free programs and services throughout our service area, including monthly wellness clinics in 15 different locations. We also offer a free Educational Series and a variety of programs to support family caregivers. Cornerstone VNA also features a thriving “Circle of Caring” Volunteer program which includes office volunteers, hospice volunteers,</p> |

companion volunteers and a partnership with the federally funded Senior Companion volunteer program to provide companionship and transportation to home bound community members within our service area, including Dover residents.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed **project** (*not the organization*):

Describe the nature of the project: Home Care services, Palliative Care and Life Care Services for the underinsured as well as community education including caregiver support for community.

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : Those who have no insurance or that are underinsured are accepted to our organization because of the city funding we receive which eliminates the barrier to receiving Home Care and Hospice services.

Proposed project starting date: July 1, 2025

Proposed project completion date: June 30, 2026

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): The cost covers staff time, materials and preparation time.

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

| Outcome | Measurement |
|--|---|
| Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| A healthier community. | Number of educational opportunities, attendance at events. Goals of care are met for Home Care and Palliative Care and Life Care patients. Number of patients served. |
| A better educated community regarding healthcare issues. | Number of educational opportunities, attendance at events. |

DESCRIPTION OF ORGANIZATION

Please provide a description of the organization or agency that is undertaking the activity or project. Founded in 1913 by Rochester resident, local visionary and philanthropist, Norma Snow, Cornerstone VNA has been providing birth through end-of-life patient care for over 111 years. Today, the team at Cornerstone VNA provides award-winning care and support through five distinct programs: Home Care, Hospice Care, Palliative Care, Life Care – Private Duty and Community Care. Cornerstone VNA is committed to bringing services to people of all ages, so families can stay together at home, even when facing challenges of aging, surgical recovery, chronic or life-threatening illnesses or end of life

care. Specialty programs include wound, ostomy and incontinence care, lymphedema, vestibular, a specialized behavioral health program, certified intravenous therapy, a balance therapy and fall prevention program, chronic care management, and Telehealth, an in-home health monitoring system for high-risk patients. Our Community Palliative Care program provides in-home visits by Nurse Practitioners to community members with chronic illnesses who need a higher level of care for symptom management. This has been proven to improve a patient's quality of life, reducing re-hospitalization and emergency room visits. Cornerstone VNA also provides a wide array of services through our Community Care Program. Through Community Care, our wellness nurse provides free monthly wellness and flu clinics in 15 different locations. Our clinics include blood pressure checks, blood sugar checks, pulse oxygen levels checks, weight, cholesterol screening, foot care, medication, and nutrition counseling. In addition to wellness clinics, we offer bereavement and grief groups and counseling, a free educational series for community members and health professionals on topics ranging from living with diabetes to fall prevention and balance therapy. We identified a need that caregivers in our communities need support and education as our population ages and are staying home being cared for by relatives and friends, so we provide an annual educational event in Dover called Caregivers Connect which is dedicated to family caregivers. We also provide monthly Caregiver Cafés, one is at the Dover Public Library, and a monthly Vet to Vet Café. Cornerstone VNA also provides ongoing volunteer recruitment and trainings.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. Home Care and Hospice site visits and audits are conducted by the Centers for Medicare and Medicaid (CMS). Home Care and Hospice services are reviewed for organizational structure, policy and procedures, clinical documentation, home visits and compliance with all regulations. Home Care is evaluated every three years and Hospice surveys are conducted every three years; two separate surveys. We also receive regular audits from CMS of claims submitted where we are required to submit patient information pre and post payments to ensure compliance of regulations.

[illegible]

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. Public Services | | | |
|------------------------------------|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | 25,000 | | 137, 706.00 |
| Nurses & LNAs | | | |
| Rehab Clinicians | | | |
| Homemakers | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | \$25,000 | | \$137, 706.00 |

| 2. Public Facilities | | | |
|---|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| | | | |
| <i>Total Hard Costs</i> | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| <i>Total Soft Costs</i> | | | |
| <i>TOTAL PROPOSED BUDGET:</i> | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | Total Amount (\$) | Explanation |
|--|--|-------------------|-------------|
| Federal: | Committed: Pending: Proposed: | | |
| State: | Committed: Pending: Proposed: | | |
| Local: | Committed: Pending: Proposed: | | |
| Private: | Committed: Pending: Proposed: | | |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | |
| Rochester CDBG: | Committed: Pending: Proposed: | | |
| Other: | Committed: Pending: Proposed: | | |
| Total: | Committed: Pending: Proposed: | | |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | Explanation |
|---|---|-------------|
| | Committed: Pending: Proposed: | |
| Total: | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from | to | Current Year | Next Year (projected) |
|---|----|--------------|-----------------------|
| REVENUES | | | |
| Federal Funds | | | |
| State Funds | | | |
| Foundations/Private Contributions | | | |
| United Way | | | |
| Fundraising or other income | | | |
| Other (describe) | | | |
| Community Dev. Block Grant (include anticipated request) | | | |
| TOTAL REVENUE | | | |
| EXPENSES | | | |
| Salaries | | | |
| Fringe Benefits | | | |
| Supplies (include printing/copying) | | | |
| Travel | | | |
| Training | | | |
| Communications | | | |
| Audit | | | |
| Property Maintenance | | | |
| Service Contracts | | | |
| Construction Supplies/Materials | | | |
| Other (describe) | | | |
| TOTAL EXPENSES | | | |
| NET (Income - Expenses) | | | |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Total Expenditure of Federal Awards | | | | \$ | \$ |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| Local Assistance: | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$ | \$ |
| Total State and Local Awards | | | | \$ | \$ |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$ | \$ |

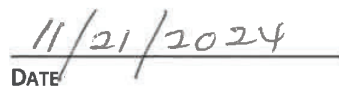
I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



SIGNATURE

JULIE REYNOLDS, RN, MS

PRINTED NAME



DATE

PRESIDENT/CEO

TITLE

**CORNERSTONE VNA
2025 BUDGET**

| | 2025 Budget |
|--------------------------------|------------------------|
| REVENUES AND SUPPORT | |
| Medicare | 6,807,261 |
| Medicare Advantage | 4,604,045 |
| Medicaid | 304,860 |
| Commercial Insurance | 1,859,284 |
| Home Health Revenue | 13,575,449 |
| Self Pay | 69,390 |
| Community Health | 30,000 |
| Hospice | 6,762,426 |
| Palliative Care | 194,823 |
| Lifecare | 482,803 |
| Provision for Bad Debt | (120,000) |
| Municipal Appropriations | 75,500 |
| Total Operating Revenue | 21,070,392 |

DIRECT EXPENSES BY PROGRAM

| | |
|---|------------------|
| Homecare | |
| Salaries and Wages - Admin / Management | 1,167,493 |
| Salaries and Wages - Nurses | 3,075,522 |
| Salaries and Wages - PT | 2,363,990 |
| Salaries and Wages - OT | 1,179,765 |
| Salaries and Wages - ST | 126,543 |
| Salaries and Wages - MSW | 197,157 |
| Salaries and Wages - HHA/LNA/CNA | 92,152 |
| Transportation - HH | 371,425 |
| Contract Services - HH | 199,277 |
| Program Supplies | 300,498 |
| Telehealth | 0 |
| Total Homecare | 9,073,822 |

| | |
|---------------------------------------|---------|
| Hospice | |
| Salaries and Wages - Admin/Management | 968,439 |
| Salaries and Wages - Nurses | 932,837 |
| Salaries and Wages - MSW | 234,239 |
| Salaries and Wages - HHA/LNA/CNA | 215,454 |
| Salaries and Wages - Medical Dir & NP | 344,299 |
| Transportation - HOS | 163,174 |
| Contract Services - HOS | 19,448 |
| Program Supplies - HOS | 742,739 |
| Program Supplies - Respite | 58,377 |
| Program Supplies - GIP | 398,713 |

| | |
|-----------------------------------|------------------|
| Total Hospice | 4,077,719 |
| Lifecare | |
| Salaries and Wages - Management | 143,627 |
| Salaries and Wages - HHA/LNA/CNA | 42,879 |
| Salaries and Wages - Homemaker | 110,786 |
| Salaries and Wages - PCSP | 150,006 |
| Transportation - LC | 48,775 |
| Program Supplies | 1,000 |
| Total Lifecare | 497,073 |
| Community Palliative | |
| Salaries and Wages - CPC | 353,098 |
| Transportation - CPC | 10,491 |
| Total Community Palliative | 363,589 |
| Community Health | |
| Salaries and Wages | 95,059 |
| Contractors | 0 |
| Program Supplies | 5,320 |
| Transportation | 2,237 |
| Total Community Health | 102,616 |
| GENERAL & ADMIN EXPENSES | |
| Salaries and Wages - Admin | 2,581,056 |
| Payroll Taxes - FICA | 1,084,169 |
| Benefits | 1,653,649 |
| Transportation | 2,915 |
| Professional Services | 92,420 |
| Payroll Service fees | 52,821 |
| Professional Services - Legal | 7,200 |
| Commercial Insurance | 105,589 |
| Depreciation | 148,615 |
| Occupancy | 83,749 |
| Telephone | 172,514 |
| Office Supplies | 51,365 |
| IT Expense | 593,468 |
| Postage/Shipping | 7,603 |
| Printing | 3,172 |
| Physicals and annual tests | 21,539 |
| Employee Recruiting | 32,086 |
| Education | 100,029 |
| Dues & Subscriptions | 84,973 |
| Public Relations | 30,273 |
| Advertising | 7,500 |
| Covid 19 Expenses | 0 |
| Covid 19 Grant Income | 0 |

| | |
|-----------------------------|------------------|
| Miscellaneous | 7,500 |
| Total Administration | 6,924,204 |

| | |
|---------------------------------|-------------------|
| Total Operating Expenses | 21,039,023 |
|---------------------------------|-------------------|

| | |
|--|---------------|
| Net Income (Loss) from Operations | 31,369 |
|--|---------------|

note:

| | |
|----------------------|-------------------|
| <i>Total Payroll</i> | <i>14,374,401</i> |
|----------------------|-------------------|



CORNERSTONE VNA
HOME • HEALTH • HOSPICE

Trusted Care since 1913

2024 - 2025 BOARD OF DIRECTORS

| Board Member | Position | Occupation |
|--------------------------|--------------------------|--|
| Dr. Archana Bhargava, MD | Board Chair 2023-2024 | Oncologist, Exeter Hospital |
| Anne Brown | Vice Chair 2023-2024 | Daystar Computer Services |
| Marilyn Staff | Secretary 2023-2024 | RN, FedPoint |
| Melanie Dupuis | Treasurer 2023-2024 | CPA |
| Jacqueline Fitzpatrick | Member at Large | UNH Professor - Retired |
| Brian Gasbarro | Board Member | Financial Advisor, Pension Wealth Management |
| Laura Davie | Board Member | UNH |
| David Richard | Board Member | D.F. Richard Energy |
| Gina DeNuzzio | Board Member | Branch Manager, First Seacoast Bank |
| Austin Cornish | Board Member | Financial Advisor |
| Mark Farrell | Board Member | Director of Operations @ Laars |

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|---|---|
| Organization | Cross Roads House |
| Name of Program or Project | Cross Roads House emergency and transitional shelter programs |
| Name of Executive Director | Wildolfo Arvelo |
| Mailing Address | 600 Lafayette Road, Portsmouth, NH 03801 |
| Physical Address | 600 Lafayette Road, Portsmouth, NH 03801 |
| Contact Person Joanne Muckenhaupt – Director of Development | Phone 603-436-2218 |
| E-Mail j.muckenhaupt@crossroadshouse.org | Website crossroadshouse.org |
| Please Identify the Type of Organization Applying for Funds <i>(Note: More than one may apply)</i> <input checked="" type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain): | |
| Tax ID # 22-2549963 | |
| SAM UEI # QJRJLRNRMAC4 | SAM Expiration Date 6/2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|--|
| Amount of Dover CDBG funds requested for activity/project: \$ 20,000 |
| Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) To provide emergency and transitional shelter and supportive services for families and individuals from Dover who are experiencing homelessness. |

| PROJECT LOCATION |
|--|
| Location(s) where services will be provided or physical improvements will be made. 600 Lafayette Road, Portsmouth, NH 03801 |

| BENEFICIARIES | |
|--|--|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) | Homeless individuals and families |
| <p>Beneficiaries:</p> <p>For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 57</p> <p>For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 57</p> <p>Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025):</p> <p style="padding-left: 40px;">If so, how much? </p> | |

| CLIENT POPULATION |
|--|
| <p>Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>All services are provided on a space-available basis. Emergency shelter is available to anyone without a safe alternative place to stay, and without the means to rent suitable shelter. Individuals with felony convictions for arson and or sex offenses are Not eligible for services. All adult individuals must be able to independently manage their activities of daily living, including eating, dressing, getting out of bed or chair, showering, using the toilet and any other personal hygiene requirements. Staff may limit the stay of person(s) from outside New Hampshire and southern York County, Maine. For anyone that does not meet eligibility requirements, Staff will assist with referrals to both public and community resources to make arrangements to secure other shelter or appropriate services as deemed necessary.</p> |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u> |
|--|
| <p>Please provide a detailed description for the proposed <u>activity</u> (not the organization). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.</p> <p>Cross Roads House is seeking funding to support the delivery of our emergency and transitional shelter programs. This is accomplished in part by the Case Management team who works with each individual and family to create a structured support system with the goal of stabilizing and moving into secure housing</p> <p>Magnitude of Need: Last year we provided 26,047 bed nights of shelter to 461 people (7% increase from the previous fiscal year), including 28 families with 50 children. Among those, 66 were residents of Dover who stayed for 3,649 bed nights.</p> <p>Dover’s low-moderate income individuals will benefit from CDBG funds granted to Cross Roads House through the availability of the programs described below.</p> <p>The overall goals of our programs are to provide emergency and transitional shelter for the unhoused with case management to move them toward permanent housing. We also strive to have our residents learn to make choices to lessen the likelihood of them becoming homeless in the future. Our Emergency Shelter program is accessible 24 hours per day, seven days a week. Each resident has a comprehensive needs assessment performed by a case manager. This assessment focuses on basic needs first and then addresses long-range goals. Topics covered in the assessment include:</p> |

- Housing and Employment History
- Safety Net Benefits
- Legal History and Outstanding Problems
- Sources of Income
- Educational and Employment Goals
- Personal Support Network
- Children's Health, Education, and Emotional Needs
- Substance Use Disorders, Mental Illness, or Health Problems

Anyone residing in our Emergency Shelter who is actively working with their case manager on their housing goals and is living drug and alcohol free is eligible to apply to our Transitional Shelter Program, or Phase II. Participants in the Transitional Shelter Program stay in more private quarters, which allows for varied work schedules and personal meal preparation. The staff helps individuals and families to identify the patterns and choices which may have contributed to their becoming unhoused, assists in identifying their strengths, and provides guidance to make choices to enhance their well-being. After completing the Transitional Shelter Program, most who have fully participated feel ready to return to independent living in the community.

Case management is provided for all resident. Supervised by our Program Director, this team is made of a Master's Level Social Worker, two shelter Case Managers, three Post Shelter Case Managers, a Permanent Supportive Housing Case Manager, one Housing Liaison, and UNH graduate and undergraduate interns. They work closely with Direct Services and other providers to help our residents move to safe, decent, and permanent housing in the most timely and successful way possible. The approach for each resident is customized. The goals, supportive services, and housing targets are based upon the resident's skills, needs, assets, and preferences. Our team uses clinical expertise and experience to create effective, collaborative, and individualized action plans to meet each individual or family where they are.

Residents in both our Emergency and Transitional Shelter Programs can participate in "Rent Ready", a day-long workshop that prepares individuals and families to move from the shelter to stable housing by providing financial and legal guidance as well as the life skills training they need. Topics covered include budgeting, credit repair, conflict resolution, and tenant's rights and are presented by a team of professionals including our Case Managers, representatives from local banks, rental property management partners, former CRH residents, Portsmouth Housing Authority, and NH Legal Assistance.

Families and individuals moving from the shelter to permanent housing can receive post-shelter case management from a Housing Stability Case Manager. The HSCM works with former shelter residents, providing intensive and ongoing home-based support, helping them to stabilize, make new connections within the community, advocate for themselves, and maintain the supports that were set up while staying at CRH. The HSCM also serves as a resource to landlords, so that any issues that arise can be dealt with promptly to avoid escalation that could lead to an eviction.

Our Permanent Supportive Housing Case Manager works with individuals in the community who are considered chronically homeless. This innovative HUD-funded program follows the Housing First model, which provides long-term rental assistance and ongoing intensive case management and support to some of the most vulnerable individuals experiencing homelessness. This specialized case manager works with clients and landlords to obtain and maintain permanent housing paid for by a rental subsidy. Once housing is established, the client is connected with a variety of community resources like physical and mental health care, dental care, and transportation.

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

| Outcome | Measurement |
|---|--|
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Cross Roads House will provide Dover families and individuals who are experiencing homelessness with emergency and transitional shelter, meals, case management, and supportive services. | Number of individuals and families from Dover that receive shelter, case management, and supportive services. |
| | |
| | |

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project.

Since 1982, Cross Roads House has been providing shelter and supportive services to individuals and families in the NH Seacoast area who are unhoused. We are guided by our mission, to meet the immediate needs of the region's unhoused and to provide them with the tools and guidance they need to successfully return to permanent housing. Cross Roads House is open and staffed 24 hours a day, 365 days a year. In our Fiscal Year ending June 30, 2023, we provided shelter to 463 people for 26,058 bed nights, including 28 families with 50 children.

CRH connects people experiencing homelessness and partner agencies before shelter entry. CRH has 24/7 live phone access to emergency overnight shelter, to our waitlist for longer-term shelter, and to information and referral for community resources. CRH staff coordinate entry into shelter with referring outreach partners from SOS and Safe Harbor Recovery Centers, Waypoint (youth), Seacoast Mental Health Center, and Community Action Partnership of Strafford County. CRH participates on three regional Community Care teams to identify those in need of shelter and the appropriate services for them. Several agencies deliver wrap around services either on-site, in their own offices, or via

telehealth. CRH also provides life skills assessments and workshops to help residents prepare for and maintain housing and employment.

CRH provides material needs, safety, and stabilizing support directly and with partner agencies upon entry. Case management is available immediately. Within a week, access is available to on-site services such as Families First Health Center, Safe Harbor recovery support center, visiting nurses, and COAST transit services. School-age children are provided transportation to their most recent so that they experience little disruption to their pre-shelter schedule.

Beyond the shelter and supportive services provided at the main shelter building, former CRH residents can work with Housing Stability Case Managers for post-shelter case support to maintain their housing. This past fiscal year, this program provided case management for 86 households and 142 individuals; 94% of those households were able to maintain stable housing. CRH also administers a HUD funded Housing First/Permanent Supportive Housing Program for chronically homeless individuals.

In December of 2022, Cross Roads House became the designated Emergency Overnight Warming Center for Rockingham county, providing shelter during extreme weather to anyone in need of safe shelter. This “shelter within the shelter” service is offered based on a specific set of weather criteria and is posted to all human services agencies across the county when open.

Cross Roads House provides a vital service to the great NH Seacoast area with access to critical emergency shelter, assistance in finding stable housing, partnerships with local agencies, and post-shelter case management support, all with the purpose of getting unhoused individuals and families stabilized and into permanent housing where they can thrive as contributing members of our community.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application. See Attached

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. The State of New Hampshire, through the Bureau of Housing Supports (BHS), audits our program for regulatory and financial compliance. The United Way of the Greater Seacoast conducts organizational and financial reviews during each grant cycle. During funding renewal years, the United Way may also conduct site visits. Also, the Planning Departments of the cities of Dover, Rochester, and Portsmouth perform annual reviews for CDBG funds.

BOARD OF DIRECTORS

| Name | Residence (city/town) |
|-----------------------|-----------------------|
| Mike Adams | Greenland, NH |
| Mike Ambrogi | North Hampton, NH |
| Bob Bear | Rye Beach, NH |
| Chris Bellmare | Rye, NH |
| Suzanne Bresette | North Hampton, NH |
| Bob Brown (Treasurer) | North Hampton, NH |
| Ken Cohen | Kensington, NH |

| | |
|------------------------------|-------------------|
| Deni Dillon | Rye, NH |
| Mike Dvorak | New Castle, NH |
| Kathryn Drew | Rye, NH |
| Brian Gibb | Portsmouth NH |
| Steven Goddard | Kittery Point, ME |
| Jason Gregoire (Secretary) | Exeter, NH |
| Shawn Mathews | New Castle, NH |
| Vanda Moore (Vice President) | Greenland, NH |
| Teresa Palmer | Portsmouth, NH |
| Maggie Randolph | Exeter, NH |
| Lex Scourby | Portsmouth, NH |
| Chuck Silva (President) | Portsmouth, NH |
| Robert Stevens | Portsmouth, NH |
| Ben St. Jean | Portsmouth, NH |
| | |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. <u>Public Services</u> | | | |
|---|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | \$22,000 | 20,000 |
| Utilities | | \$104,800 | 104,800 |
| Repairs/Maintenance | | \$227,026 | 227,026 |
| Travel | | \$20,000 | 20,000 |
| Salaries (List relevant positions) | \$20,000 | \$2,561,041 | \$2,581,041 |
| Direct Services | | \$664,501 | \$664,501 |
| In-Shelter Case Management | | \$146,069 | \$146,069 |
| Shelter Support Services (Facilities and Kitchen) | | \$144,738 | \$144,738 |
| | | | |
| Other: | | | |
| Insurance | | \$74,000 | \$74,000 |
| Occupancy Costs | | \$227,026 | \$227,026 |
| Resident Services | | \$84,900 | \$84,900 |
| Utilities | | \$104,800 | \$104,800 |
| TOTAL PROPOSED BUDGET: | \$20,000 | \$3,425,593 | \$3,445,593 |

| 2. <u>Public Facilities</u> | | | |
|------------------------------------|----------|----------|--------------|
| | A | B | A + B |

| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
|---|----------------------------|----------------|-----------------------|
| Hard Costs <i>Note:</i> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| | | | |
| <i>Total Hard Costs</i> | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| <i>Total Soft Costs</i> | | | |
| <i>TOTAL PROPOSED BUDGET:</i> | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|----------------------------|-------------------|---|
| Federal: | Committed: Pending: Proposed: | \$6,000 | \$6,000 | FY25 USDA |
| State: | Committed: Pending: Proposed: | \$895,152 \$299,323 | \$1,194,475 | Committed: FY25 SGIA and Cold Weather Shelter. Proposed: FY25 ARPA funds. |
| Local: | Committed: Pending: Proposed: | \$109,371 \$85,000 | \$194,371 | Committed: FY25 Portsmouth and Dover CDBG and Portsmouth Welfare; Proposed: FY25 Portsmouth |
| Private: | Committed: Pending: Proposed: | \$2,506,682 | \$2,506,682 | FY25 Donations and Fundraising Events Revenue |
| Portsmouth CDBG: | Committed: | \$22,000 | \$22,000 | FY25 |

| | | | | |
|-----------------|------------|--------------------|--------------------|------------------------|
| | Pending: | | | |
| | Proposed: | | | |
| Rochester CDBG: | Committed: | | | |
| | Pending: | | | |
| | Proposed: | | | |
| Other: | Committed: | | | FY25 United Way |
| | Pending: | | \$6,000 | |
| | Proposed: | \$6,000 | | |
| Total: | Committed: | \$1,004,523 | | FY25 Budget |
| | Pending: | | \$3,907,528 | |
| | Proposed: | \$2,903,005 | | |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | | Explanation |
|--|---|--|--------------------|
| | Committed: | | |
| | Pending: | | |
| | Proposed: | | |
| Total: | | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from 07/01 to 06/30 | | Current Year | Next Year (projected) |
|---|--|---------------------------|------------------------------|
| REVENUES | | | |
| Federal Funds | | FY25 - \$474,000 | \$474,000 |
| State Funds | | FY25 - \$828,500 | \$828,500 |
| Foundations/Private Contributions | | FY25 - \$1,400,000 | \$1,400,000 |
| United Way | | FY25 - \$6,000 | \$6,000 |
| Fundraising or other income | | FY25 - \$997,765 | \$997,765 |
| Other (describe) Portsmouth Welfare and Town Income | | FY25 - \$111,869 | \$111,869 |
| Community Dev. Block Grant (include anticipated request) | | FY25 - \$117,131 | \$117,131 |
| TOTAL REVENUE | | FY25 - \$3,935,265 | \$3,935,265 |
| EXPENSES | | | |
| Salaries | | FY25 - \$2,346,131 | \$2,346,131 |

| | | |
|-------------------------------------|---------------------------|--------------------|
| Fringe Benefits | FY25 - \$214,910 | \$214,910 |
| Supplies (include printing/copying) | FY25 - \$101,565 | \$101,565 |
| Travel | FY25 - \$20,000 | \$20,000 |
| Training | FY25 - \$10,000 | \$10,000 |
| Communications | FY25 - \$29,400 | \$29,400 |
| Audit | FY25 - \$40,000 | \$40,000 |
| Property Maintenance | FY25 - \$227,026 | \$227,026 |
| Service Contracts | FY25 - \$408,383 | \$408,383 |
| Construction Supplies/Materials | 0 | 0 |
| Other (describe) Various | FY25 - \$540,850 | \$540,850 |
| TOTAL EXPENSES | FY25 - \$3,938,265 | \$3,938,265 |
| NET (Income - Expenses) | FY25 - (\$3,000) | (\$3,000) |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---------------------|---|---------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | HUD | | | FY24 - \$65,710 | \$65,710 |
| Direct Program | CDBG | 14.218 | | | |
| Passed Through | City of Portsmouth | | | | |
| | [Program Name] | | | | |
| Total U.S. Dept. of | HUD | | | FY24 - \$65,710 | \$65,710 |
| U.S. Dept. of | HUD | | | FY24 - \$5,000 | \$5,000 |
| Direct Program | CDBG | 14.218 | | | |
| Passed Through | City of Rochester | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | HUD | | | FY24 - \$5,000 | \$5,000 |
| U.S. Dept. of | HUD | | | FY25 - \$517,142 | \$517,142 |
| Direct Program | Permanent Supportive Housing | 14.267 | | | |
| Passed Through | State of New Hampshire | | | \$ | \$ |
| | DHHS | | | | |
| Total U.S. Dept. of | HUD | | | FY25 - \$517,142 | \$517,142 |

| | | | | | |
|---|----------------------|--------|--|---------------------------|--------------------|
| Total Expenditure of Federal Awards | | | | \$ | \$ |
| U.S. Dept. of | HUD | | | | |
| Direct Program | CDBG | 14.218 | | FY24 - \$7,131.00 | \$7,131 |
| Passed Through | City of Dover | | | | |
| Total U.S. Dept. of | HUD | | | | |
| | | | | | |
| NH Dept. of | DHHS | | | FY24 - \$748,537 | \$748,537 |
| | State Grant In Aid | | | | |
| Total NH Dept. of | DHHS | | | FY24 - \$748,537 | \$748,537 |
| | | | | | |
| NH Dept. of | BHS | | | FY24 - \$80,000 | \$80,000 |
| | Cold Weather Shelter | | | | |
| Total NH Dept. of | BHS | | | FY24 - \$80,000 | \$80,000 |
| | | | | | |
| Local Assistance: | City of Portsmouth | | | FY24 - \$75,000 | \$75,000 |
| | Welfare | | | | |
| Total Local Assistance: | City of Portsmouth | | | FY24 - \$75,000 | \$75,000 |
| Other – USDA and State Grant | | | | FY24 - \$10,748 | \$10,748 |
| Total State and Local Awards | | | | FY24 - \$984,995 | \$984,995 |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | FY25 - \$1,502,137 | \$1,502,137 |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

SIGNATURE

DATE

PRINTED NAME

TITLE



FINANCIAL STATEMENTS

June 30, 2024 and 2023
With Independent Auditor's Report

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Cross Roads House, Inc.

Opinion

We have audited the accompanying financial statements of Cross Roads House, Inc. (the Organization), which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, the Organization adopted Financial Accounting Standards Board Accounting Standards Update 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, and related guidance as amended, during the year ended June 30, 2024. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
November 4, 2024

CROSS ROADS HOUSE, INC.
Statements of Financial Position
June 30, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|---|-----------------------------|-----------------------------|
| ASSETS | | |
| Current assets | | |
| Cash | \$ 2,670,774 | \$ 1,766,126 |
| Tenant accounts receivable | - | 91 |
| Grants receivable | 505,942 | 180,597 |
| Prepaid expenses and other current assets | <u>81,696</u> | <u>40,385</u> |
| Total current assets | 3,258,412 | 1,987,199 |
| Tenant security deposits | - | 6,384 |
| Property and equipment, net | 4,294,585 | 4,807,393 |
| Investments | 3,479,469 | 3,092,702 |
| Beneficial interest in an agency fund | <u>154,076</u> | <u>142,633</u> |
| Total assets | \$ <u>11,186,542</u> | \$ <u>10,036,311</u> |
| LIABILITIES AND NET ASSETS | | |
| Current liabilities | | |
| Current portion of long-term debt | \$ 13,066 | \$ 23,213 |
| Accounts payable and accrued expenses | 60,889 | 38,802 |
| Accrued payroll and related amounts | <u>126,058</u> | <u>74,624</u> |
| Total current liabilities | 200,013 | 136,639 |
| Tenant security deposits | - | 6,384 |
| Long-term debt, net | <u>237,480</u> | <u>487,822</u> |
| Total liabilities | <u>437,493</u> | <u>630,845</u> |
| Net assets | | |
| Without donor restrictions | | |
| Board-designated | 3,263,860 | 2,887,702 |
| Undesignated | <u>7,269,580</u> | <u>6,312,764</u> |
| Total without donor restrictions | 10,533,440 | 9,200,466 |
| With donor restrictions | <u>215,609</u> | <u>205,000</u> |
| Total net assets | <u>10,749,049</u> | <u>9,405,466</u> |
| Total liabilities and net assets | \$ <u>11,186,542</u> | \$ <u>10,036,311</u> |

The accompanying notes are an integral part of these financial statements.

CROSS ROADS HOUSE, INC.

Statements of Activities

Years Ended June 30, 2024 and 2023

| | 2024 | | | 2023 | | |
|---|-------------------------------|----------------------------|----------------------|-------------------------------|----------------------------|---------------------|
| | Without Donor Restrictions | With Donor Restrictions | Total | Without Donor Restrictions | With Donor Restrictions | Total |
| Revenue and support | | | | | | |
| Government grants | \$ 1,647,993 | \$ - | \$ 1,647,993 | \$ 1,443,520 | \$ - | \$ 1,443,520 |
| Town warrants | 97,450 | - | 97,450 | 94,950 | - | 94,950 |
| Contributions | 1,516,537 | - | 1,516,537 | 1,589,677 | - | 1,589,677 |
| Rental income | 59,950 | - | 59,950 | 74,584 | - | 74,584 |
| Fundraising, net of direct expense of \$52,698 and \$107,049, respectively | 617,256 | - | 617,256 | 526,422 | - | 526,422 |
| Gain from sale of property and equipment | 149,691 | - | 149,691 | - | - | - |
| Other revenue | 113,430 | - | 113,430 | - | - | - |
| Net assets released from restrictions | - | - | - | 150,000 | (150,000) | - |
| Total revenue and support | <u>4,202,307</u> | <u>-</u> | <u>4,202,307</u> | <u>3,879,153</u> | <u>(150,000)</u> | <u>3,729,153</u> |
| Expenses | | | | | | |
| Program services | 2,521,264 | - | 2,521,264 | 2,325,855 | - | 2,325,855 |
| General and administrative | 445,930 | - | 445,930 | 598,659 | - | 598,659 |
| Fundraising | <u>353,431</u> | <u>-</u> | <u>353,431</u> | <u>318,320</u> | <u>-</u> | <u>318,320</u> |
| Total expenses | <u>3,320,625</u> | <u>-</u> | <u>3,320,625</u> | <u>3,242,834</u> | <u>-</u> | <u>3,242,834</u> |
| Change in net assets from operations | <u>881,682</u> | <u>-</u> | <u>881,682</u> | <u>636,319</u> | <u>(150,000)</u> | <u>486,319</u> |
| Other changes | | | | | | |
| Investment return, net of fees | 451,292 | 10,609 | 461,901 | 218,574 | - | 218,574 |
| Contributions for long-term purposes | - | - | - | - | 205,000 | 205,000 |
| Total other changes | <u>451,292</u> | <u>10,609</u> | <u>461,901</u> | <u>218,574</u> | <u>205,000</u> | <u>423,574</u> |
| Change in net assets | <u>1,332,974</u> | <u>10,609</u> | <u>1,343,583</u> | <u>854,893</u> | <u>55,000</u> | <u>909,893</u> |
| Net assets, beginning of year | <u>9,200,466</u> | <u>205,000</u> | <u>9,405,466</u> | <u>8,345,573</u> | <u>150,000</u> | <u>8,495,573</u> |
| Net assets, end of year | <u>\$ 10,533,440</u> | <u>\$ 215,609</u> | <u>\$ 10,749,049</u> | <u>\$ 9,200,466</u> | <u>\$ 205,000</u> | <u>\$ 9,405,466</u> |

The accompanying notes are an integral part of these financial statements.

CROSS ROADS HOUSE, INC.

Statements of Functional Expenses

Years Ended June 30, 2024 and 2023

| | 2024 | | | | 2023 | | | |
|------------------------------------|-----------------------------|---------------------------------------|--------------------|--------------|-----------------------------|---------------------------------------|--------------------|--------------|
| | <u>Program Services</u> | <u>General and Administrative</u> | <u>Fundraising</u> | <u>Total</u> | <u>Program Services</u> | <u>General and Administrative</u> | <u>Fundraising</u> | <u>Total</u> |
| Salaries and benefits | | | | | | | | |
| Management salaries | \$ - | \$ 228,465 | \$ - | \$ 228,465 | \$ 122,967 | \$ 220,536 | \$ 83,435 | \$ 426,938 |
| Salaries and wages | 1,195,134 | 28,456 | 199,189 | 1,422,779 | 922,436 | 107,198 | 56,752 | 1,086,386 |
| Employee benefits | 159,518 | 26,586 | 18,406 | 204,510 | 119,884 | 29,560 | 14,780 | 164,224 |
| Payroll taxes | 101,714 | 21,190 | 18,365 | 141,269 | 126,794 | 31,264 | 15,632 | 173,690 |
| Total salaries and benefits | 1,456,366 | 304,697 | 235,960 | 1,997,023 | 1,292,081 | 388,558 | 170,599 | 1,851,238 |
| Other expenses | | | | | | | | |
| Professional fees | 1,262 | 46,860 | - | 48,122 | 7,419 | 13,396 | - | 20,815 |
| Bad debt | - | 1,232 | 2,875 | 4,107 | - | 7,176 | 16,745 | 23,921 |
| Office and administration | 104,697 | 75,367 | 74,957 | 255,021 | 26,881 | 66,408 | 64,830 | 158,119 |
| Utilities | 97,374 | 4,188 | 3,141 | 104,703 | 88,063 | 23,417 | 11,671 | 123,151 |
| Repairs and maintenance | 231,231 | - | - | 231,231 | 257,172 | 45,575 | 22,787 | 325,534 |
| Interest | 25,817 | 538 | 538 | 26,893 | 22,199 | 5,474 | 2,737 | 30,410 |
| Insurance | 25,530 | 1,098 | 824 | 27,452 | 46,589 | 11,488 | 5,744 | 63,821 |
| Food | - | - | - | - | 31,414 | - | - | 31,414 |
| COVID expenses | - | - | - | - | 57,457 | - | - | 57,457 |
| Residential services | 359,524 | - | - | 359,524 | 341,107 | - | - | 341,107 |
| Volunteer and board development | - | - | - | - | - | - | 3,583 | 3,583 |
| Miscellaneous | 9,361 | 2,096 | 27,809 | 39,266 | - | - | - | - |
| Depreciation | 203,489 | 8,752 | 6,564 | 218,805 | 150,204 | 37,038 | 18,518 | 205,760 |
| Staff and program development | 6,613 | 1,102 | 763 | 8,478 | 5,269 | 129 | 1,106 | 6,504 |
| Total expenses | \$ 2,521,264 | \$ 445,930 | \$ 353,431 | \$ 3,320,625 | \$ 2,325,855 | \$ 598,659 | \$ 318,320 | \$ 3,242,834 |

The accompanying notes are an integral part of these financial statements.

CROSS ROADS HOUSE, INC.**Statements of Cash Flows****Years Ended June 30, 2024 and 2023**

| | <u>2024</u> | <u>2023</u> |
|--|----------------------------|----------------------------|
| Cash flows from operating activities | | |
| Change in net assets | \$ 1,343,583 | \$ 909,893 |
| Adjustments to reconcile change in net assets to net cash provided by operating activities | | |
| Net realized and unrealized investment gain on investments | (336,623) | (135,981) |
| Gain from sale of property | (149,691) | - |
| Contributions for long-term purposes | - | (205,000) |
| Depreciation | 218,805 | 205,760 |
| Amortization | 162 | 162 |
| Change in operating assets and liabilities | | |
| Tenant accounts receivable | 91 | 6,210 |
| Grants receivable | (325,345) | (84,896) |
| Contributions receivable | - | 15,867 |
| Prepaid expenses and other current assets | (41,311) | 7,621 |
| Accounts payable and accrued expenses | 22,087 | 1,038 |
| Accrued payroll and related amounts | <u>51,434</u> | <u>31,788</u> |
| Net cash provided by operating activities | <u>783,192</u> | <u>752,462</u> |
| Cash flows from investing activities | | |
| Purchases of investments | (50,144) | (899,837) |
| Change in beneficial interest in an agency fund | (11,443) | 1,834 |
| Purchase of property and equipment | (106,306) | (112,761) |
| Proceeds from sale of property and equipment | <u>550,000</u> | <u>-</u> |
| Net cash provided (used) by investing activities | <u>382,107</u> | <u>(1,010,764)</u> |
| Cash flows from financing activities | | |
| Principal payments on long-term debt | (260,651) | (22,726) |
| Contributions received for long-term purposes | <u>-</u> | <u>205,000</u> |
| Net cash (used) provided by financing activities | <u>(260,651)</u> | <u>182,274</u> |
| Net change in cash | 904,648 | (76,028) |
| Cash, beginning of year | <u>1,766,126</u> | <u>1,842,154</u> |
| Cash, end of year | <u>\$ 2,670,774</u> | <u>\$ 1,766,126</u> |

The accompanying notes are an integral part of these financial statements.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2024 and 2023

Organization

Cross Roads House, Inc. (the Organization), was organized March 24, 1982, under the laws of the State of New Hampshire. Operations of the Organization commenced on January 1, 1984. The purpose of the Organization is to provide safe and supportive emergency and transitional shelter to individuals and families experiencing homelessness in southeastern New Hampshire.

1. Summary of Significant Accounting Policies

A summary of the Organization's significant accounting policies consistently applied in the preparation of the accompanying financial statements in accordance with U.S. generally accepted accounting principles (U.S. GAAP) follows:

Recently Adopted Accounting Pronouncement

Financial Accounting Standards Board (FASB) issued Accounting Standards Update No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, and related guidance as amended, which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The measurement of expected credit losses under the CECL methodology is applicable to financial assets measured at amortized cost. The adoption of Topic 326 during the year ended June 30, 2024 did not have an impact on the financial statements of the Organization.

Basis of Presentation

Net assets and revenues, expenses, gains and losses are classified as follows based on the existence or absence of donor-imposed restrictions:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions are to be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. At June 30, 2024 and 2023, the Organization did not have any funds to be maintained in perpetuity. At June 30, 2024 and 2023, the balance in net assets with donor restrictions was made up entirely from net assets that are temporarily restricted in nature from a single donor. The fund are to be used to fund clothing and shoe purchases for residents.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2024 and 2023

All contributions are considered to be contributions without donor restrictions unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as increases in net assets with donor restrictions. When a donor restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Contributions with donor restrictions whose restrictions are met in the same year as received are reflected as net assets without donor restrictions in the accompanying financial statements.

The Organization reports contributions of property or equipment as support without donor restrictions, unless explicit donor stipulations specify how the donated assets must be used. Contributions of long-lived assets with explicit restrictions that specify how the assets are to be used and contributions of cash or other assets that must be used to acquire long-lived assets are reported as contributions for long-term purposes with donor restrictions. Absent explicit donor stipulations about how those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash

The Organization considers all highly liquid investments with an original maturity date of less than three months to be cash equivalents for the purposes of the statements of cash flows. At June 30, 2024 and 2023, the Organization did not have any funds considered to be a cash equivalent.

Tenant Accounts, Grants and Contributions Receivable

Tenant accounts, grants and contributions receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to current year earnings and a credit to a valuation allowance based on its analysis of the Organization's past history and identification of trends for all funding sources in the aggregate. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to the related receivable. As of June 30, 2024 and 2023, management determined an allowance for uncollectible accounts was not necessary for tenant accounts, grants or contributions receivable.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2024 and 2023

Property and Equipment

Property and equipment are recorded at cost or, if donated, at their estimated value at date of receipt. Depreciation is calculated using the straight-line method over the estimated useful lives of the related assets as follows:

| <u>Description</u> | <u>Estimated Lives</u> |
|-------------------------------------|------------------------|
| Land improvements | 15 years |
| Buildings and building improvements | 15 - 40 years |
| Furniture, equipment and vehicles | 7 - 10 years |

Investments

Investments are stated at fair value, with the difference between cost and fair value being included in unrealized gains (losses) on investments. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of investments are recorded on a trade date basis. Realized gains (losses) on investments sold are calculated using the average cost method.

Change in Net Assets from Operations

The statement of activities includes a measure of change in net assets from operations. Changes in net assets which are excluded from change in net assets from operations include investment return, net of the amounts distributed pursuant to the Organization's spending policy and investment fees, contributions or grant revenue which are donor restricted, and the release thereof when the Organization has complied with the donative restrictions.

Functional Allocation of Expenses

The costs of the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the programs and supporting services benefited.

Income Taxes

The Organization is a not-for-profit corporation under Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from income taxes on related income pursuant to Section 501(a) of the Code.

Subsequent Events

For purposes of the presentation of these financial statements in conformity with U.S. GAAP, the Organization has considered transactions or events occurring through November 4, 2024, which was the date that the financial statements were available to be issued.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2024 and 2023

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize the investment of its available funds. The Organization has various sources of liquidity at its disposal, including cash and a line of credit, as disclosed in Note 6.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing activities and general and administration, as well as the conduct of services undertaken to support those activities to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

The following financial assets are expected to be available within one year of the statements of financial position date to meet general expenditures:

| | <u>2024</u> | <u>2023</u> |
|---|---------------------|---------------------|
| Cash | \$ 2,670,774 | \$ 1,766,126 |
| Tenant accounts receivable | - | 91 |
| Grants receivable | <u>505,942</u> | <u>180,597</u> |
| Financial assets available within one year for general expenditure | <u>\$ 3,176,716</u> | <u>\$ 1,946,814</u> |

The Organization has board-designated investments that are intended to support general operations at the discretion of the Board of Directors. Since the Board of Directors does not currently intend to use these board-designated investments and is expected to maintain these funds for a long-term purpose, they have not been included in the information above.

3. Property and Equipment

Property and equipment consisted of the following:

| | <u>2024</u> | <u>2023</u> |
|-------------------------------------|---------------------|---------------------|
| Land | \$ 213,195 | \$ 458,291 |
| Land improvements | 4,071 | 4,071 |
| Buildings and building improvements | 6,154,329 | 6,262,849 |
| Furniture, equipment and vehicles | <u>565,625</u> | <u>536,348</u> |
| | 6,937,220 | 7,261,559 |
| Less accumulated depreciation | <u>(2,642,635)</u> | <u>(2,454,166)</u> |
| Property and equipment, net | <u>\$ 4,294,585</u> | <u>\$ 4,807,393</u> |

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2024 and 2023

4. Beneficial Interest in an Agency Fund

The Organization is a beneficiary of an agency fund maintained at the New Hampshire Charitable Foundation (NHCF). Pursuant to the terms of the resolution establishing this agency fund, property contributed by the Organization to NHCF is held as a separate fund designated for the benefit of the Organization. The Board of Directors of NHCF do not have the power to redesignate the funds contributed by the Organization. At June 30, 2024 and 2023, the estimated value of the future distributions from the agency fund in the amount of \$154,076 and \$142,633, respectively, is included in the statements of financial position as beneficial interest in an agency fund.

5. Fair Value Measurement

FASB Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets measured at fair value on a recurring basis are summarized below:

| Fair Value Measurements at June 30, 2024 Using: | | | | |
|--|---------------------|-----------------------|-----------------------|-----------------------|
| | <u>Total</u> | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> |
| Investments | | | | |
| Cash equivalents | \$ 490,234 | \$ 490,234 | \$ - | \$ - |
| Equity securities | 1,501,719 | 1,501,719 | - | - |
| Exchange traded funds | 1,340,816 | 1,340,816 | - | - |
| Mutual funds | <u>146,700</u> | <u>146,700</u> | - | - |
| Total investments | <u>\$ 3,479,469</u> | <u>\$ 3,479,469</u> | <u>\$ -</u> | <u>\$ -</u> |
| Beneficial interest in an agency fund | <u>\$ 154,076</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 154,076</u> |

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2024 and 2023

| | Fair Value Measurements at June 30, 2023 Using: | | | |
|--|--|---------------------|----------------|-------------------|
| | <u>Total</u> | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> |
| Investments | | | | |
| Cash equivalents | \$ 461,030 | \$ 461,030 | \$ - | \$ - |
| Equity securities | 1,271,765 | 1,271,765 | - | - |
| Exchange traded funds | 967,681 | 967,681 | - | - |
| Mutual funds | <u>392,226</u> | <u>392,226</u> | <u>-</u> | <u>-</u> |
| Total investments | <u>\$ 3,092,702</u> | <u>\$ 3,092,702</u> | <u>\$ -</u> | <u>\$ -</u> |
| Beneficial interest in an agency fund | <u>\$ 142,633</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 142,633</u> |

The fair value of the Organization's beneficial interest in an agency fund is categorized as a level 3 measurement because the interest is not marketable. The fair value of the assets held in the agency fund is based on the quoted market prices of the underlying assets. Due to the level of risk associated with the fair value of the underlying securities and the level of uncertainty related to changes in their value, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of financial position. Changes in fair value of the Organization's beneficial interest in the agency fund consisted of:

| | <u>2024</u> | <u>2023</u> |
|----------------------------|-------------------|-------------------|
| Balance, beginning of year | \$ 142,633 | \$ 144,467 |
| Investment return | 17,790 | 4,566 |
| NHCF fee | (940) | (957) |
| Distributions | <u>(5,407)</u> | <u>(5,443)</u> |
| Balance, end of year | <u>\$ 154,076</u> | <u>\$ 142,633</u> |

6. Line of Credit

The Organization has established a \$300,000 line of credit with Provident Bank with a current interest rate of 8.5%. The interest rate is directly tied to the Wall Street Journal Prime Rate with no margin. Accordingly, any changes to this rate will change the Organization's line of credit rate. There was no outstanding balance as of June 30, 2024 and 2023.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2024 and 2023

7. Long-Term Debt

Long-term debt consisted of the following:

| | <u>2024</u> | <u>2023</u> |
|---|--------------------------|--------------------------|
| Note payable to Provident Bank, due in monthly installments of \$1,293 including interest at 4.69%, through August 2037; collateralized by real estate. | \$ 153,684 | \$ 160,402 |
| Note payable to Provident Bank, due in monthly installments of \$953 including interest at 5.62%, through August 2037; collateralized by real estate. | 98,986 | 104,586 |
| Note payable paid off in 2024 | <u>-</u> | <u>248,333</u> |
| | 252,670 | 513,321 |
| Less current portion | 13,066 | 23,213 |
| Less unamortized debt issuance costs | <u>2,124</u> | <u>2,286</u> |
| Long-term debt, net | \$ <u>237,480</u> | \$ <u>487,822</u> |

Future minimum principal payments of long-term debt are as follows:

| | |
|------------|--------------------------|
| 2025 | \$ 13,066 |
| 2026 | 13,865 |
| 2027 | 14,712 |
| 2028 | 15,577 |
| 2029 | 16,935 |
| Thereafter | <u>178,515</u> |
| | \$ <u>252,670</u> |

Cash paid for interest approximates interest expense.

8. Concentration of Credit Risk

For the years ended June 30, 2024 and 2023, approximately 39% and 39%, respectively, of revenue and support of the Organization was derived from government grants.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2024 and 2023

9. Greenleaf Apartments

The Organization owned a 12-unit single room occupancy building in Portsmouth, New Hampshire. The property was sold for \$550,000 in May 2024, resulting in a gain on the sale of property of \$149,691. For the years ended June 30, 2024 and 2023, rental income was \$59,950 and \$74,584, respectively, and rental expenses were \$37,552 and \$59,827, respectively. Rental expenses are included in the statements of functional expenses as program expenses.

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|---|---|
| Organization HAVEN Violence Prevention & Support Services | |
| Name of Program or Project Domestic Violence Housing & Shelter Program | |
| Name of Executive Director Kathy Beebe | |
| Mailing Address 20 International Drive, Ste. 300, Portsmouth, NH 03801 | |
| Physical Address | |
| Contact Person Kathy Beebe, Executive Director | Phone 603-436-4107 |
| E-Mail kbeebe@havennh.org | Website www.havennh.org |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) | |
| <input checked="" type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of | |
| <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education | |
| <input type="checkbox"/> Other (Explain): | |
| Tax ID # 02-0337620 | |
| SAM UEI # QBL1NLSB4U51 | SAM Expiration Date September 2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|--|
| Amount of Dover CDBG funds requested for activity/project: \$ 7,500.00 |
| Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) HAVEN is the only agency that provides emergency shelter to domestic violence victims in Strafford County who are in imminent danger and fleeing abuse. Funds requested will pay a portion (less than 5%) of the rental costs of our Strafford County 6-unit Domestic Violence shelter. |

| PROJECT LOCATION |
|---|
| Location(s) where services will be provided or physical improvements will be made. HAVEN will provide services to victims in our leased 6-unit confidential shelter in Strafford County. |

| BENEFICIARIES | |
|---|--|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Low income | |
| Beneficiaries: | <p style="color: #0070C0;">Those receiving shelter are low income, homeless victims of domestic violence fleeing from imminent danger. Housing clients are low-income who are seeking safe, permanent housing. Some of these clients are in our shelter; some are in unsafe homes but are all low income.</p> <p>For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 10 Dover beneficiaries and an estimated 180 shelter bed nights and supportive housing.</p> <p>For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: this activity or program to date (not necessarily your entire client population): In FY24 there were 103 Dover domestic violence victims including 182 shelter bed nights for Dover beneficiaries. Shelter bed nights are hard to predict, depends on when people leave shelter. These numbers were reduced and based solely on Dover Clientele</p> <p>Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): yes</p> <p>If so, how much? 6,121.00</p> |

| CLIENT POPULATION |
|--|
| <p>Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u> |
|--|
| <p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. Kathy Beebe, Executive Director</p> <p style="color: #0070C0;">During an increased need in victims of domestic violence seeking shelter and had to use area hotels to increase our shelter capacity. This model was not effective, so beginning in 2022 HAVEN has leased a six-unit apartment building to increase our capacity from four-bedrooms to 11 bedrooms.</p> <p style="color: #0070C0;">The goal at HAVEN is to help transition every domestic violence victim/survivor into safe, affordable, permanent housing. For individuals staying in the shelter and those fleeing abuse that do not end up staying in shelter, HAVEN utilizes community resources and creates a comprehensive support system with peer counseling, support groups, financial empowerment and advocacy tailored to each survivor's individual and long-term needs. HAVEN also maintains relationships with area housing organizations, community action programs and other homeless shelter agencies to assist survivors in locating permanent housing.</p> <p style="color: #0070C0;">HAVEN does not place any restrictions on how long a survivor can stay in shelter but work with each survivor on understanding the need to be actively searching for permanent housing and focus on their individual needs to insure progress toward their goals of safety and self-sufficiency. HAVEN utilizes the empowerment model and works with</p> |

each survivor to determine their individual or family long-term needs. By utilizing this framework, where survivors are considered experts in their own lives, HAVEN strives to reduce the length of stay in our shelter as well as move more survivors into permanent housing.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (not the organization):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

| Outcome | Measurement |
|--|--|
| Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Increase access to safety planning and services for domestic violence victims in imminent danger and trying to overcome barriers to fleeing abuse | Number of Rochester domestic violence victims that seek assistance from HAVEN 24-Hour services or stay in our emergency shelter |
| Increase number of Rochester Domestic violence victims who are safe and free from abuse | Number of individuals who are safe and on the road to self-sufficiency in the aftermath of domestic violence |
| Increase number of Rochester domestic violence victims to obtain housing | Number of individuals either leaving the shelter or go directly from their homes into safe and permanent housing. |

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. HAVEN, the largest violence prevention and support services agency in NH, is dedicated to addressing public health through violence prevention and improving the well-being of children and families. Preventing abuse and providing support for those impacted by domestic and sexual violence can lead to healthier and more secure children and adults. Our mission is to prevent sexual assault, domestic violence and stalking and to support and empower women, men, youth and families to heal from abuse and rebuild their lives. HAVEN accomplishes this mission through Prevention Education, Client Services, and Shelter and Housing. Education has a longstanding reputation working with local schools and thousands of kids

each year to provide evidence-based programming to increase resiliency. HAVEN's 24/7 client services program that includes information and referral services; a 24-hour confidential crisis and support hotline; accompaniment and support at police stations, hospital emergency rooms, courts and local Child Advocacy Centers; and support groups. The goal of the client services program is to ensure that individuals and their non-offending family members have access to the support they need and deserve in the after-math of domestic or sexual violence.

HAVEN also provides emergency shelter for victims of domestic violence who are in imminent danger and fleeing abuse. The shelter program provides temporary shelter until a domestic violence victim is ready to transition into safe permanent housing. In 2017, HAVEN implemented our Housing First initiative that engages landlords and finds housing for victims who are not in imminent danger but still need safe housing. Survivors work with HAVEN staff in identifying additional support systems, basic needs, and potential barriers related to the survivor's health and well-being, including transportation and permanent housing.

The goal at HAVEN is to prevent family homelessness and keep domestic violence victims in their homes or help transition them into safe and permanent housing. HAVEN utilizes the empowerment model and works with each survivor to determine their individual or family long-term needs. HAVEN has a 45-year proven track record of helping individuals and families impacted by domestic violence to rebuild their lives.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? yes

If yes, please note the agency/program and how often the evaluation occurs. [NH Coalition Against Domestic and Sexual Violence \(NHCADSV\)](#) monitors HAVEN, as well as other federal agencies, such as the Department of Justice, as their audit schedules require, typically biennially

BOARD OF DIRECTORS

| Name | Residence (city/town) |
|----------------------------|-----------------------|
| Stephanie Johnson, Chair | Lee, NH |
| Marc Ouellette, Vice Chair | Kennebunk, ME |
| Mary Clark, Secretary | Kittery, ME |
| Cait Massey, Treasurer | Dover, NH |
| Jessie Antosiewicz | Barrington, NH |
| Jayne Begala | Portsmouth, NH |
| Catherine Bonneau | Milton, NH |
| Bobby Eckstein | South Berwick, ME |
| Kristina Goumas | Portsmouth, NH |
| Maxx Graves | Greenland, NH |
| Steve Pappajohn | Madbury, NH |
| Devan Quinn | Portsmouth, NH |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. Public Services (Non-Construction Projects) | | | |
|---|-----------------------------------|----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding | Total Proposed Budget |
| Office Supplies | | 20,000 | 20,000 |
| Utilities | | 46,648. | 46,648 |
| Repairs/Maintenance | | 32,079 | 32,079 |
| Travel | | 39,000 | 39,000 |
| Salaries (List relevant positions) | | 1,008,759 | 1,008,759 |
| Shelter & Housing Managers | | 106,600 | 106,600 |
| CS, Shelter & Housing Staff | | 653,263 | 653,263 |
| Staff Fringe | | 427,315 | 427,315. |
| | | | |
| Other: | | | |
| Shelter rent/Maint | 7500.00 | 183,500 | 191,000 |
| HR, Insurances, Organization Expenses | | 121,050 | 121,050 |
| Other Program Expenses | | 555,336 | 555,336 |
| TOTAL PROPOSED BUDGET: | 7500.00 | 3,196,050 | 3,201,050 |
| | | | |

| 2. Public Facilities | | | |
|---|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| | | | |
| <i>Total Hard Costs</i> | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| <i>Total Soft Costs</i> | | | |
| <i>TOTAL PROPOSED BUDGET:</i> | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): FY24 | | Total Amount (\$) | Explanation |
|--|--|--------------|-------------------|--|
| Federal: | Committed: | | 1,318,240.21 | ARP money has been on the decline. We anticipated higher funding than we received. |
| | Pending: | | | |
| | Proposed: | 1,550,683.50 | | |
| State: | Committed: | | 597,377.68 | Additional funding was awarded for our SGIA shelter grant |
| | Pending: | | | |
| | Proposed: | 488,490.00 | | |
| Local: | Committed: | | 114,119 | Town funding is unpredictable. The actual donations from each town/city is based on their approved town budgets. |
| | Pending: | | | |
| | Proposed: | 115,000 | | |
| Private: | Committed: | | 872,686.85 | Raised in private & corporate dollars |
| | Pending: | | | |
| | Proposed: | 655,000 | | |
| Portsmouth CDBG: | Committed: | | 0 | Did not fund HAVEN for FY24 |
| | Pending: | | | |
| | Proposed: | 5000.00 | | |
| Dover CDBG: | Committed: | | 7,500 | |
| | Pending: | | | |
| | Proposed: | 7,500 | | |
| Other: | Committed: | | 89,392.15 | Camp Hope reimb \$14,675.58, in kind donations \$5865.00, Interest income \$42,289.57, Honorarium and training \$26,562.00 |
| | Pending: | | | |
| | Proposed: | 37,500 | | |
| Total: | Committed: | | 2,999,315.89 | |
| | Pending: | | | |
| | Proposed: | 2,859,173.50 | | |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | | Explanation |
|---|--|--|-------------|
| | Committed: | | |
| | Pending: | | |
| | Proposed: | | |
| Total: | | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from 7/1/24 to 6/30/25 | | Current Year | Next Year (projected) |
|--|--------------|--------------|-----------------------|
| REVENUES | FY25 | | |
| Federal Funds | 1,486,957.25 | | |
| State Funds | 545,983.00 | | |
| Foundations/Private Contributions | 150,000.00 | | |
| United Way | 0.0 | | |
| Fundraising or other income | 683,000.00 | | |
| Other (describe) | 171,500 | | |
| Community Dev. Block Grant (include anticipated request) | 8,121.00 | | |
| TOTAL REVENUE | | | |
| EXPENSES | | | |
| Salaries | 1,768,622.00 | | |
| Fringe Benefits | 427,314.54 | | |
| Supplies (include printing/copying) | 17,500.00 | | |
| Travel | 39,000.00 | | |
| Training | 25,000.00 | | |
| Communications | 46,548.00 | | |
| Audit | 30,000.00 | | |
| Property Maintenance | | | |
| Service Contracts | 43,500.00 | | |
| Construction Supplies/Materials | | | |
| Other (describe)-Direct Client support, Hotel stays, Organizational & fundraising expenses | 803,565.25 | | |
| TOTAL EXPENSES | 3,201,049.79 | | |
| NET (Income - Expenses) | | | |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS-SEE ATTACHED SEFA FORM

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|--------------------------------|----------------------------|
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total Expenditure of Federal Awards | | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Local Assistance: | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total State and Local Awards | | | | \$ | \$ |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$ | \$ |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



SIGNATURE

NOVEMBER 7, 2024

DATE

KATHY BEEBE
EXECUTIVE DIRECTOR

APPLICATION: DOVER CDBG FY25

| APPLICANT INFORMATION | |
|---|---|
| Organization My Friend's Place | Tax ID 02-0407497 |
| Name of Program or Project Emergency Shelter and transitional Housing | |
| Name of Executive Director Susan Ford | |
| Mailing Address 368 Washington Street, Dover, NH 03820 | |
| Physical Address Emergency Shelter is SSA, Transitional Housing: 21/23 Hough Street and 25 East Concord Street, Dover, NH | |
| Contact Person Susan Ford | Phone 603-749-3017 |
| E-Mail sford@myfriendsplacenh.org | Website www.myfriendsplacenh.org |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input checked="" type="checkbox"/> 501(c)(3) For-profit authorized under 570.201(o) Unit of Government Faith-based Organization Institution of Higher Education Other (Explain): | |
| Tax ID # 02-0407497 | |
| *UEI # (DUNS REPLACEMENT) NHTBK7J56F76 | *SAM Expiration Date 2/18/25 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity/project: \$ 30,000 |
| Provide a very brief summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Emergency Shelter/Transitional housing and Case Management for single men, women and families. |
| PROJECT LOCATION |
| Location(s) where services will be provided or physical improvements will be made. Emergency Shelter is located at 368 Washington Street, Dover, NH 03820. Two Transitional housing units located at 21/23 Hough Street and 25 East Concord Street, Dover NH |
| BENEFICIARIES |
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Homeless Men, Women and Families |
| Beneficiaries: For FY 2025 (7/1/2024 – 6/30/2025) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 35 For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 17 *Due to a sprinkler issue the shelter had to close in May of 23 and we were not able to achieve our projected number served. Since opening back up in April of 24 w have served 41 Dover residents to date. |
| Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): Yes If so, how much? \$7,650 |

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: XX Yes No

If yes, are the criteria/protocols in writing?: XX Yes No

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. Funds will be applied to general operating cost to run both the Emergency Shelter and the Transitional Housing programs. Historically My Friend's Place sees a good number of Dover residents, the funding off sets monies that would typically be charged to the City Welfare office. From reopening on April 1, 24 we have served 8 single females, 20 single males who were Dover residents. And 4 families. As funding for COVID and other homeless prevention services are disappearing we feel we will start seeing more families on our waitlist again.

My Friend's Place offers a safe, warm place for a family or individual to stay, as well as basic necessities such as access to our pantry, bath/showers, etc. We also provide case management for every admitted client. Clients through case management will set out goals and steps to obtain those goals. Depending on the individual this plan may be to job search or housing search but it may also include being connected to DHHS for food stamps or Medicaid, or setting up medical appointments for either physical or mental health issues that have not been addressed or treatment has lapsed or just obtaining a medical home. Access to a telephone and online computer to assist them with connecting to a multitude of services, job searching, housing searching, making necessary appointments, etc.

Client's that City Welfare has to put up in a motel, not only costs the city more money than that of the shelter, the city is now burdened with attempting to case manage the client from off site. This is very difficult to do even under the best of circumstances.

Every individual who enters My Friend's Place emergency shelter is below the low-income threshold, some have no income at all and most have significant barriers to obtaining permanent affordable housing. My Friend's Place not only takes a monetary burden off the City Welfare Department for these individuals it also provides the necessary on-site case management services that your City Welfare Department would then have to provide to ensure that clients are doing the things they need to do to progress towards permanent housing. Our transitional housing program offers this same service as well, giving the client more time to work on larger barriers. In some cases, it may just be the wait time for public assisted housing; currently this is 18 months to 2 years.

Please indicate who prepared the overall cost estimate for the activity. Susan M. Ford

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

| Outcome | Measurement |
|--|--|
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Decrease the amount of families/individuals Dover City Welfare would have to put up in a motel. | # of Dover Families/Individuals admitted to shelter |

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. My Friend's Place provides short term emergency shelter for homeless individuals and families. The average stay for a single person is 90 days while family's stays are 120 to 180 days. Due to our contract with the state, we can no longer mandate case management services. We have therefore put together two options for clients who wish to stay at MFP. Option 1 is to opt out of case management services in which case they are given a 30 day stay and must pay the full 30% of gross income to

the shelter for service fees. Example someone staying here and earning \$500 a week will pay \$150 a week in service fees. Option 2 is to work with case management and as long as they are compliant, they are can stay as long as they need to and are compliant with the program. Compliance with the program means weekly, mandatory 30% of income in savings, budget sheets with receipts for purchases, schedules, weekly in person meetings to lay out goals and steps to obtain those goals as long with progress on those steps. We only require to pay 30% of gross or \$10 a day whichever is lower. The transitional housing program provides longer term stays for families who have serious obstacles to obtaining permanent housing. Families may stay in this program for up to 2 years

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? No

If yes, please note the agency/program and how often the evaluation occurs.

BOARD OF DIRECTORS

| Name | Residence (city/town) |
|-------------------------------|-----------------------|
| FX Bruton, Esq., President | Dover, NH |
| Stan Robbins, Vice President | Dover, NH |
| Robert Fuller, CPA, Treasurer | Dover, NH |
| Janet Insolia, Secretary | Dover, NH |
| Phyllis LaPointe, Member | Barrington, NH |
| John Lewis, Esq., Member | Durham, NH |
| Jacqueline Williams, Member | Dover, NH |
| Brad Gould, Member | Dover, NH |
| Debra Hackett, Member | Dover, NH |
| Erica Johnson, Member | Dover, NH |
| John Doane, Member | Barrington, NH |
| Mark Bowen | Greenland, NH |
| Dan Hickman | Dover, NH |
| Lindsay Hickman | Dover, NH |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services

| | A | B | A + B |
|------------------------------------|----------------------------|----------------|-----------------------|
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | \$28,000 | \$19,000 | \$47,000 |
| Repairs/Maintenance | \$2,000 | \$27,500 | \$29,500 |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| Other: | | | |
| TOTAL PROPOSED BUDGET: | \$30,000 | \$46,500 | \$76,500 |

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|----------------------|----------------------|---|
| Federal: | Committed: Pending: Proposed: | \$8,000 | \$8,000 | There is no contract for FY26, however we based this number on history with FEMA funding |
| State: | Committed: Pending: Proposed: | \$ \$254,800 | \$254,800 | There is no contract in place for FY26 however we expect it to be no less then a\$25 a bed night (28 beds*364)*\$25 |
| Local | Committed: Pending: Proposed: | \$ \$12,000 | \$12,000 | Again there is no contract for FY 26 however we based this number on funds we have received in the past from Dover as well as other towns billed for services |
| Private | Committed: Pending: Proposed: | \$ \$100,00 | \$100,000 | This budgeted amount for this years projected cash donations, investments, interest, United Way Contributions and other public grants. |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | \$0 | |
| Rochester CDBG: | Committed: Pending: Proposed: | \$ \$20,000 \$ | \$20,000 | This is a projected amount based on years past funding |
| Fundraising | Committed: Pending: Proposed: | \$220,000 | \$220,000 | This is our budget number based on history from all our fundraising efforts including but not limited to Bingo, Games of Chance and Annual Appeal |
| Total: | Committed: Pending: Proposed: | \$ \$624,992 | \$624,992 | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from July 1 to June 30 | Current Year | Next Year (projected) |
|--|------------------|-----------------------|
| REVENUES | | |
| Federal Funds | \$8,000 | \$8,000 |
| State Funds | \$268,545 | \$254,800 |
| Foundations/Private Contributions | \$90,200 | \$90,200 |
| United Way | \$8,000 | \$8,000 |
| Fundraising or other income | \$181,000 | \$180,000 |
| Other (describe) Direct Public Grants, interest, investment, rents, service fees etc. | \$63,500 | \$64,000 |
| Community Dev. Block Grant (include anticipated request) | \$27,700 | \$28,000 |
| TOTAL REVENUE | 646,945 | \$633,000 |
| EXPENSES | | |
| Salaries | \$361,000 | \$370,900 |
| Fringe Benefits | \$23,700 | \$25,000 |
| Supplies (include printing/copying) | \$23,300 | \$24,500 |
| Travel | \$1,000 | \$1,300 |
| Training & Audit | \$50 | \$3,000 |
| Communications | \$6,000 | \$7,000 |
| Utilities (Heat, Elec, Water) | \$41,000 | \$46,000 |
| Property Repairs & Maintenance | \$35,300 | \$38,000 |
| Contract Services | \$12,700 | \$14,000 |
| Resident Support Services and Volunteer Expenses | \$1,300 | \$1,600 |
| Insurance (Liability, Workers Comp, D & O | \$45,100 | \$49,000 |
| Misc Expenses (Resident Support Services, Volunteer Expenses, Fundraising expenses, Advertisement) | \$8,800 | \$15,000 |
| TOTAL EXPENSES | \$559,250 | \$592,300 |
| NET (Income - Expenses) | *87,695 | **40,700 |

This item is larger than expected as SB406 was passed and it increased our \$20 a bed rate from SGIA to add an additional \$7 a bed night for residents in beds. This is \$70,000+ is only for full beds although we are full most of the time there is nights that beds are empty due to turn over so we expect to not be able to bill this full amount.

** This is based on a guess that SGIA will increase from \$20 a bed to \$25 a bed.

FFATA Checklist (contracts \$30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over \$300,000 in the agency's previous tax year, and
- have been awarded \$30,000 and over.

Please check box, sign and date below and return form if your agency does not meet the above thresholds. ☐

| To Be Filled Out By Dover CDBG Staff | |
|--|---|
| Award title descriptive of the funding action | |
| CFDA program number for grant | 14.218 |
| Program source | CDBG |
| Amount of award | |
| To Be Filled Out By Agency | |
| Name of agency receiving award | My Friend's Place |
| Address of the entity including: | 368 Washington Street, Dover, NH 03820 |
| Place of performance including: | SAA |
| Congressional district | First |
| Total compensation and names of top five executives* | 1. Susan Ford, 69,500 Salary (\$71,624 with Fringe) 2. 3. 4. 5. |
| DUNS number | Sams Number NHTBK7J56F76 expires 2/28/24 |
| Central Contractors Registration (CCR) number** | Cage Code 37NQ5 |

*Must give total compensation and names of top five executives if:

(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than \$25M annually, and (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?

The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: <http://fedgov.dnb.com/webform>

**What is a CCR and how do you register?

CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions.

The link to information needed to register and become familiar with CCR is provided below.

Registration information: <http://www.ccr.gov/startregistration.aspx>


Signature of Authorized Person

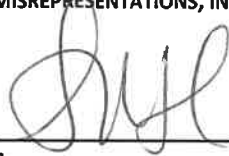

Date

Executive Director
Title

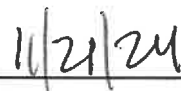
ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | FEMA | | | \$8,000 | \$8,000 |
| Direct Program | EFSP | | | | |
| Passed Through | United Way | | | \$ | \$ |
| | | | | | |
| Total Expenditure of Federal Awards | | | | \$8,000 | \$8,000 |
| | | | | | |
| NH Dept. of | DHHS | | | \$268,545 | \$268,545 |
| | SGIA | | | | |
| Total State and Local Awards | | | | \$268,545 | \$268,545 |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$276,545 | \$276,545 |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



 SIGNATURE



 DATE

SUSAN M. FORD

 PRINTED NAME

EXECUTIVE DIRECTOR

 TITLE

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|--|--|
| Organization Strafford Nutrition Meals on Wheels | |
| Name of Program or Project Homedelivered Meal Program | |
| Name of Executive Director Jaymie Chagnon | |
| Mailing Address 25 Bartlett Avenue – Suite A, Somersworth, NH 03878 Physical Address 25 Bartlett Avenue – Suite A, Somersworth, NH 03878 | |
| Contact Person Jaymie Chagnon | Phone (603) 692-4211 |
| E-Mail ExecutiveDirector@SNMOW.org | Website http://straffordmealsonwheels.org |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input checked="" type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain): | |
| Tax ID # 26-4545462 | |
| SAM UEI # FNENMHYEZJ65 | SAM Expiration Date 07/26/2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity/project: \$ 5,000 |
| Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Funding will be used to help provide meals to homebound elderly & low-income-disabled adult Dover residents. Estimated serving 5,000 meals. |

| PROJECT LOCATION |
|--|
| Location(s) where services will be provided or physical improvements will be made. Meals will be delivered to eligible participants throughout the Dover community. |

| BENEFICIARIES |
|---|
| <p>Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Homebound elderly (most low-income) & homebound low-income disabled adults</p> |
| <p>Beneficiaries:</p> <p>For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): We serve about 325 Dover residents a year. This funding would help feed an equivalent of 50 people.</p> <p>For FY 2024 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 400</p> <p>Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2023 – 6/30/2024): Yes.</p> <p>If so, how much? 3,121</p> |

| CLIENT POPULATION |
|---|
| <p>Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> (OAA & State Regs) Yes <input type="checkbox"/> No</p> |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u> |
|--|
| <p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. The activity we will provide to qualified Dover's homebound elderly and low-income disabled adults is meals and safety monitoring. Our Federal/State grants only cover about 70% of the cost of a contracted number with a requirement that matching funds be raised from local sources. Any units served beyond the contracted amounts we must raise 100% of the cost. Requested funds will be combined with other funding sources to pay for the cost of each home delivered meal provided to a Dover resident. It also allows us to meet the actual needs of Dover residents, since we are serving more meals than allotted in our state contracts.</p> <p>Although our clientele must meet certain eligibility requirements, they are not charged a fee for the service, based on Older American Act regulations. We do ask for regular donations, but eligibility is not contingent on their ability to donate. This gives the seniors the freedom to use their limited resources on other areas such as rents and medical expenses. Potentially lessening the need for other welfare services that may be offered by the city.</p> |

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

| Outcome | Measurement |
|--|--|
| Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Seniors who need meals to maintain health and independence will receive them. | No one qualified for the meals will be waitlisted for meals. |
| | |
| | |

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. Strafford Nutrition & Meals on Wheels has been providing meals and support services to the elderly and low-income disabled adults in Dover since 1973. Our mission is to help these populations remain independent and safely in their homes by providing them a healthy meal and monitoring for potential issues on a regular, ongoing basis.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit the most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. We are annually reviewed by the state, county, several towns, grantors, etc. These evaluations vary in form from reports to in person reviews depending on the source and sometimes the year.

BOARD OF DIRECTORS

| Name | Residence (city/town) |
|------------------|-----------------------------------|
| Steve Goff | Somersworth |
| Chris Maxwell | Somersworth |
| Lindsey Gagnon | Somersworth |
| Robert Lussier | Concord (Formerly Dover resident) |
| Michelle Robbins | Somersworth |
| Harry Tagen | Rochester |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. <u>Public Services</u> | | | |
|------------------------------------|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| | | | |
| | | | |
| | | | |
| Other: Meals | 5,000 | 52,500 | 57,500 |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | | | |

| 2. <u>Public Facilities</u> |
|------------------------------------|
|------------------------------------|

| | A | B | A + B |
|---|----------------------------|----------------|-----------------------|
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs <i>Note:</i> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| | | | |
| <i>Total Hard Costs</i> | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| <i>Total Soft Costs</i> | | | |
| <i>TOTAL PROPOSED BUDGET:</i> | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|--------|-------------------|--|
| Federal: | Committed: Pending: Proposed: | 49,000 | 49,000 | Federal & State are combined under on contract |
| State: | Committed: Pending: Proposed: | | | |
| Local: | Committed: Pending: Proposed: | | | |
| Private: | Committed: Pending: Proposed: | | | |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | | |
| Rochester CDBG: | Committed: Pending: Proposed: | | | |

| | | | | |
|--------|-------------------------------------|-------|--|--|
| Other: | Committed: Pending: Proposed: | 3,500 | | Combination of client donations, outside donations, and fundraising efforts. |
| Total: | Committed: Pending: Proposed: | | | |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | Explanation |
|---|---|-------------|
| | Committed: Pending: Proposed: | |
| Total: | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from July 1 to June 30 | Current Year | Next Year (projected) |
|---|------------------|-----------------------|
| REVENUES | | |
| Federal Funds | 1,082,936 | 1,090,000 |
| State Funds | Combined above | Combined above |
| Foundations/Private Contributions | 81,268 | 82,000 |
| United Way | | |
| Fundraising or other income | 66,093 | 67,000 |
| Other (describe) Grants | 71,600 | 72,000 |
| Community Dev. Block Grant (include anticipated request) | 8,000 | 9,000 |
| TOTAL REVENUE | 1,309,897 | 1,320,000 |
| EXPENSES | | |
| Salaries | 432,222 | 440,000 |
| Fringe Benefits – Payroll Taxes and Workers Comp | 37,512 | 37,000 |
| Supplies (include printing/copying) | 59,602 | 60,000 |
| Travel | 54,703 | 56,000 |
| Training & Association Dues | 2,727 | 2,800 |
| Communications | 10,198 | 10,200 |
| Audit, It Professionals, & Insurance | 27,067 | 30,000 |

| | | |
|---|------------------|------------------|
| Property Maintenance – Rents & Utilities | 10,820 | 12,000 |
| Service Contracts – Copier & Payroll | 5,473 | 6,000 |
| Construction Supplies/Materials (equipment) | 15,000 | 6,000 |
| Other (describe) Food/Meals | 651,539 | 660,000 |
| TOTAL EXPENSES | 1,296,863 | 1,320,000 |
| NET (Income - Expenses) | 3,034 | 0 |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|--|---|---------------------|--|--------------------------------|----------------------------|
| | <i>This section doesn't not appear applicable to any of our funding sources</i> | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total Expenditure of Federal Awards | | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Local Assistance: | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total State and Local Awards | | | | \$ | \$ |

| | | | | | |
|---|--|--|--|----|----|
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$ | \$ |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



NOVEMBER 6, 2024

SIGNATURE

DATE

JAYMIE CHAGNON

EXECUTIVE DIRECTOR

PRINTED NAME

TITLE

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|--|--|
| Organization | Dover Public Welfare |
| Name of Program or Project | Security Deposit Program |
| Name of Executive Director | David Balian |
| Mailing Address | 61 Locust Street, Suite 334, Dover, NH 03820 |
| Physical Address | Same |
| Contact Person | David Balian |
| Phone | 603-516-6500 |
| E-Mail | d.balian@doover.nh.gov |
| Website | www.dover.nh.gov |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input checked="" type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain): | |
| Tax ID # | 02-66000230 |
| SAM UEI # | SAM Expiration Date |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION | |
|--|----------|
| Amount of Dover CDBG funds requested for activity/project: \$ | \$12,000 |
| Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) To assist residents of Dover, NH to move into or relocate into apartments in Dover when they cannot afford Security Deposits. | |

| PROJECT LOCATION | |
|---|--|
| Location(s) where services will be provided or physical improvements will be made. | City of Dover Public Welfare Department. |

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.)

Beneficiaries:

For **FY 2026** (7/1/2025 – 6/30/2026) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): & households.

For **FY 2024** (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:

Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): 4 households.
If so, how much?

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☒ Yes ☐ No

If yes, are the criteria/protocols in writing?: ☒ Yes ☐ No

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

To provide safe and permanent housing to those clients that are homeless and to assist clients who are unstably housed to procure stable and permanent Housing. Being able to provide Security Deposits will allow families and individuals without the financial resources to move into secure permanent housing rather than staying in an emergency shelter or in an unsafe or “doubled up” housing situations. Currently the local CAP agency, which used to provide this assistance, is not doing so.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

| PERFORMANCE OUTCOME MEASURES | |
|---|--|
| Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes. | |
| Outcome | Measurement |
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Decrease in the number of people living in temporary emergency shelters or "doubled up" in overcrowded situations because they cannot afford both first months rent and Security Deposit. | Number of Emergency Shelter spaces that open up and shorter shelter stays that allow the shelter wait list times to be shorter. |
| Decrease the number of people living in cars, motels and unsafe locations. | People move into safe, stable permanent housing.. |
| | |

| DESCRIPTION OF ORGANIZATION | |
|--|-----------------------|
| Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project. | Dover Public Welfare. |

| AUDIT AND EVALUATION | |
|---|---------|
| Does your organization have an annual CPA audit or other financial statement? | Yes. |
| If yes, please submit most recent audit or financial statements as an attachment to this application. | |
| Is your organization evaluated by outside agencies or programs? | Yes. |
| If yes, please note the agency/program and how often the evaluation occurs. | Yearly. |

| BOARD OF DIRECTORS | |
|--------------------|-----------------------|
| Name | Residence (city/town) |
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BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. Public Services | | | |
|------------------------------------|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | 0 | City of Dover, NH | |
| Utilities | 0 | City of Dover, NH | |
| Repairs/Maintenance | 0 | City of Dover, NH | |
| Travel | 0 | City of Dover, NH | |
| Salaries (List relevant positions) | 0 | City of Dover, Nh | |
| | | | |
| | | | |
| | | | |
| Other: | | | |
| Security Deposit Program | \$12,000 | | \$12,000 |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | \$12,000 | | \$12000 |

| 2. Public Facilities | | | |
|--|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| Total Hard Costs | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| Total Soft Costs | | | |
| TOTAL PROPOSED BUDGET: | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | Total Amount (\$) | Explanation |
|--|--|-------------------|-------------|
| Federal: | Committed: Pending: Proposed: | | |
| State: | Committed: Pending: Proposed: | | |
| Local: | Committed: Pending: Proposed: | | |
| Private: | Committed: Pending: Proposed: | | |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | |
| Rochester CDBG: | Committed: Pending: Proposed: | | |
| Other: | Committed: Pending: Proposed: | | |
| Total: | Committed: Pending: Proposed: | | |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | Explanation |
|---|---|-------------|
|---|---|-------------|

| | | | |
|--------|------------|--|--|
| | Committed: | | |
| | Pending: | | |
| | Proposed: | | |
| Total: | | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from | to | Current Year | Next Year (projected) |
|---|----|--------------|-----------------------|
| REVENUES | | | |
| Federal Funds | | | |
| State Funds | | | |
| Foundations/Private Contributions | | | |
| United Way | | | |
| Fundraising or other income | | | |
| Other (describe) | | | |
| Community Dev. Block Grant (include anticipated request) | | \$12,000 | \$12,000 |
| TOTAL REVENUE | | \$12,000 | |
| EXPENSES | | | |
| Salaries | | | |
| Fringe Benefits | | | |
| Supplies (include printing/copying) | | | |
| Travel | | | |
| Training | | | |
| Communications | | | |
| Audit | | | |
| Property Maintenance | | | |
| Service Contracts | | | |
| Construction Supplies/Materials | | | |
| Other (describe) | | | |
| TOTAL EXPENSES | | \$12,000 | \$12,000 |
| NET (Income - Expenses) | | | |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CFDA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|--|---|---------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Total Expenditure of Federal Awards | | | | \$ | \$ |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| Local Assistance: | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$ | \$ |
| Total State and Local Awards | | | | \$ | \$ |

APPLICATION: DOVER CDBG FUNDING – PUBLIC FACILITIES ACTIVITY

| APPLICANT INFORMATION | |
|--|--|
| Organization City of Dover | |
| Name of Activity City Hall Second Floor Bathrooms -Barrier Removal | |
| Name of Executive Director J. Michael Joyal, Jr | |
| Mailing Address 288 Central Avenue, Dover NH 03820 | |
| Physical Address 288 Central Avenue, Dover NH 03820 | |
| Contact Person Chris Parker | Phone 603-516-1560 |
| E-Mail C.Parker@dover.nh.gov | Website https://www.dover.nh.gov/ |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input checked="" type="checkbox"/> Unit of <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain): | |
| Tax ID # 02-6000230 | |
| SAM UEI # CJFYJTK9YE5 | SAM Expiration Date 02/04/2026 |

ACTIVITY INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity: \$ \$120,000.00 |
| Provide a <u>very brief</u> summary of the <u>activity</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Renovations to City Hall second floor bathrooms to address ADA/Barrier Removal requirements. |

| PROJECT LOCATION |
|---|
| Location(s) where activity will occur. Dover City Hall |

| BENEFICIARIES |
|--|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Improvements targeted to address two CDBG Presumed Benefit groups ("elderly" and "severely disabled adults") |
| Beneficiaries: For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity. Not your entire client population: Approximately 1,000 people For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: NA Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): No |

| CLIENT POPULATION |
|---|
| Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, are the criteria/protocols in writing?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u> |
|---|
| Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. NA |

| NARRATIVE – <u>PUBLIC FACILITY</u> ACTIVITY |
|---|
| <p>Please provide the following information for the proposed activity (<i>not the organization</i>):</p> <p>Describe the nature of the project: ADA based improvements to City Hall second floor bathrooms to remove barriers to access.</p> <p>Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : Improvements are eligible as they target HUD identified "presumed benefit" population groups of "elderly" and "severely disabled adults".</p> <p>Proposed activity starting date: Spring 2026</p> <p>Proposed activity completion date: Fall 2026</p> <p>Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Design and Oversight @ \$20,000.00; Construction (demo, plumbing, electrical, carpentry, fixtures, etc.) @ \$100,000.00</p> <p>Note: Written estimates for construction, materials, equipment purchase, etc. are to be submitted with this application. Estimates must be from qualified individuals/companies/suppliers.</p> |

| PERFORMANCE OUTCOME MEASURES | |
|--|--|
| Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes. | |
| Outcome | Measurement |
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Remove barriers to access. | Rehab of existing bathrooms. |
| | |
| | |

| DESCRIPTION OF ORGANIZATION |
|---|
| Please provide a description for the <u>organization or agency</u> that is undertaking the activity or project. City of Dover |

| AUDIT AND EVALUATION |
|---|
| Does your organization have an annual CPA audit or other financial statement? Yes |
| If yes, please submit most recent audit or financial statements as an attachment to this application. See attached. |
| Is your organization evaluated by outside agencies or programs? Yes |
| If yes, please note the agency/program and how often the evaluation occurs. See audit above. |

| BOARD OF DIRECTORS | |
|--|-------|
| Robert Carrier-Mayor | Dover |
| Dennis Shanahan-Deputy City Mayor, Ward 5 | Dover |
| Lindsey Williams- City Councilor, At-Large | Dover |
| Linnea Nemeth- City Councilor, At-Large | Dover |
| April Richer-City Councilor, Ward 1 | Dover |
| Robert Warach-City Councilor, Ward 2 | Dover |
| Anthony Retrosi-City Councilor, Ward 3 | Dover |
| Debra Hackett-City Councilor, Ward 4 | Dover |
| Fergus Cullen-City Councilor, Ward 6 | Dover |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. <u>Public Services</u> | | | |
|------------------------------------|----------------------------|----------------|-----------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| | | | |
| | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | | | |

| 2. <u>Public Facilities</u> | | | |
|--|----------------------------|---------------|-----------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding | Total Proposed Budget |
| Hard Costs Note: Federal wage rates and Buy America Build America requirements may apply. Applicants are encouraged to factor both in generating estimates. | | | |
| Construction: Installation & Electrical | \$100,000.00 | \$0 | \$100,000.00 |
| Other (list): purchase of 5 units | \$0 | \$0 | \$00 |
| | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 |
| <i>Total Hard Costs</i> | \$100,000.00 | \$0 | \$100,000.00 |
| Soft Costs | | | |
| Acquisition | \$0 | \$0 | \$0 |
| Appraisals | \$0 | \$0 | \$0 |
| Design/Engineering | \$20,000.00 | \$0 | \$20,000.00 |
| Other(list): Contingency | \$0 | \$0 | \$0 |
| | | | |
| <i>Total Soft Costs</i> | \$20,000.00 | \$0 | \$20,000.00 |
| <i>TOTAL PROPOSED BUDGET:</i> | \$120,000.00 | \$0 | \$120,000.00 |

ACTIVITY FUNDING SOURCES

Organizational Commitment: Indicate the amount of funds that the organization will be contributing to the activity.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | | Explanation |
|---|---|-----|-------------|
| City of Dover | Committed: | \$0 | |
| | Pending: | \$0 | |
| | Proposed: | \$0 | |
| Total: | | \$0 | |

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|-----|-------------------|-------------|
| Federal: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| State: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Local: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Private: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Portsmouth CDBG: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Rochester CDBG: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Other: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Total: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from July 1, 2024 to June 30, 2025 See attached: <u>COD FY25 Adopted Budget</u> | Current Year | Next Year (projected) |
|---|--------------|-----------------------|
| REVENUES | | |
| Federal Funds | | |
| State Funds | | |
| Foundations/Private Contributions | | |
| United Way | | |
| Fundraising or other income | | |
| Other (describe) | | |
| Community Dev. Block Grant (include anticipated request) | | |
| TOTAL REVENUE | | |
| EXPENSES | | |
| Salaries | | |
| Fringe Benefits | | |
| Supplies (include printing/copying) | | |
| Travel | | |
| Training | | |
| Communications | | |
| Audit | | |
| Property Maintenance | | |
| Service Contracts | | |
| Construction Supplies/Materials | | |
| Other (describe) | | |
| TOTAL EXPENSES | | |
| NET (Income - Expenses) | | |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Total Expenditure of Federal Awards | | | | \$0 | \$0 |
| NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| Local Assistance: | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$0 | \$0 |
| Total State and Local Awards | | | | \$0 | \$0 |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$0 | \$0 |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Signed by:

0CB4736960CE4EB...
SIGNATURE

CHRISTOPHER G. PARKER

PRINTED NAME

3/19/2025

DATE

DEPUTY CITY MANAGER

TITLE

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|---|--------------------------------------|
| Organization Community Action Partnership of Strafford County | |
| Name of Program or Project Home for Now Shelter - Bathroom Installation | |
| Name of Executive Director Betsey Andrews Parker, CEO | |
| Mailing Address 577 Central Avenue, Suite 10, Dover, NH 03820 | |
| Physical Address 577 Central Avenue, Suite 10, Dover, NH 03820 | |
| Contact Person Bob Arnold, Housing Development and Revitalization Director | Phone 603-435-2500 ext. 2350 |
| E-Mail barnold@straffordcap.org | Website www.straffordcap.org |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) | |
| <input checked="" type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of | |
| <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education | |
| <input type="checkbox"/> Other (Explain): | |
| Tax ID # 02-0268636 | |
| SAM UEI # Z3KKLWND4993 | SAM Expiration Date 2/27/2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity/project: \$ 15,500 |
| Provide a very brief summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Funds will be used to Install a bathroom in the lower level of the building |

| PROJECT LOCATION |
|--|
| Location(s) where services will be provided or physical improvements will be made. 202 Washington Street, Rochester, NH |

| BENEFICIARIES |
|---|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Homeless individuals and families |
| <p>Beneficiaries:</p> <p>For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 5</p> <p>For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 4</p> <p>Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): No</p> <p>If so, how much?</p> |

| CLIENT POPULATION |
|--|
| <p>Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |

| NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY |
|---|
| <p>Please provide a detailed description for the proposed <u>activity</u> (not the organization). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.</p> <p>The Weatherization Assistance Program (WAP) reduces energy costs for low-income households by increasing the energy efficiency of their homes while ensuring their health and safety. Through this project, we aim to serve low-income households in the City of Dover. Our target population are individuals and families most at-risk for high energy costs who do not have the means to make cost-effective energy conservation improvements to their homes. WAP collaborates with the electric and natural gas utilities' energy efficiency programs to enhance the weatherization services provided to low-income households.</p> <p>The weatherization process begins with an energy audit of the home by a certified energy auditor and includes inspecting and testing of the home and its appliances to determine if improvements can be made to save money on electric and fuel expenses. If improvements are found to be cost-effective, an installation crew performs insulation, air sealing and mechanical improvements which will reduce household energy expenditures and increase comfort, safety and health of the home's occupants.</p> <p>Activities include using tests and procedures developed with or approved by Eversource, Unitil and the U.S. Department of Energy to determine the combination of appropriate measures such as blower door testing, combustion testing, CO testing, gas leak testing, and/or ventilation and moisture testing of the building envelope. Weatherization and life safety measures may include:</p> <ul style="list-style-type: none"> • Insulation • Furnace repair or replacement • Window and door repair or replacement • Low-flow faucets and shower heads • Water heater improvements • Air sealing • Weatherstripping |

- Pipe insulation
- Refrigerator replacement
- LED lighting conversion
- Mechanical ventilation as required by ASHRAE 62.2 (2016)
- Smoke and CO detectors with 10-year battery life
- Incidental repairs as outlined in the NH Weatherization Field Guide, 2019 Edition
- Other Health and Safety measures as outlined in the NH Weatherization Field Guide, 2019 Edition

CDBG funding for WAP benefits Dover residents with low or very low incomes in several ways, including:

1. Allowing CAPSC to make improvements to building systems and structures (e.g. health and safety issues and incidental repairs) that cannot be performed using other funding sources but must be repaired for the site to be eligible for Weatherization funding.
2. Allowing Dover projects to comply with the leveraging requirements mandated by Weatherization funding.
3. Addressing emergency issues not requiring whole-home Weatherization.
4. Allowing CAPSC to provide assistance during times of the year when other funding sources are not available.
5. Increasing affordable housing stock in Dover by reducing the operational costs of housing for low-income families.
6. Effectively leveraging approximately \$2 for each dollar invested by the City of Dover from other funding sources.

Due to funding limitations, there is currently a higher demand for Weatherization services than can be met. CDBG funding helps supplement the federal and state funds for Weatherization, allowing CAPSC to serve more homes.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (not the organization):

Describe the nature of the project: Our goal is to provide shelter for families experiencing homelessness and assist them in securing housing within a 6–9-month period. We offer 24/7 support that includes case management, group sessions, assistance with obtaining vital documents, and help with applications for food stamps, childcare assistance, Medicaid benefits, WIC, and SSI/SSDI. Additionally, we support families with housing applications and provide other resources as needed. An additional bathroom in the basement will allow us to expand services and utilize the heated finished area which is currently not being used to deliver services.

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : Home for now is one of the few family shelters in Strafford County and the only one in Rochester. We give priority to families coming from Rochester and the immediate area. In addition, we work closely with Dover City Welfare

Proposed project starting date: 7/10/2025

Proposed project completion date: 08/13/2025

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Building Modification, Bathroom: \$76,000

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates. We are in the process of obtaining estimate, however based upon discussions with our architect and general contractor we are confident of the projected cost.

| PERFORMANCE OUTCOME MEASURES | |
|--|--|
| Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes. | |
| Outcome | Measurement |
| Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| 1. Provide shelter to homeless families | 1. Minimum of 50 individuals to pass through in FY26 |
| 2. Transition homeless families to more permanent housing | 2. Decrease the number of homeless individuals and families |
| 3. Provide support to homeless individuals and families | 3. Number of homeless individuals who become self-sufficient |

| DESCRIPTION OF ORGANIZATION |
|---|
| <p>Please provide a description for the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>At Community Action Partnership of Strafford County (CAPSC), we strongly believe no one should go without having their basic needs met. As the leading anti-poverty agency in Strafford County, we strive to empower individuals and families to achieve self-sufficiency by opening the doors to resources and opportunities that offer a hand up, not a hand out. When we achieve this goal, we reduce the impact of poverty and build a stronger community.</p> <p>Our mission at CAPSC is to reduce barriers to help clients improve their economic stability and well-being through education, advocacy, and partnerships. In accordance with its mission, CAPSC offers over 60+ coordinated programs designed to have a measurable impact on poverty and health status among our community’s most vulnerable residents, specifically children under the age of six, disabled, seniors and those experiencing low incomes. Programs include nutrition, housing, fuel and electric assistance, weatherization, parent and child education, childcare, and transportation, all of which are locally defined, planned and managed in partnership with other community agencies. All programs are designed to increase self-sufficiency and help clients become socially and financially independent. CAPSC’s goal is to interrupt the cycle of poverty and empower at-risk children, working families and seniors to live more secure, stable and healthier lives.</p> <p>CAPSC is governed by a volunteer Board of Directors, one-third of whom are consumers of services. We have nearly 150 employees and a nearly \$20 million operating budget which includes federal, state, and local funds in addition to foundation and United Way grants, fees for service, and individual and corporate donations.</p> <p>CAPSC helps individuals to meet basic needs like housing, heat, food, transportation, childcare, and more. In 2022-2023, CAPSC served over 18,000 households and provided over \$33 million in goods and services to Strafford County residents, thereby reducing the burden on other County and community services and changing countless lives for the better. Some of what the programs at CAPSC were able to accomplish includes:</p> <ul style="list-style-type: none"> • Paying nearly \$20 million in emergency rental assistance to landlords and utility companies to help 5,332 households avoid eviction and utility disconnections. • Providing 2,265 safe, accessible rides for seniors • Providing 5,699 households with fuel assistance, valued at over \$4.5 million. • Providing 33,359 free summer meals to children experiencing food insecurity. • Weatherizing 349 homes. • Providing 289 children and their families with services through our Early Childhood Education programs. |

Together, these programs provide a holistic approach to self-sufficiency, and offer clients the resources needed to move out of poverty.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application. *Attached*

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs.

CAPSC is evaluated by the Region One Office of Head Start; Department of Health and Human Services; NH Office of Strategic Initiatives (OSI); Eversource; Unitil; and the United Way for program and financial performance. Evaluations occur annually at minimum. The Weatherization program is evaluated annually to ensure the program is following all federal guidelines. Each Weatherization job is audited to ensure all Weatherization measures are done correctly. The most recent Weatherization audit occurred in June, 2024

BOARD OF DIRECTORS

| Name | Residence (city/town) |
|---|-----------------------|
| Terry Jarvis Chair | New Durham, NH |
| Katrin Kasper Vice Chair | Lee, NH |
| Jean Miccolo Treasurer | Rochester, NH |
| Alan Brown Secretary | Rochester, NH |
| Heather Blumenfeld, Executive Director | Dover, NH |
| Bekki Carlson | Somersworth, NH |
| Anthony M. Carr | Dover, NH |
| Leah Crouser | Dover, NH |
| Nicki Gearwar | Dover, NH |
| Robert Harrington | Dover, NH |
| Sarah Kuhl | Dover, NH |
| Jessica Lamontagne | Dover, NH |
| Michelle Lien | Dover, NH |
| Christine McCluskey | Farmington, NH |
| Brandi McKay-Berry | Barrington, NH |
| Ian Oneail | Raymond, NH |
| Roxanne Osgood | Middleton, NH |
| James Rathbun | Farmington, NH |
| Tom Southworth | Dover, NH |
| Maureen Staples | Dover, NH |

| | |
|-----------------|---------------|
| Mark Toussaint | Rochester, NH |
| Steve Trozinski | Dover, NH |
| Jeff Warach | Dover, NH |
| Robert Warach | Dover, NH |

BUDGET: ACTIVITY or PROJECT -

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. Public Services | | | |
|------------------------------------|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| | | | |
| | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | | | |

| 2. Public Facilities | | | |
|---|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | 15,000 | 58,500 | 73,500 |
| Other (list) | | | |
| | | | |
| <i>Total Hard Costs</i> | 15,000 | 58,500 | 73,500 |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | 500 | 2000 | 2500 |
| Other(list): | | | |
| | | | |
| <i>Total Soft Costs</i> | 500 | 2000 | 2500 |

| | | | |
|-------------------------------|---------------|---------------|---------------|
| <i>TOTAL PROPOSED BUDGET:</i> | 15,500 | 60,500 | 76,000 |
|-------------------------------|---------------|---------------|---------------|

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES –

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|---|--|------------------|--------------------------|------------------------|
| Federal: | Committed: Pending: Proposed: | \$426,167 | \$426,167 | Federal Funding |
| State: | Committed: Pending: Proposed: | | | |
| Local: | Committed: Pending: Proposed: | | | |
| Private: | Committed: Pending: Proposed: | 300,000 | 300,000 | Agency Funded |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | | |
| Rochester CDBG: | Committed: Pending: Proposed: | \$12,000 | \$12,000 | FY25 Award |
| Other: | Committed: Pending: Proposed: | | | |
| Total: | Committed: Pending: Proposed: | | | |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | | Explanation |
|---|---|-----------|------------------------------|
| | Committed: | \$738,167 | Combined Federal and Private |
| | Pending: | | |
| | Proposed: | \$12,000 | |
| Total: | | | |

BUDGET: ORGANIZATION –

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from January 1 to December 31 | Current Year | Next Year (projected) |
|---|-------------------|-----------------------|
| REVENUES | | |
| Federal Funds | 13,437,400 | 12,834,640 |
| State Funds | 564,058 | 549,798 |
| Foundations/Private Contributions | | |
| United Way | | |
| Fundraising or other income | 1,346,231 | 4,227,862 |
| Other (describe) In-Kind | 1,600,761 | 1,743,351 |
| Community Dev. Block Grant (include anticipated request) | 100,000 | 360,509 |
| TOTAL REVENUE | 17,048,450 | 19,716,160 |
| EXPENSES | | |
| Salaries | 6,700,568 | 7,171,057 |
| Fringe Benefits | 879,313 | 1,319,377 |
| Supplies (include printing/copying) | 869,955 | 1,251,622 |
| Travel | 66,388 | 108,377 |
| Training | 215,315 | 350,789 |
| Communications | | |
| Audit | 77,375 | 79,695 |
| Property Maintenance (includes Occupancy and IT) | 464,940 | 879,370 |
| Service Contracts | | |


| | | |
|---------------------------------|-------------------|-------------------|
| Construction Supplies/Materials | | |
| Other (describe) In-Kind | 1,600,761 | 1,743,351 |
| Direct Client Assistance | 5,340,627 | 5,816,190 |
| Insurance | 104,003 | 181,140 |
| Depreciation | 244,140 | 239,000 |
| Professional Fees | 176,812 | 306,504 |
| Interest Expense | 36,837 | 92,304 |
| Other Program Support | 261,442 | 174,126 |
| TOTAL EXPENSES | 17,038,476 | 19,712,902 |
| NET (Income - Expenses) | 9,974 | 3,258 |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDEA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|--|---|-------------------------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | [Agency Name] | Please see the attached SEFA FY2023 | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Total Expenditure of Federal Awards | | | | \$ | \$ |

| | | | | | |
|---|----------------|--|--|----|----|
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Local Assistance: | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total State and Local Awards | | | | \$ | \$ |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$ | \$ |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.


 SIGNATURE
 JOHN MOYNIHAN
 PRINTED NAME

11/20/24
 DATE
 CHIEF ADVANCEMENT OFFICER
 TITLE

**Community Action Partnership of Strafford County
Agency Budget - FY2025**

| Account Description | Total Program Columns |
|----------------------------|------------------------------|
| | |
| INCOME: | |
| Grant Revenue | \$13,744,947.00 |
| Fees for service | \$3,153,345.00 |
| Rent revenue | \$76,800.00 |
| Public Support | \$840,503.00 |
| Other Public Support | \$21,500.00 |
| In Kind Donations | \$1,743,351.00 |
| Interest income | \$214.00 |
| Fundraising | \$135,500.00 |
| TOTAL INCOME: | \$19,716,160.00 |
| | |
| EXPENSE: | |
| Compensation | \$7,171,057.00 |
| Payroll taxes | \$573,099.00 |
| Employee Benefits | \$603,348.00 |
| Retirement | \$142,930.00 |
| Direct Client Assistance | \$5,816,190.00 |
| In-Kind | \$1,743,351.00 |
| Professional Fees | \$386,199.00 |
| Supplies | \$1,183,196.00 |
| Occupancy | \$807,237.00 |
| Repairs and maintenance | \$72,133.00 |
| Insurance | \$181,140.00 |
| Training and Conferences | \$350,789.00 |
| Depreciation | \$239,000.00 |
| Travel and Transportation | \$108,377.00 |
| Printing and postage | \$28,841.00 |
| Equipment | \$39,585.00 |
| Interest expense | \$92,304.00 |
| Other program support | \$174,126.00 |
| TOTAL EXPENSE: | \$19,712,902.00 |
| | |
| Net Gain (Loss) | \$3,258.00 |

APPLICATION: DOVER CDBG FY25

| APPLICANT INFORMATION | |
|---|----------------------------------|
| Organization My Friend's Place | Tax ID 02-0407497 |
| Name of Program or Project Emergency Shelter and transitional Housing | |
| Name of Executive Director Susan Ford | |
| Mailing Address 368 Washington Street, Dover, NH 03820 | |
| Physical Address Emergency Shelter is SSA, Transitional Housing: 21/23 Hough Street and 25 East Concord Street, Dover, NH | |
| Contact Person Susan Ford | Phone 603-749-3017 |
| E-Mail sford@myfriendsplacenh.org | Website www.myfriendsplacenh.org |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) | |
| <input checked="" type="checkbox"/> 501(c)(3) For-profit authorized under 570.201(o) Unit of Government | |
| Faith-based Organization Institution of Higher Education | |
| Other (Explain): | |
| Tax ID # 02-0407497 | |
| *UEI # (DUNS REPLACEMENT) NHTBK7J56F76 | *SAM Expiration Date 2/18/25 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|--|
| Amount of Dover CDBG funds requested for activity/project: \$ 30,000 |
| Provide a very brief summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4 th grade students. Repair of homeless shelter roof.) Roof Replacement at both Hough and East Concord Street Locations |

| PROJECT LOCATION |
|--|
| Location(s) where services will be provided or physical improvements will be made. Two Transitional housing units located at 21/23 Hough Street and 25 East Concord Street, Dover NH |

| BENEFICIARIES |
|--|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Homeless Families |
| Beneficiaries: For FY 2025 (7/1/2024 – 6/30/2025) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): Four Families For FY 2023 (7/1/2022 – 6/30/2023) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: Currently we have 1 Dover Family in one of these apartments Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): Not this activity but we did replace the windows at Hough Street from the prior years funding. If so, how much? \$30,000 |

| CLIENT POPULATION |
|-------------------|
|-------------------|

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: XX Yes No

If yes, are the criteria/protocols in writing?: XX Yes No

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project: Replacing the roof and all materials needed in the eaves/roof, including but not limited to fascia boards, sheathing, drip edge, gutters, etc.

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : Homeless Families from Dover placed in these units can enjoy their rent on a discounted basis while working on barriers to permanent housing. If they are on a fixed income they can live here while they wait for their names to come up on income based housing.

Proposed project starting date: Fall of 25 or Spring of 26

Proposed project completion date: 3 days after start of each roof

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Not more than \$15,000 per roof. We are not sure of what below the shingles will need replacing.

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

| Outcome | Measurement |
|--|--|
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Decrease the amount of families/individuals Dover City Welfare would have to put up in a motel. | # of Dover Families/Individuals admitted to transitional housing |

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. My Friend's Place provides short term emergency shelter for homeless individuals and families. The average stay for a single person is 90 days while family's stays are 120 to 180 days. Due to our contract with the state, we can no longer mandate case management services. We have therefore put together two options for clients who wish to stay at MFP. Option 1 is to opt out of case management services in which case they are given a 30 day stay and must pay the full 30% of gross income to the shelter for service fees. Example someone staying here and earning \$500 a week will pay \$150 a week in service fees. Option 2 is to work with case management and as long as they are compliant, they are can stay as long as they need to and are compliant with the program. Compliance with the program means weekly, mandatory 30% of income in savings, budget sheets with receipts for purchases, schedules, weekly in person meetings to lay out goals and steps to obtain those goals as long with progress on those steps. We only require to pay 30% of gross or \$10 a day whichever is lower. The transitional housing program provides longer term stays for families who have serious obstacles to obtaining permanent housing. Families may stay in this program for up to 2 years

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? No

If yes, please note the agency/program and how often the evaluation occurs.

| BOARD OF DIRECTORS | |
|-------------------------------|-----------------------|
| Name | Residence (city/town) |
| FX Bruton, Esq., President | Dover, NH |
| Stan Robbins, Vice President | Dover, NH |
| Robert Fuller, CPA, Treasurer | Dover, NH |
| Janet Insolia, Secretary | Dover, NH |
| Phyllis LaPointe, Member | Barrington, NH |
| John Lewis, Esq., Member | Durham, NH |
| Jacqueline Williams, Member | Dover, NH |
| Brad Gould, Member | Dover, NH |
| Debra Hackett, Member | Dover, NH |
| Erica Johnson, Member | Dover, NH |
| John Doane, Member | Barrington, NH |
| Mark Bowen | Greenland, NH |
| Dan Hickman | Dover, NH |
| Lindsay Hickman | Dover, NH |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 2. <u>Public Facilities</u> | | | |
|---|----------------------------|----------------|-----------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | \$30,000 | \$0 | \$30,000 |
| Other (list) | | | |
| | | | |
| | | | |
| <i>Total Hard Costs</i> | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| <i>Total Soft Costs</i> | | | |
| <i>TOTAL PROPOSED BUDGET:</i> | | | |

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|--------------------------|------------------------------|---|
| Federal: | Committed: Pending: Proposed: | \$8,000 | \$8,000 | There is no contract for FY26, however we based this number on history with FEMA funding |
| State: | Committed: Pending: Proposed: | \$ \$254,800 | \$254,800 | There is no contract in place for FY26 however we expect it to be no less then a\$25 a bed night (28 beds*364)*\$25 |
| Local | Committed: Pending: Proposed: | \$ \$12,000 | \$12,000 | Again there is no contract for FY 26 however we based this number on funds we have received in the past from Dover as well as other towns billed for services |
| Private | Committed: Pending: Proposed: | \$ \$100,00 | \$100,000 | This budgeted amount for this years projected cash donations, investments, interest, United Way Contributions and other public grants. |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | \$0 | |
| Rochester CDBG: | Committed: Pending: Proposed: | \$ \$20,000 \$ | \$20,000 | This is a projected amount based on years past funding |
| Fundraising | Committed: Pending: Proposed: | \$220,000 | \$220,000 | This is our budget number based on history from all our fundraising efforts including but not limited to Bingo, Games of Chance and Annual Appeal |
| Total: | Committed: Pending: Proposed: | \$ \$624,992 | \$624,992 | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from July 1 to June 30 | Current Year | Next Year (projected) |
|--|----------------|-----------------------|
| REVENUES | | |
| Federal Funds | \$8,000 | \$8,000 |
| State Funds | \$268,545 | \$254,800 |
| Foundations/Private Contributions | \$90,200 | \$90,200 |
| United Way | \$8,000 | \$8,000 |
| Fundraising or other income | \$181,000 | \$180,000 |
| Other (describe) Direct Public Grants, interest, investment, rents, service fees etc. | \$63,500 | \$64,000 |
| Community Dev. Block Grant (include anticipated request) | \$27,700 | \$28,000 |
| TOTAL REVENUE | 646,945 | \$633,000 |
| EXPENSES | | |
| Salaries | \$361,000 | \$370,900 |
| Fringe Benefits | \$23,700 | \$25,000 |
| Supplies (include printing/copying) | \$23,300 | \$24,500 |
| Travel | \$1,000 | \$1,300 |
| Training & Audit | \$50 | \$3,000 |
| Communications | \$6,000 | \$7,000 |
| Utilities (Heat, Elec, Water) | \$41,000 | \$46,000 |
| Property Repairs & Maintenance | \$35,300 | \$38,000 |
| Contract Services | \$12,700 | \$14,000 |
| Resident Support Services and Volunteer Expenses | \$1,300 | \$1,600 |
| Insurance (Liability, Workers Comp, D & O | \$45,100 | \$49,000 |
| Misc Expenses (Resident Support Services, Volunteer Expenses, Fundraising expenses, Advertisement) | \$8,800 | \$15,000 |
| TOTAL EXPENSES | \$559,250 | \$592,300 |
| NET (Income - Expenses) | *87,695 | **40,700 |

This item is larger than expected as SB406 was passed and it increased our \$20 a bed rate from SGIA to add an additional \$7 a bed night for residents in beds. This is \$70,000+ is only for full beds although we are full most of the time there is nights that beds are empty due to turn over so we expect to not be able to bill this full amount.

** This is based on a guess that SGIA will increase from \$20 a bed to \$25 a bed.

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | FEMA | | | \$8,000 | \$8,000 |
| Direct Program | EFSP | | | | |
| Passed Through | United Way | | | \$ | \$ |
| | | | | | |
| Total Expenditure of Federal Awards | | | | \$8,000 | \$8,000 |
| | | | | | |
| NH Dept. of | DHHS | | | \$268,545 | \$268,545 |
| | SGIA | | | | |
| Total State and Local Awards | | | | \$268,545 | \$268,545 |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$276,545 | \$276,545 |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.


 SIGNATURE

11/21/24
 DATE

SUSAN M. FORD
 PRINTED NAME

EXECUTIVE DIRECTOR
 TITLE

APPLICATION: DOVER CDBG FUNDING – PUBLIC FACILITIES ACTIVITY

| APPLICANT INFORMATION | |
|--|--|
| Organization City of Dover | |
| Name of Activity Sidewalk Ramp Barrier Removal | |
| Name of Executive Director J. Michael Joyal, Jr | |
| Mailing Address 288 Central Avenue, Dover NH 03820 Physical Address 288 Central Avenue, Dover NH 03820 | |
| Contact Person Chris Parker | Phone 603-516-1560 |
| E-Mail C.Parker@dover.nh.gov | Website https://www.dover.nh.gov/ |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input checked="" type="checkbox"/> Unit of <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain): | |
| Tax ID # 02-6000230 | |
| SAM UEI # CJFYYJTK9YE5 | SAM Expiration 02/24/2026 |

ACTIVITY INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity: \$ \$120,000.00 |
| Provide a <u>very brief</u> summary of the <u>activity</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Installation ADA compliant pedestrian street crossings. |

| PROJECT LOCATION |
|--|
| Location(s) where activity will occur. Central Dover area including Central Avenue between Waldron Court & Second Street. |

| BENEFICIARIES |
|---|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Disabled Individuals; Elderly |
| Beneficiaries: For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity. Not your entire client population: 3,700-5,100 For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: NA Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): No |

| CLIENT POPULATION |
|--|
| Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| If yes, are the criteria/protocols in writing?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u> |
|--|
| Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. NA |

| NARRATIVE – <u>PUBLIC FACILITY</u> ACTIVITY |
|--|
| Please provide the following information for the proposed activity (not the organization): Describe the nature of the project: Improvement of sidewalk crossings including ADA compliant sidewalk ramps, lighting and pedestrian activated crossing beacons where necessary. Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : The projects will benefit the two “presumed benefit” populations groups identified as Elderly and Adults with Severe Disabilities by providing compliant street crossings. Proposed activity starting date: Summer 2025 Proposed activity completion date: Summer 2027 Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): The average total cost to reconstruct a single typical pedestrian ramp to ADA requirements is approximately \$5,000. This includes site preparation such as removal of existing pavement at \$800.00 to \$1,000.00 and the construction of a new pedestrian ramp at \$4,000.00 to \$4,200.00. The cost per intersection depends upon the configuration of the intersection and number of crossings. The proposed improvements on Central Avenue between Waldron Court and Second Street include sidewalk ramp improvements at \$30,000, possible installation of pedestrian activated beacons at Second Street at \$20,000.00 and improved lighting at the crossings at a total of \$30,000. Note: Written estimates for construction, materials, equipment purchase, etc. are to be submitted with this application. Estimates must be from qualified individuals/companies/suppliers. |

| PERFORMANCE OUTCOME MEASURES | |
|--|--|
| Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes. | |
| Outcome | Measurement |
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Remove barriers to access. | Installation ADA compliant street crossings and sidewalk ramps. |
| | |
| | |

| DESCRIPTION OF <u>ORGANIZATION</u> |
|---|
| Please provide a description for the <u>organization or agency</u> that is undertaking the activity or project. City of Dover |

| AUDIT AND EVALUATION |
|---|
| Does your organization have an annual CPA audit or other financial statement? Yes |
| If yes, please submit most recent audit or financial statements as an attachment to this application. See attached. |
| Is your organization evaluated by outside agencies or programs? Yes |
| If yes, please note the agency/program and how often the evaluation occurs. See audit above. |

| BOARD OF DIRECTORS | |
|--|-------|
| Robert Carrier-Mayor | Dover |
| Dennis Shanahan-Deputy City Mayor | Dover |
| Lindsey Williams- City Councilor, At-Large | Dover |
| Linnea Nemeth- City Councilor, At-Large | Dover |
| April Richer-City Councilor, Ward 1 | Dover |
| Robert Warach-City Councilor, Ward 2 | Dover |
| Anthony Retrosi-City Councilor, Ward 3 | Dover |
| Debra Hackett-City Councilor, Ward 4 | Dover |
| Fergus Cullen-City Councilor, Ward 6 | Dover |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. <u>Public Services</u> | | | |
|------------------------------------|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | | | |

| 2. <u>Public Facilities</u> | | | |
|--|-----------------------------------|----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding | Total Proposed Budget |
| <u>Hard Costs</u> <u>Note:</u> Federal wage rates and Buy America Build America requirements may apply. Applicants are encouraged to factor both in generating estimates. | | | |
| Construction | \$120,000.00 | \$0 | \$120,000.00 |
| Other (list) | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 |
| <i>Total Hard Costs</i> | \$120,000.00 | \$0 | \$120,000.00 |
| <u>Soft Costs</u> | | | |
| Acquisition | \$0 | \$0 | \$0 |
| Appraisals | \$0 | \$0 | \$0 |
| Design/Engineering | \$0 | \$0 | \$0 |
| Other(list): Contingency | \$0 | \$0 | \$0 |
| | | | |
| <i>Total Soft Costs</i> | \$0 | \$0 | \$0 |
| TOTAL PROPOSED BUDGET: | \$120,000.00 | \$0 | \$120,000.00 |

ACTIVITY FUNDING SOURCES

Organizational Commitment: Indicate the amount of funds that the organization will be contributing to the activity.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | | Explanation |
|---|---|-----|-------------|
| City of Dover | Committed: | \$0 | |
| | Pending: | \$0 | |
| | Proposed: | \$0 | |
| Total: | | \$0 | |

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|-----|-------------------|-------------|
| Federal: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| State: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Local: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Private: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Portsmouth CDBG: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Rochester CDBG: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Other: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Total: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| | | | |
|---|--|---------------------|------------------------------|
| Budget Period: from July 1, 2024 to June 30, 2025 See attached: <u>COD FY25 Adopted Budget</u> | | Current Year | Next Year (projected) |
| REVENUES | | | |
| Federal Funds | | | |
| State Funds | | | |
| Foundations/Private Contributions | | | |
| United Way | | | |
| Fundraising or other income | | | |
| Other (describe) | | | |
| Community Dev. Block Grant (include anticipated request) | | | |
| TOTAL REVENUE | | | |
| EXPENSES | | | |
| Salaries | | | |
| Fringe Benefits | | | |
| Supplies (include printing/copying) | | | |
| Travel | | | |
| Training | | | |
| Communications | | | |
| Audit | | | |
| Property Maintenance | | | |
| Service Contracts | | | |
| Construction Supplies/Materials | | | |
| Other (describe) | | | |
| TOTAL EXPENSES | | | |
| NET (Income - Expenses) | | | |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Total Expenditure of Federal Awards | | | | \$0 | \$0 |
| NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| Local Assistance: | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$0 | \$0 |
| Total State and Local Awards | | | | \$0 | \$0 |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$0 | \$0 |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Signed by:

0CB4736960CE4EB...
SIGNATURE

CHRISTOPHER G. PARKER

PRINTED NAME

3/19/2025

DATE

DEPUTY CITY MANAGER

TITLE

APPLICATION: DOVER CDBG FUNDING – PUBLIC FACILITIES ACTIVITY

| APPLICANT INFORMATION | |
|--|---|
| Organization City of Dover | |
| Name of Activity Universal Changing Stations -Barrier Removal | |
| Name of Executive Director J. Michael Joyal, Jr | |
| Mailing Address 288 Central Avenue, Dover NH 03820 | |
| Physical Address 288 Central Avenue, Dover NH 03820 | |
| Contact Person Chris Parker | Phone 603-516-1560 |
| E-Mail C.Parker@doover.nh.gov | Website https://www.dover.nh.gov/ |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) | |
| <input type="checkbox"/> 501(c)(3) Government | <input type="checkbox"/> For-profit authorized under 570.201(o) |
| <input type="checkbox"/> Faith-based Organization | <input checked="" type="checkbox"/> Unit of |
| <input type="checkbox"/> Other (Explain): | <input type="checkbox"/> Institution of Higher Education |
| Tax ID # 02-6000230 | |
| SAM UEI # CJFYJTK9YE5 | SAM Expiration Date 02/04/2026 |

ACTIVITY INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity: \$ \$75,000.00 |
| Provide a <u>very brief</u> summary of the <u>activity</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Installation of Universal Changing Stations that provide capacity for adults. |

| PROJECT LOCATION |
|---|
| Location(s) where activity will occur. City of Dover. Publicly accessible locations. |

| BENEFICIARIES |
|--|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Disabled Individuals |
| Beneficiaries: For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity. Not your entire client population: 500 For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: NA Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2024 – 6/30/2025): No |

| CLIENT POPULATION |
|---|
| Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, are the criteria/protocols in writing?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM ONLY |
|---|
| Please provide a detailed description for the proposed activity (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. NA |

| NARRATIVE – <u>PUBLIC FACILITY</u> ACTIVITY |
|---|
| <p>Please provide the following information for the proposed activity (<i>not the organization</i>):</p> <p>Describe the nature of the project: Installation of universal changing stations</p> <p>Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : The activity will benefit the “presumed benefit” population group identified as Adults with Severe Disabilities by providing adequate changing stations.</p> <p>Proposed activity starting date: Summer 2025</p> <p>Proposed activity completion date: Fall of 2026</p> <p>Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Power assisted wall-mounted units @ \$60,000.00. Electrical and installation @ \$15,000.00</p> <p>Note: Written estimates for construction, materials, equipment purchase, etc. are to be submitted with this application. Estimates must be from qualified individuals/companies/suppliers.</p> |

| PERFORMANCE OUTCOME MEASURES | |
|--|--|
| Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes. | |
| Outcome | Measurement |
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| Remove barriers to access. | Installation of universal changing stations at publicly accessible locations. |
| | |
| | |

| DESCRIPTION OF ORGANIZATION |
|---|
| Please provide a description for the <u>organization or agency</u> that is undertaking the activity or project. City of Dover |

| AUDIT AND EVALUATION |
|---|
| Does your organization have an annual CPA audit or other financial statement? Yes |
| If yes, please submit most recent audit or financial statements as an attachment to this application. See attached. |
| Is your organization evaluated by outside agencies or programs? Yes |
| If yes, please note the agency/program and how often the evaluation occurs. See audit above. |

| BOARD OF DIRECTORS | |
|--|-------|
| Robert Carrier-Mayor | Dover |
| Dennis Shanahan-Deputy City Mayor, Ward 5 | Dover |
| Lindsey Williams- City Councilor, At-Large | Dover |
| Linnea Nemeth- City Councilor, At-Large | Dover |
| April Richer-City Councilor, Ward 1 | Dover |
| Robert Warach-City Councilor, Ward 2 | Dover |
| Anthony Retrosi-City Councilor, Ward 3 | Dover |
| Debra Hackett-City Councilor, Ward 4 | Dover |
| Fergus Cullen-City Councilor, Ward 6 | Dover |

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. <u>Public Services</u> | | | |
|------------------------------------|-----------------------------------|-----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| | | | |
| | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | | | |

| 2. <u>Public Facilities</u> | | | |
|---|-----------------------------------|----------------------|------------------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding | Total Proposed Budget |
| Hard Costs <u>Note:</u> Federal wage rates and Buy America Build America requirements may apply. Applicants are encouraged to factor both in generating estimates. | | | |
| Construction: Installation & Electrical | \$15,000.00 | \$0 | \$15,000.00 |
| Other (list): purchase of 5 units | \$60,000.00 | \$0 | \$60,000.00 |
| | \$0 | \$0 | \$0 |
| | \$0 | \$0 | \$0 |
| Total Hard Costs | \$75,000.00 | \$0 | \$75,000.00 |
| Soft Costs | | | |
| Acquisition | \$0 | \$0 | \$0 |
| Appraisals | \$0 | \$0 | \$0 |
| Design/Engineering | \$0 | \$0 | \$0 |
| Other(list): Contingency | \$0 | \$0 | \$0 |
| | | | |
| Total Soft Costs | \$0 | \$0 | \$0 |
| TOTAL PROPOSED BUDGET: | \$75,000.00 | \$0 | \$75,000.00 |

ACTIVITY FUNDING SOURCES

Organizational Commitment: Indicate the amount of funds that the organization will be contributing to the activity.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | | Explanation |
|---|---|-----|-------------|
| City of Dover | Committed: | \$0 | |
| | Pending: | \$0 | |
| | Proposed: | \$0 | |
| Total: | | \$0 | |

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|-----|-------------------|-------------|
| Federal: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| State: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Local: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Private: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Portsmouth CDBG: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Rochester CDBG: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Other: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |
| Total: | Committed: | \$0 | \$0 | \$0 |
| | Pending: | \$0 | | |
| | Proposed: | \$0 | | |

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from July 1, 2024 to June 30, 2025 See attached: <u>COD FY25 Adopted Budget</u> | Current Year | Next Year (projected) |
|---|--------------|-----------------------|
| REVENUES | | |
| Federal Funds | | |
| State Funds | | |
| Foundations/Private Contributions | | |
| United Way | | |
| Fundraising or other income | | |
| Other (describe) | | |
| Community Dev. Block Grant (include anticipated request) | | |
| TOTAL REVENUE | | |
| EXPENSES | | |
| Salaries | | |
| Fringe Benefits | | |
| Supplies (include printing/copying) | | |
| Travel | | |
| Training | | |
| Communications | | |
| Audit | | |
| Property Maintenance | | |
| Service Contracts | | |
| Construction Supplies/Materials | | |
| Other (describe) | | |
| TOTAL EXPENSES | | |
| NET (Income - Expenses) | | |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|---|---|---------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$0 | \$0 |
| Total Expenditure of Federal Awards | | | | \$0 | \$0 |
| NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$0 | \$0 |
| Local Assistance: | [Agency Name] | | | \$0 | \$0 |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$0 | \$0 |
| Total State and Local Awards | | | | \$0 | \$0 |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$0 | \$0 |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Signed by:

0CB4736960CE4EB...
SIGNATURE

CHRISTOPHER G. PARKER

PRINTED NAME

3/19/2025

DATE

DEPUTY CITY MANAGER

TITLE

APPLICATION: DOVER CDBG FY26

| APPLICANT INFORMATION | |
|--|--------------------------------------|
| Organization Community Action Partnership of Strafford County | |
| Name of Program or Project Weatherization Assistance Program | |
| Name of Executive Director Betsey Andrews Parker, CEO | |
| Mailing Address 577 Central Avenue, Suite 10, Dover, NH 03820 | |
| Physical Address 577 Central Avenue, Suite 10, Dover, NH 03820 | |
| Contact Person Bob Arnold, Housing Development and Revitalization Director | Phone 603-435-2500 ext. 2350 |
| E-Mail barnold@straffordcap.org | Website www.straffordcap.org |
| Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input checked="" type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain): | |
| Tax ID # 02-0268636 | |
| SAM UEI # Z3KKLWND4993 | SAM Expiration Date 2/27/2025 |

ACTIVITY or PROJECT INFORMATION

| ACTIVITY OR PROJECT INFORMATION |
|---|
| Amount of Dover CDBG funds requested for activity/project: \$ 25,000 |
| Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Funds will be used to supplement the Weatherization Assistance Program for Dover residents experiencing economic hardship. |

| PROJECT LOCATION |
|---|
| Location(s) where services will be provided or physical improvements will be made. Dover, NH |

| BENEFICIARIES |
|--|
| Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Low-Income Households |
| Beneficiaries: For FY 2026 (7/1/2025 – 6/30/2026) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 15 For FY 2024 (7/1/2023 – 6/30/2024) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 24 Were Dover CDBG funds used to fund this activity or project in FY 2024 (7/1/2023 – 6/30/2024): 12 If so, how much? \$25,000.00 |

| CLIENT POPULATION |
|---|
| Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No |

| NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM ONLY |
|---|
| <p>Please provide a detailed description for the proposed activity (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.</p> <p>The Weatherization Assistance Program (WAP) reduces energy costs for low-income households by increasing the energy efficiency of their homes while ensuring their health and safety. Through this project, we aim to serve low-income households in the City of Dover. Our target population are individuals and families most at-risk for high energy costs who do not have the means to make cost-effective energy conservation improvements to their homes. WAP collaborates with the electric and natural gas utilities' energy efficiency programs to enhance the weatherization services provided to low-income households.</p> <p>The weatherization process begins with an energy audit of the home by a certified energy auditor and includes inspecting and testing of the home and its appliances to determine if improvements can be made to save money on electric and fuel expenses. If improvements are found to be cost-effective, an installation crew performs insulation, air sealing and mechanical improvements which will reduce household energy expenditures and increase comfort, safety and health of the home's occupants.</p> <p>Activities include using tests and procedures developed with or approved by Eversource, Unitil and the U.S. Department of Energy to determine the combination of appropriate measures such as blower door testing, combustion testing, CO testing, gas leak testing, and/or ventilation and moisture testing of the building envelope. Weatherization and life safety measures may include:</p> <ul style="list-style-type: none"> • Insulation • Furnace repair or replacement • Window and door repair or replacement • Low-flow faucets and shower heads • Water heater improvements • Air sealing • Weatherstripping |

- Pipe insulation
- Refrigerator replacement
- LED lighting conversion
- Mechanical ventilation as required by ASHRAE 62.2 (2016)
- Smoke and CO detectors with 10-year battery life
- Incidental repairs as outlined in the NH Weatherization Field Guide, 2019 Edition
- Other Health and Safety measures as outlined in the NH Weatherization Field Guide, 2019 Edition

CDBG funding for WAP benefits Dover residents with low or very low incomes in several ways, including:

1. Allowing CAPSC to make improvements to building systems and structures (e.g. health and safety issues and incidental repairs) that cannot be performed using other funding sources but must be repaired for the site to be eligible for Weatherization funding.
2. Allowing Dover projects to comply with the leveraging requirements mandated by Weatherization funding.
3. Addressing emergency issues not requiring whole-home Weatherization.
4. Allowing CAPSC to provide assistance during times of the year when other funding sources are not available.
5. Increasing affordable housing stock in Dover by reducing the operational costs of housing for low-income families.
6. Effectively leveraging approximately \$2 for each dollar invested by the City of Dover from other funding sources.

Due to funding limitations, there is currently a higher demand for Weatherization services than can be met. CDBG funding helps supplement the federal and state funds for Weatherization, allowing CAPSC to serve more homes.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (not the organization):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

| PERFORMANCE OUTCOME MEASURES | |
|--|--|
| Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes. | |
| Outcome | Measurement |
| Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults | Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program. |
| 1. Improve the financial position of clients by improving the energy efficiency of their homes. | 1. Savings-to-investment ratios based on Department of Energy home energy modeling. |
| 2. Decrease the number of homes with safety concerns. | 2. # of homes audited and weatherized |
| 3. Increase affordable housing stock in Dover. | 3. # of individuals/families remaining in their homes. |

| DESCRIPTION OF ORGANIZATION |
|--|
| <p>Please provide a description for the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>At Community Action Partnership of Strafford County (CAPSC), we strongly believe no one should go without having their basic needs met. As the leading anti-poverty agency in Strafford County, we strive to empower individuals and families to achieve self-sufficiency by opening the doors to resources and opportunities that offer a hand up, not a hand out. When we achieve this goal, we reduce the impact of poverty and build a stronger community.</p> <p>Our mission at CAPSC is to reduce barriers to help clients improve their economic stability and well-being through education, advocacy, and partnerships. In accordance with its mission, CAPSC offers over 60+ coordinated programs designed to have a measurable impact on poverty and health status among our community's most vulnerable residents, specifically children under the age of six, disabled, seniors and those experiencing low incomes. Programs include nutrition, housing, fuel and electric assistance, weatherization, parent and child education, childcare, and transportation, all of which are locally defined, planned and managed in partnership with other community agencies. All programs are designed to increase self-sufficiency and help clients become socially and financially independent. CAPSC's goal is to interrupt the cycle of poverty and empower at-risk children, working families and seniors to live more secure, stable and healthier lives.</p> <p>CAPSC is governed by a volunteer Board of Directors, one-third of whom are consumers of services. We have nearly 150 employees and a nearly \$20 million operating budget which includes federal, state, and local funds in addition to foundation and United Way grants, fees for service, and individual and corporate donations.</p> <p>CAPSC helps individuals to meet basic needs like housing, heat, food, transportation, childcare, and more. In 2022-2023, CAPSC served over 18,000 households and provided over \$33 million in goods and services to Strafford County residents, thereby reducing the burden on other County and community services and changing countless lives for the better. Some of what the programs at CAPSC were able to accomplish includes:</p> <ul style="list-style-type: none"> • Paying nearly \$20 million in emergency rental assistance to landlords and utility companies to help 5,332 households avoid eviction and utility disconnections. • Providing 2,265 safe, accessible rides for seniors • Providing 5,699 households with fuel assistance, valued at over \$4.5 million. • Providing 33,359 free summer meals to children experiencing food insecurity. • Weatherizing 349 homes. • Providing 289 children and their families with services through our Early Childhood Education programs. <p>Together, these programs provide a holistic approach to self-sufficiency, and offer clients the resources needed to move out of poverty.</p> |

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application. *Attached*

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs.

CAPSC is evaluated by the Region One Office of Head Start; Department of Health and Human Services; NH Office of Strategic Initiatives (OSI); Eversource; Unitil; and the United Way for program and financial performance. Evaluations occur annually at minimum. The Weatherization program is evaluated annually to ensure the program is following all federal guidelines. Each Weatherization job is audited to ensure all Weatherization measures are done correctly. The most recent Weatherization audit occurred in June, 2024

BOARD OF DIRECTORS

| Name | Residence (city/town) |
|---|-----------------------|
| Terry Jarvis Chair | New Durham, NH |
| Katrin Kasper Vice Chair | Lee, NH |
| Jean Miccolo Treasurer | Rochester, NH |
| Alan Brown Secretary | Rochester, NH |
| Heather Blumenfeld, Executive Director | Dover, NH |
| Bekki Carlson | Somersworth, NH |
| Anthony M. Carr | Dover, NH |
| Leah Crouser | Dover, NH |
| Nicki Gearwar | Dover, NH |
| Robert Harrington | Dover, NH |
| Sarah Kuhl | Dover, NH |
| Jessica Lamontagne | Dover, NH |
| Michelle Lien | Dover, NH |
| Christine McCluskey | Farmington, NH |
| Brandi McKay-Berry | Barrington, NH |
| Ian Oneail | Raymond, NH |
| Roxanne Osgood | Middleton, NH |
| James Rathbun | Farmington, NH |
| Tom Southworth | Dover, NH |
| Maureen Staples | Dover, NH |
| Mark Toussaint | Rochester, NH |
| Steve Trozinski | Dover, NH |
| Jeff Warach | Dover, NH |

| | |
|---------------|-----------|
| Robert Warach | Dover, NH |
|---------------|-----------|

BUDGET: ACTIVITY or PROJECT -

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

| 1. <u>Public Services</u> | | | |
|------------------------------------|----------------------------|----------------|-----------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Office Supplies | | | |
| Utilities | | | |
| Repairs/Maintenance | | | |
| Travel | | | |
| Salaries (List relevant positions) | | | |
| | | | |
| | | | |
| | | | |
| Other: | | | |
| | | | |
| | | | |
| | | | |
| TOTAL PROPOSED BUDGET: | | | |

| 2. <u>Public Facilities</u> | | | |
|---|----------------------------|----------------|-----------------------|
| | A | B | A + B |
| | Dover CDBG Funds Requested | Other Funding* | Total Proposed Budget |
| Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates. | | | |
| Construction | | | |
| Other (list) | | | |
| | | | |
| | | | |
| <i>Total Hard Costs</i> | | | |
| Soft Costs | | | |
| Acquisition | | | |
| Appraisals | | | |
| Design/Engineering | | | |
| Other(list): | | | |
| | | | |
| | | | |
| <i>Total Soft Costs</i> | | | |
| <i>TOTAL PROPOSED BUDGET:</i> | | | |

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES –

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

| Funding Source (Name(s) of funding source(s)) | Committed, Pending or Proposed Amount (\$): | | Total Amount (\$) | Explanation |
|--|--|------------------------------------|---|--|
| Federal: | Committed: Pending: Proposed: | \$420,000 | \$187,434 DOE \$674,476 DOE-BIL \$265,000 DOE-BWP | WAP, DOE-BIL and DOE-BWP Total: \$1,126,910 |
| State: | Committed: Pending: Proposed: | \$574,000 \$850,000 | \$1,424,000 | Sourced from Eversource, Until and NHEC |
| Local: | Committed: Pending: Proposed: | | | |
| Private: | Committed: Pending: Proposed: | | | |
| Portsmouth CDBG: | Committed: Pending: Proposed: | | | |
| Rochester CDBG: | Committed: Pending: Proposed: | 75,000 75,000 | \$75,000 | \$75,000.00 PY25 \$75,000.00 PY26 |
| Other: | Committed: Pending: Proposed: | | | |
| Total: | Committed: Pending: Proposed: | \$1,069,000 \$75,000 925,000 | \$2,625,910 | Combined Wx Sources |

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

| Funding Source (Name of Parent Organization) | Committed, Pending or Proposed Amount (\$) | Explanation |
|---|---|-------------|
| | Committed: Pending: Proposed: | |
| Total: | | |

BUDGET: ORGANIZATION –

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

| Budget Period: from January 1 to December 31 | Current Year | Next Year (projected) |
|---|--------------|-----------------------|
| REVENUES | | |
| Federal Funds | 13,437,400 | 12,834,640 |
| State Funds | 564,058 | 549,798 |
| Foundations/Private Contributions | | |
| United Way | | |
| Fundraising or other income | 1,346,231 | 4,227,862 |
| Other (describe) In-Kind | 1,600,761 | 1,743,351 |
| Community Dev. Block Grant (include anticipated request) | 100,000 | 360,509 |
| TOTAL REVENUE | 17,048,450 | 19,716,160 |
| EXPENSES | | |
| Salaries | 6,700,568 | 7,171,057 |
| Fringe Benefits | 879,313 | 1,319,377 |
| Supplies (include printing/copying) | 869,955 | 1,251,622 |
| Travel | 66,388 | 108,377 |
| Training | 215,315 | 350,789 |
| Communications | | |
| Audit | 77375 | 79695 |
| Property Maintenance (includes Occupancy and IT) | 464,940 | 879,370 |
| Service Contracts | | |
| Construction Supplies/Materials | | |

| | | |
|--------------------------------|-------------------|-------------------|
| Other (describe) In-Kind | 1,600,761 | 1,743,351 |
| Direct Client Assistance | 5,340,627 | 5,816,190 |
| Insurance | 104,003 | 181,140 |
| Depreciation | 244,140 | 239,000 |
| Professional Fees | 176,812 | 306,504 |
| Interest Expense | 36,837 | 92,304 |
| Other Program Support | 261,442 | 174,126 |
| TOTAL EXPENSES | 17,038,476 | 19,712,902 |
| NET (Income - Expenses) | 9,974 | 3,258 |

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

| | Federal Grantor/Pass-Through Grantor/Program or Cluster Title | Federal CDFA Number | Pass-Through Entity's Identifying Number | Passed Through to Subrecipient | Total Federal Expenditures |
|--|---|-------------------------------------|--|--------------------------------|----------------------------|
| U.S. Dept. of | [Agency Name] | Please see the attached SEFA FY2023 | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Direct Program | [Program Name] | | | | |
| Passed Through | [Entity Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total U.S. Dept. of | [Agency Name] | | | \$ | \$ |
| Total Expenditure of Federal Awards | | | | \$ | \$ |
| NH Dept. of | [Agency Name] | | | \$ | \$ |

| | | | | | |
|---|----------------|--|--|----|----|
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| NH Dept. of | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total NH Dept. of | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Local Assistance: | [Agency Name] | | | \$ | \$ |
| | [Program Name] | | | | |
| Total Local Assistance: | [Agency Name] | | | \$ | \$ |
| | | | | | |
| Total State and Local Awards | | | | \$ | \$ |
| | | | | | |
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$ | \$ |

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.


SIGNATURE

11/22/24
DATE

John Moynihan
PRINTED NAME

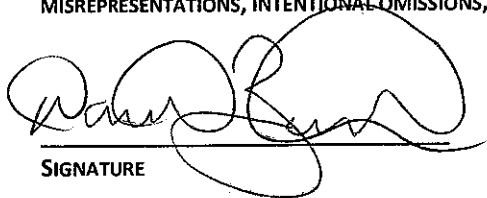
CITIZEN ADVANCEMENT OFFICER
TITLE

**Community Action Partnership of Strafford County
Agency Budget - FY2025**

| Account Description | Total Program Columns |
|----------------------------|------------------------------|
| | |
| INCOME: | |
| Grant Revenue | \$13,744,947.00 |
| Fees for service | \$3,153,345.00 |
| Rent revenue | \$76,800.00 |
| Public Support | \$840,503.00 |
| Other Public Support | \$21,500.00 |
| In Kind Donations | \$1,743,351.00 |
| Interest income | \$214.00 |
| Fundraising | \$135,500.00 |
| TOTAL INCOME: | \$19,716,160.00 |
| | |
| EXPENSE: | |
| Compensation | \$7,171,057.00 |
| Payroll taxes | \$573,099.00 |
| Employee Benefits | \$603,348.00 |
| Retirement | \$142,930.00 |
| Direct Client Assistance | \$5,816,190.00 |
| In-Kind | \$1,743,351.00 |
| Professional Fees | \$386,199.00 |
| Supplies | \$1,183,196.00 |
| Occupancy | \$807,237.00 |
| Repairs and maintenance | \$72,133.00 |
| Insurance | \$181,140.00 |
| Training and Conferences | \$350,789.00 |
| Depreciation | \$239,000.00 |
| Travel and Transportation | \$108,377.00 |
| Printing and postage | \$28,841.00 |
| Equipment | \$39,585.00 |
| Interest expense | \$92,304.00 |
| Other program support | \$174,126.00 |
| TOTAL EXPENSE: | \$19,712,902.00 |
| | |
| Net Gain (Loss) | \$3,258.00 |

| | | | | | |
|---|--|--|--|----|----|
| TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE | | | | \$ | \$ |
|---|--|--|--|----|----|

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



SIGNATURE

DAVID BALIAN

PRINTED NAME

1-9-2025

DATE

Director, Dover Public Welfare

TITLE

Section 5

Consolidated Plan: FY26-FY30

Executive Summary

ES-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

1. Introduction

This Consolidated Plan provides the roadmap for implementation of the City of Dover's Community Development Block Grant (CDBG) program for FY26 – FY30. The City will adopt yearly Action Plans that allocate annual funding to activities that are found to address the Goals identified in this Plan. The challenges of those most at risk are seldom singular in nature and can reflect a need for services that cross the service spectrum. This Consolidated Plan is an effort to recognize the spectrum of needs of those of within the Dover community and to focus funding and other efforts towards those needs.

2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

The City of Dover's adopted Master Plan has articulated a goal of creating a dynamic urban environment with an outstanding quality of life. Dover's Community Development Block Grant program is one pathway towards achieving this goal for all members of the community. The Goals of this Consolidated Plan address access to social services, removal of barriers to access, transportation related assistance, assistance for homeless and special needs populations and economic development related assistance.

3. Evaluation of past performance

4. Summary of citizen participation process and consultation process

The City engaged in an extensive Citizen Participation Process. There were community listening sessions held at various times and days of the week and at various locations as well as an online survey that was made available for an extended time period. Also, staff met with numerous service providers and City Departments to gain perspective from others who serve the Dover community. Public hearings were held to gather input before and during the adoption process. The needs and challenges identified through the outreach process have shaped Goals identified in this Consolidated Plan.

5. Summary of public comments

The following is a summary of comments received. See Sections PR-10 and PR-15 for more information. Also see the Needs Assessment, Market Analysis and Strategic Plan elements of this Plan for more

discussion regarding needs.

- The need for homeless related shelter and services has increased.
- There is a need for expanded public transportation to services and employment.
- Removal of barriers to access is of critical importance.
- There is a lack of affordable housing that is impacting various population groups including, but not limited to service and retail workforce, young families, single parent households, elderly, and disabled adults.
- Food insecurity throughout the community is increasing .
- There is a need for start-up and small businesses assistance.
- The increase in housing costs and cost of living are a significant burden on the most vulnerable portions of the community.

6. Summary of comments or views not accepted and the reasons for not accepting them

N/A

7. Summary

Dover's Consolidated Plan has been created with significant input from the community. The Goals and Priority Needs have been determined based upon the feedback obtained and needs identified throughout the process. The Annual Action Plans that will be created during the next five year period will be structured to best support the Consolidated Plan.

The Process

PR-05 Lead & Responsible Agencies 24 CFR 91.200(b)

1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

| Agency Role | Name | Department/Agency |
|--------------------|-------|------------------------------------|
| CDBG Administrator | DOVER | Planning and Community Development |

Table 1 – Responsible Agencies

Narrative

The City of Dover, Office of Planning and Community Development is the lead agency in developing the Consolidated Plan for Dover. The City has undertaken a variety of efforts to gain input from the community. These efforts include meeting with several area programs/service providers, five (5) public listening sessions that were held at various times /days, a booth during a community event day, an online survey, a two Public Hearing held by the Planning Board to gather public input and meetings with City of Dover Departments. Public hearings were also held by the Planning Board and City Council to receive public input on the draft consolidated plan.

Consolidated Plan Public Contact Information

Planning and Community Development Department
 Attn: Dave Carpenter, Community Development Planner
 City of Dover, NH
 288 Central Avenue
 Dover, NH 03820-4169
 e: d.carpenter@dover.nh.gov
 p: 603.516.6008
 f: 603.516.6049

PR-10 Consultation – 91.100, 91.110, 91.200(b), 91.300(b), 91.215(I) and 91.315(I)

1. Introduction

Staff met with several area programs/service providers to gather feedback regarding challenges and needs of their clients. Information gathered during this process helped shape this Plan.

Provide a concise summary of the jurisdiction’s activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(I)).

The Dover Housing Authority (DHA) and the City of Dover have a strong working relationship. The DHA and City have a long-standing cooperation agreement with both entities maintaining an open dialog regarding the housing needs of the community and the needs of programs and services that interact with the DHA.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

The City of Dover will continue to play an active role in addressing the needs of the homeless population and in supporting the efforts of community organizations and programs that serve this population.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

The City of Dover will continue to engage with the regional CoC to assure efforts undertaken by programs supported through the Dover CDBG program will be consistent with, and supportive of, HMIS requirements.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities

Table 2 – Agencies, groups, organizations who participated

| | | |
|---|--|---|
| 1 | Agency/Group/Organization | Dover Housing Authority |
| | Agency/Group/Organization Type | PHA |
| | What section of the Plan was addressed by Consultation? | Housing Need Assessment Public Housing Needs |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Review of wait lists and discussion about overall housing market and needs was held. Anticipated outcomes are a better understanding of the needs of the DHA. Identification of potential actions that could result better availability of existing private sector rental units being eligible for voucher program. |
| 2 | Agency/Group/Organization | My Friend's Place |
| | Agency/Group/Organization Type | Services-homeless |
| | What section of the Plan was addressed by Consultation? | Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | My Friends Place operates the City's only full-time homeless shelter, serving Dover and other residents of the State of NH. Anticipated outcomes are a better understanding of homelessness in Dover. |
| 3 | Agency/Group/Organization | DOVER WELFARE |
| | Agency/Group/Organization Type | Other government - Local |
| | What section of the Plan was addressed by Consultation? | Housing Need Assessment Homeless Needs - Families with children |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | The Welfare Department provides general assistance, emergency housing for the homeless, security deposits and support services for Dover clientele. |
| 4 | Agency/Group/Organization | Community Partners |
| | Agency/Group/Organization Type | Services-Persons with Disabilities |
| | What section of the Plan was addressed by Consultation? | Housing Need Assessment Needs for parsons with disabilities |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | |

| | | |
|---|--|--|
| 5 | Agency/Group/Organization | AIDS Response Seacoast |
| | Agency/Group/Organization Type | Services-Persons with HIV/AIDS |
| | What section of the Plan was addressed by Consultation? | Non-Homeless Special Needs |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | AIDS response provides services to persons with AIDS/HIV. They were consulted to understand challenges that their clients encounter. |
| 6 | Agency/Group/Organization | HAVEN |
| | Agency/Group/Organization Type | Services-Victims of Domestic Violence |
| | What section of the Plan was addressed by Consultation? | Homeless Needs - Families with children Needs of victims of domestic violence |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | |
| 7 | Agency/Group/Organization | Cross Roads House, Inc. |
| | Agency/Group/Organization Type | Services-homeless |
| | What section of the Plan was addressed by Consultation? | Homeless Needs - Chronically homeless Homeless Needs - Families with children |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Understand the regional homeless needs and capacity improvements required. |
| 8 | Agency/Group/Organization | Community Action Partnership of Strafford County |
| | Agency/Group/Organization Type | Services - Housing Services-Children Services-Elderly Persons Services-homeless |
| | What section of the Plan was addressed by Consultation? | Homeless Needs - Families with children Non-Homeless Special Needs |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Understand the housing needs of elderly and L/M income families. Discuss gaps in services to L/M persons, homeless persons, and the elderly. Discuss transportation, food insecurity and cost of living challenges for L/M households and elderly. |

| | | |
|----|--|---|
| 9 | Agency/Group/Organization | Cooperative Alliance for Seacoast Transportation |
| | Agency/Group/Organization Type | Regional organization |
| | What section of the Plan was addressed by Consultation? | Public Transportation |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Discussed challenges of transit users and challenges of meeting demand for services. |
| 10 | Agency/Group/Organization | Greater Dover Chamber of Commerce |
| | Agency/Group/Organization Type | Business Leaders |
| | What section of the Plan was addressed by Consultation? | Economic Development |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Discussed need for event space, incubator space and affordable childcare. Discussed difficulty of finding skilled workers especially given lack of sufficient affordable housing. |
| 11 | Agency/Group/Organization | Triangle Club |
| | Agency/Group/Organization Type | Services - Addiction |
| | What section of the Plan was addressed by Consultation? | Addiction Services |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Impact of housing costs and general cost of living on those suffering with addiction. Need for more treatment and fulltime shelter facilities. |
| 12 | Agency/Group/Organization | Strafford Nutrition Meals on Wheels |
| | Agency/Group/Organization Type | Service - Food Insecurity |
| | What section of the Plan was addressed by Consultation? | Food Insecurity |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Lack of available transportation to services and daily needs such as shopping is the biggest barrier for clients. Lack of sufficient in-home services and care. |
| 13 | Agency/Group/Organization | Strafford Economic Development Corporation |
| | Agency/Group/Organization Type | Regional organization |

| | | |
|----|--|---|
| | What section of the Plan was addressed by Consultation? | Economic Development |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Need for quality affordable housing that will allow people who work in Dover to also be able to live in Dover. Need for continued efforts to work with at-risk populations such as those who are homeless or suffer from addiction. |
| 14 | Agency/Group/Organization | Home for All Coalition |
| | Agency/Group/Organization Type | Services - Housing |
| | What section of the Plan was addressed by Consultation? | Housing Need Assessment |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Understand the need for more affordable housing, challenges facing families seeking housing and strategies to partner with landlords to provide quality rental units to households with limited income. |
| 15 | Agency/Group/Organization | Gather |
| | Agency/Group/Organization Type | Service - Food Insecurity |
| | What section of the Plan was addressed by Consultation? | Food Insecurity |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Met with Gather to gain a better understanding of the challenges facing families around food insecurity and barriers to providing adequate food and nutrition to families in need. |
| 16 | Agency/Group/Organization | Our Place |
| | Agency/Group/Organization Type | Services-Persons with Disabilities |
| | What section of the Plan was addressed by Consultation? | Non-Homeless Special Needs |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Reviewed need for services for persons with disabilities and the challenges with providing those services. |
| 17 | Agency/Group/Organization | Recreation Department |
| | Agency/Group/Organization Type | Other government - Local |
| | What section of the Plan was addressed by Consultation? | Non-Homeless Special Needs Barrier Removal |

| | | |
|----|--|--|
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Reviewed needs and challenges regarding barrier removal for to access facilities and services. |
| 18 | Agency/Group/Organization | Dover Public Library |
| | Agency/Group/Organization Type | Other government - Local |
| | What section of the Plan was addressed by Consultation? | Services - Homeless, Food Insecurity, Elderly etc. |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Discussed services provided to Homeless, Elderly, L/M households and programs addressing issues such as food insecurity and parenting skills. |
| 19 | Agency/Group/Organization | Dover Police Department |
| | Agency/Group/Organization Type | Other government - Local |
| | What section of the Plan was addressed by Consultation? | Needs - Youth and Teens |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Discussed challenges facing youth and teens that lack access to shelter, resources, care or support. |
| 20 | Agency/Group/Organization | Dover Office of Business Development |
| | Agency/Group/Organization Type | Other government - Local |
| | What section of the Plan was addressed by Consultation? | Economic Development Market Analysis |
| | How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination? | Discussed challenges facing local business and business development. Needs include affordable commercial space, affordable housing in order to allow workforce to live within a workable distance from employment, childcare that is affordable and near employment in order for workers to be able to take and keep employment. Challenges facing businesses include increasing cost of materials & equipment and knowledge of business operations and marketing. |

Identify any Agency Types not consulted and provide rationale for not consulting

NA

Other local/regional/state/federal planning efforts considered when preparing the Plan

| Name of Plan | Lead Organization | How do the goals of your Strategic Plan overlap with the goals of each plan? |
|---------------------|---------------------------------------|---|
| Continuum of Care | NH Balance of State Continuum of Care | The goals of this plan were developed to address the priority needs identified through the outreach and information gathering phase. This included consultation with Strafford County Community Action Partnership that serves as the CoC point of entry for Dover and surrounding communities. |

Table 3 – Other local / regional / federal planning efforts**Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(l))**

The City of Dover works with the City of Rochester, City of Portsmouth, City of Somersworth Strafford County, Strafford Regional Planning Commission, New Hampshire Housing Finance Authority and the NH Community Development Finance Authority to better understand needs and provide services to the region's population. This coordination is achieved through one on one meetings, regional coordination efforts and through written and verbal communications.

Narrative (optional):

PR-15 Citizen Participation – 91.105, 91.115, 91.200(c) and 91.300(c)

**1. Summary of citizen participation process/Efforts made to broaden citizen participation
Summarize citizen participation process and how it impacted goal-setting**

Community engagement was encouraged through a variety of efforts. There were 5 public listening sessions held throughout the community at different times on different days; An online survey was posted for four months; A public hearing was held to kick-off the process; and, there were numerous meetings held with community service providers and City Department.

Citizen Participation Outreach

| Sort Order | Mode of Outreach | Target of Outreach | Summary of response/attendance | Summary of comments received | Summary of comments not accepted and reasons | URL (If applicable) |
|------------|------------------|------------------------------|--|--|--|---------------------|
| 1 | Public Hearing | Non-targeted/broad community | Planning Board evening public hearing held on 4/9/24 at Dover City Hall to receive input at beginning of Consolidated Plan process. No one from the public attended. | There was no testimony provided from the public. There were no written comments received. There was no testimony provided from the public. There were no written comments received. Planning Board discussed expanding the Weatherization and Energy Efficiency activity to include rental units in order to help occupants address utility costs. | NA | |

Demo

| Sort Order | Mode of Outreach | Target of Outreach | Summary of response/attendance | Summary of comments received | Summary of comments not accepted and reasons | URL (If applicable) |
|------------|------------------|------------------------------|--|---|--|---------------------|
| 2 | Public Meeting | Non-targeted/broad community | Thursday mid-day listening session held at Dover City Hall on 1/23/24 to receive input from the public on the development of the Consolidated Plan. No one from the public attended. | There was no testimony provided from the public. There were no written comments received. | NA | |
| 3 | Public Meeting | Non-targeted/broad community | Tuesday evening listening session held Francis G. Hopkins School on 1/28/24 to receive input from the public on the development of the Consolidated Plan. No one from the public attended. | There was no testimony provided from the public. There were no written comments received. | NA | |

Demo

| Sort Order | Mode of Outreach | Target of Outreach | Summary of response/attendance | Summary of comments received | Summary of comments not accepted and reasons | URL (If applicable) |
|------------|------------------|--|---|---|--|---------------------|
| 4 | Public Meeting | Residents of Public and Assisted Housing | Thursday morning listening session held at Dover Housing Authority Central Towers on 1/30/25 to receive input from the residents on the development of the Consolidated Plan. | Sidewalks need to be cleared in the winter. Public transportation via the bus can be a long trip just to get groceries given the frequency of the bus schedule. Paid parking in front of Central Towers makes it costly for users of the park and visitors to the Towers. Dover recreation should have times set aside for senior use only. Dover citizens, especially seniors, should not have to pay to use the pool. | NA | |

Demo

| Sort Order | Mode of Outreach | Target of Outreach | Summary of response/attendance | Summary of comments received | Summary of comments not accepted and reasons | URL (If applicable) |
|------------|------------------|--|---|---|--|---------------------|
| 5 | Public Meeting | Residents of Public and Assisted Housing | Thursday mid-afternoon listening session held at Dover Housing Authority Waldron Towers on 1/30/25 to receive input from the residents on the development of the Consolidated Plan. | There is not enough housing for seniors. Costs for bulk trash and trash bags are high for people on fixed income. Pedestrian access from parking spaces to sidewalks need to be improved to accommodate wheelchairs. Walkers and people with poor mobility. Trail access should be added to the community trail along the south side of the river from Washington Street community trail. | | |

Demo

| Sort Order | Mode of Outreach | Target of Outreach | Summary of response/attendance | Summary of comments received | Summary of comments not accepted and reasons | URL (If applicable) |
|------------|------------------|------------------------------|--|---|--|---------------------|
| 6 | Public Meeting | Non-targeted/broad community | Tuesday evening listening session held at Dover City Hall on 2/4/24 to receive input from the public on the development of the Consolidated Plan. No one from the public attended. | There was no testimony provided from the public. There were no written comments received. | NA | |

Demo

| Sort Order | Mode of Outreach | Target of Outreach | Summary of response/attendance | Summary of comments received | Summary of comments not accepted and reasons | URL (If applicable) |
|------------|--------------------------|------------------------------|--|--|--|---------------------|
| 7 | Public - Community Event | Non-targeted/broad community | A booth was provided at the Community Apple Harvest Festival held in downtown Dover on 10/5/24. Citizens were asked to provide what they believe are priority issues facing the community. | Priority issues identified were Housing and Homelessness, Basic Needs and Essential Services, Transportation, Community Supports and Quality of Life, Youth and Family Services, Healthcare Access, Public Infrastructure and Safety, Senior Services, and Equity and Inclusion, and Economic and Workforce Development. | NA | |

Demo

| Sort Order | Mode of Outreach | Target of Outreach | Summary of response/attendance | Summary of comments received | Summary of comments not accepted and reasons | URL (If applicable) |
|------------|-------------------|------------------------------|---|---|--|---------------------|
| 8 | Internet Outreach | Non-targeted/broad community | An online survey was provided that ran for four months. Participants were asked to identify what they believe are the greatest challenges faced by the City of Dover. | Priority Challenges identified are Affordable Housing, Homelessness, Public Infrastructure, Transportation Services, Access to Affordable Healthcare, and Access to Mental Health Services. | NA | |

Table 4 – Citizen Participation Outreach

Needs Assessment

NA-05 Overview

Needs Assessment Overview

The results of the Needs Assessment were used to help form the Goals and Projects identified in this Consolidated Plan. Meetings with service providers and city departments, information provided from Census data and, most importantly, information gathered from the public formed the basis of the information provided in the Needs Assessment.

NA-10 Housing Needs Assessment - 24 CFR 91.205 (a,b,c)

Summary of Housing Needs

The City of Dover, New Hampshire is located in Southeastern New Hampshire (Strafford County) and has a population of approximately 33,485 people, per census.gov. The 4th largest city in New Hampshire, Dover has a total area of 29.0 square miles of which 26.7 square miles is land and 2.3 square miles is water.

Dover is part of a connected regional economy which includes the Portsmouth, Rochester, and Somersworth metropolitan area. The region also includes many smaller communities such as Barrington, Somersworth, Kittery, Rollinsford, the Berwicks, Newington, Durham, Madbury. Dover's role as a regional employment and housing center continues to grow. From a population perspective, Dover has experienced an average increase of 250 persons per year. From a connectivity perspective, the city has four access points to the Spaulding Turnpike and serves as a hub for State Routes 4, 9, 108 and 155 that intersect near the center of Dover and provide infra-city circulation.

Regarding zoning and housing infrastructure, 90% of residential development in Dover is located in areas served by public water and sewer. Dover is comprised of approximately 18,592 acres of which 3,050 are water. Therefore, over 52% of Dover's land area (15,542 acres) is zoned for residential use, and 48% of Dover's land area is zoned single family residential.

Dover continues to increase opportunities for residential development by allowing multi-family in mixed use zones as well as in some commercial zones, increasing the flexibility of density through the Transfer of Development Rights ordinance which allows for extra density in exchange for providing more affordable units or paying into the conservation fund, and increasing the number of Accessory Dwelling Units in most residential zoning districts if the second ADU is restricted to HUD Fair Market rates in perpetuity. The result has been an increase in additional housing units and for development to occur where services are in place.

Dover's housing stock includes manufactured housing, and there is currently a proposed zoning amendment to allow for manufactured housing in more zoning districts.

| Demographics | Base Year: 2009 | Most Recent Year: 2020 | % Change |
|---------------|-----------------|------------------------|----------|
| Population | 30,535 | 31,920 | 5% |
| Households | 12,670 | 13,860 | 9% |
| Median Income | \$61,008.00 | \$74,833.00 | 23% |

Table 5 - Housing Needs Assessment Demographics

Demo

Data Source: 2000 Census (Base Year), 2016-2020 ACS (Most Recent Year)

Number of Households Table

| | 0-30% HAMFI | >30-50% HAMFI | >50-80% HAMFI | >80-100% HAMFI | >100% HAMFI |
|---|------------------------|-----------------------------|-----------------------------|------------------------------|---------------------------|
| Total Households | 1,890 | 1,610 | 2,795 | 1,775 | 5,790 |
| Small Family Households | 365 | 390 | 775 | 605 | 3,375 |
| Large Family Households | 90 | 0 | 100 | 20 | 205 |
| Household contains at least one person 62-74 years of age | 425 | 255 | 595 | 385 | 1,060 |
| Household contains at least one person age 75 or older | 315 | 330 | 280 | 195 | 405 |
| Households with one or more children 6 years old or younger | 255 | 190 | 395 | 170 | 890 |

Table 6 - Total Households Table

Data Source: 2016-2020 CHAS

Housing Needs Summary Tables

1. Housing Problems (Households with one of the listed needs)

| | Renter | | | | | Owner | | | | |
|---|--------------|--------------------|--------------------|---------------------|-------|--------------|--------------------|--------------------|---------------------|-------|
| | 0-30% AMI | >30- 50% AMI | >50- 80% AMI | >80- 100% AMI | Total | 0-30% AMI | >30- 50% AMI | >50- 80% AMI | >80- 100% AMI | Total |
| NUMBER OF HOUSEHOLDS | | | | | | | | | | |
| Substandard Housing - Lacking complete plumbing or kitchen facilities | 45 | 0 | 0 | 0 | 45 | 0 | 0 | 0 | 0 | 0 |
| Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing) | 0 | 10 | 0 | 0 | 10 | 0 | 0 | 0 | 45 | 45 |
| Overcrowded - With 1.01-1.5 people per room (and none of the above problems) | 0 | 25 | 10 | 0 | 35 | 0 | 0 | 50 | 0 | 50 |
| Housing cost burden greater than 50% of income (and none of the above problems) | 745 | 220 | 40 | 0 | 1,005 | 275 | 290 | 170 | 0 | 735 |
| Housing cost burden greater than 30% of income (and none of the above problems) | 145 | 485 | 525 | 95 | 1,250 | 165 | 155 | 380 | 150 | 850 |

Demo

| | Renter | | | | | Owner | | | | |
|---|-----------|-------------|-------------|--------------|-------|-----------|-------------|-------------|--------------|-------|
| | 0-30% AMI | >30-50% AMI | >50-80% AMI | >80-100% AMI | Total | 0-30% AMI | >30-50% AMI | >50-80% AMI | >80-100% AMI | Total |
| Zero/negative Income (and none of the above problems) | 90 | 0 | 0 | 0 | 90 | 15 | 0 | 0 | 0 | 15 |

Table 7 – Housing Problems Table

Data 2016-2020 CHAS
Source:

2. Housing Problems 2 (Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

| | Renter | | | | | Owner | | | | |
|---|-----------|-------------|-------------|--------------|-------|-----------|-------------|-------------|--------------|-------|
| | 0-30% AMI | >30-50% AMI | >50-80% AMI | >80-100% AMI | Total | 0-30% AMI | >30-50% AMI | >50-80% AMI | >80-100% AMI | Total |
| NUMBER OF HOUSEHOLDS | | | | | | | | | | |
| Having 1 or more of four housing problems | 790 | 255 | 50 | 0 | 1,095 | 275 | 290 | 220 | 45 | 830 |
| Having none of four housing problems | 635 | 610 | 1,610 | 935 | 3,790 | 195 | 450 | 915 | 795 | 2,355 |
| Household has negative income, but none of the other housing problems | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Table 8 – Housing Problems 2

Data 2016-2020 CHAS
Source:

3. Cost Burden > 30%

| | Renter | | | | Owner | | | |
|-----------------------------|-----------|-------------|-------------|-------|-----------|-------------|-------------|-------|
| | 0-30% AMI | >30-50% AMI | >50-80% AMI | Total | 0-30% AMI | >30-50% AMI | >50-80% AMI | Total |
| NUMBER OF HOUSEHOLDS | | | | | | | | |
| Small Related | 115 | 135 | 165 | 415 | 110 | 135 | 150 | 395 |
| Large Related | 0 | 0 | 0 | 0 | 0 | 0 | 30 | 30 |
| Elderly | 265 | 200 | 70 | 535 | 225 | 185 | 190 | 600 |
| Other | 560 | 410 | 325 | 1,295 | 100 | 125 | 175 | 400 |

Demo

| | Renter | | | | Owner | | | |
|----------------------|-----------|-------------|-------------|-------|-----------|-------------|-------------|-------|
| | 0-30% AMI | >30-50% AMI | >50-80% AMI | Total | 0-30% AMI | >30-50% AMI | >50-80% AMI | Total |
| Total need by income | 940 | 745 | 560 | 2,245 | 435 | 445 | 545 | 1,425 |

Table 9 – Cost Burden > 30%

Data 2016-2020 CHAS
Source:

4. Cost Burden > 50%

| | Renter | | | | Owner | | | |
|----------------------|-----------|-------------|-------------|-------|-----------|-------------|-------------|-------|
| | 0-30% AMI | >30-50% AMI | >50-80% AMI | Total | 0-30% AMI | >30-50% AMI | >50-80% AMI | Total |
| NUMBER OF HOUSEHOLDS | | | | | | | | |
| Small Related | 0 | 0 | 65 | 65 | 75 | 135 | 0 | 210 |
| Large Related | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Elderly | 185 | 75 | 15 | 275 | 115 | 30 | 65 | 210 |
| Other | 0 | 485 | 80 | 565 | 85 | 0 | 0 | 85 |
| Total need by income | 185 | 560 | 160 | 905 | 275 | 165 | 65 | 505 |

Table 10 – Cost Burden > 50%

Data 2016-2020 CHAS
Source:

5. Crowding (More than one person per room)

| | Renter | | | | | Owner | | | | |
|---------------------------------------|-----------|-------------|-------------|--------------|-------|-----------|-------------|-------------|--------------|-------|
| | 0-30% AMI | >30-50% AMI | >50-80% AMI | >80-100% AMI | Total | 0-30% AMI | >30-50% AMI | >50-80% AMI | >80-100% AMI | Total |
| NUMBER OF HOUSEHOLDS | | | | | | | | | | |
| Single family households | 0 | 35 | 10 | 0 | 45 | 0 | 0 | 0 | 45 | 45 |
| Multiple, unrelated family households | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 50 | 0 | 50 |
| Other, non-family households | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total need by income | 0 | 35 | 10 | 0 | 45 | 0 | 0 | 50 | 45 | 95 |

Table 11 – Crowding Information – 1/2

Data 2016-2020 CHAS
Source:

| | Renter | | | | Owner | | | |
|----------------------------------|-----------|-------------|-------------|-------|-----------|-------------|-------------|-------|
| | 0-30% AMI | >30-50% AMI | >50-80% AMI | Total | 0-30% AMI | >30-50% AMI | >50-80% AMI | Total |
| Households with Children Present | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Table 12 – Crowding Information – 2/2

Data Source

Comments:

Describe the number and type of single person households in need of housing assistance.

The data indicate that there are 5,510 small family households in Dover. Of this total, 1,530 (28%) are at or below 80% HAMFI.

Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.

For 2024, the Dover Welfare Department provided housing assistance for 18 Dover households that identified as disabled. The Department provide housing assistance for 11 Dover households that reported they were seeking assistance due to domestic violence. The My Friend's Shelters located in Dover provided shelter to 11 individuals during FY24.

What are the most common housing problems?

HUD identifies the following categories of "Housing Problems":

1. Lacks complete kitchen facilities
2. Lacks complete plumbing facilities
3. Overcrowding (> 1.0 persons per room)
4. Severe Overcrowding (>1.5 persons per room)
5. Housing Cost Burden (housing costs burden greater than 30% of income)
6. Severe Housing Cost Burden (housing costs burden greater than 50% of income)

Dover's population is comprised of 13,860 households of which 16% (2,230) have at least one of the HUD identified "housing problems." Within this grouping, 89% (1,985) are at or below 80% of the Area Median Family Income (AMI).

Of the Housing Problems identified by HUD, “Housing Cost Burden” is the most significant issues for households at or below 80% AMI:

- 54% of households between 0-30% AMI, have a “Severe Housing Cost Burden” (See #6 above).
- 40% of households between 31-50% AMI, have a “Housing Cost Burden” (See #5 above).
- 32% of households between 51-80% AMI, have a “Housing Cost Burden” (See #5 above).

Are any populations/household types more affected than others by these problems?

Yes, rental households. Of all household that experience one or more of the housing problems and are at or below 80% AMI, approximately 61% are rental households.

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance

For 2024, the City of Dover provided housing assistance to 28 households that meet this population group. The My Friend’s Place shelter located in Dover provided shelter to 11 individuals during FY24. Without this assistance, these households and individuals could have become unsheltered.

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

Counts were obtained from social service programs and Dover Welfare Department. These include households that are in temporary shelter and qualify as presumed benefit by HUD such as victims of domestic violence, homeless, and Adults with sever disabilities.

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness

Information gathered from the public and through interviews with service providers identify the following issues as critical factors leading to instability and increased risk of homelessness:

- Lack of affordable housing
- Inability to access to social support services
- Lack of transportation to and from services and employment
- Inability to access to quality healthcare and substance abuse services
- Increased daily cost of living

Discussion

The Homelessness Taskforce identified critical factors that can lead to instability and increased risk of homelessness. These include lack of affordable housing, access to social support services, transportation to services and employment, access to quality healthcare and substance abuse. Several community partners and associations have been working together to tackle homeless and instability. The Police Department has also hired social workers to help individuals connect to resources.

NA-15 Disproportionately Greater Need: Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

Per the 2020 ACS, the City's population is 91% White with Asian being the largest minority at 5% followed by Two or More races at 3% and Black or African American at 1%

0%-30% of Area Median Income

| Housing Problems | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|--------------------------------|--|---------------------------------------|--|
| Jurisdiction as a whole | 1,375 | 515 | 0 |
| White | 1,175 | 500 | 0 |
| Black / African American | 25 | 0 | 0 |
| Asian | 115 | 15 | 0 |
| American Indian, Alaska Native | 0 | 0 | 0 |
| Pacific Islander | 0 | 0 | 0 |
| Hispanic | 30 | 0 | 0 |

Table 13 - Disproportionally Greater Need 0 - 30% AMI

Data Source: 2016-2020 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

30%-50% of Area Median Income

| Housing Problems | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|--------------------------------|--|---------------------------------------|--|
| Jurisdiction as a whole | 1,190 | 420 | 0 |
| White | 1,100 | 340 | 0 |
| Black / African American | 0 | 0 | 0 |
| Asian | 50 | 4 | 0 |
| American Indian, Alaska Native | 0 | 0 | 0 |
| Pacific Islander | 0 | 0 | 0 |

| Housing Problems | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|------------------|--|---------------------------------------|--|
| Hispanic | 4 | 60 | 0 |

Table 14 - Disproportionally Greater Need 30 - 50% AMI

Data Source: 2016-2020 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

50%-80% of Area Median Income

| Housing Problems | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|--------------------------------|--|---------------------------------------|--|
| Jurisdiction as a whole | 1,175 | 1,620 | 0 |
| White | 1,085 | 1,545 | 0 |
| Black / African American | 15 | 0 | 0 |
| Asian | 15 | 25 | 0 |
| American Indian, Alaska Native | 0 | 4 | 0 |
| Pacific Islander | 0 | 0 | 0 |
| Hispanic | 20 | 45 | 0 |

Table 15 - Disproportionally Greater Need 50 - 80% AMI

Data Source: 2016-2020 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

80%-100% of Area Median Income

| Housing Problems | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|--------------------------|--|---------------------------------------|--|
| Jurisdiction as a whole | 290 | 1,485 | 0 |
| White | 199 | 1,300 | 0 |
| Black / African American | 0 | 0 | 0 |
| Asian | 85 | 60 | 0 |

| Housing Problems | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|--------------------------------|--|---------------------------------------|--|
| American Indian, Alaska Native | 0 | 0 | 0 |
| Pacific Islander | 0 | 0 | 0 |
| Hispanic | 0 | 90 | 0 |

Table 16 - Disproportionally Greater Need 80 - 100% AMI

Data Source: 2016-2020 CHAS

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

Discussion

The four housing problems are: 1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost burden greater than 30%. Based upon the data provided above, Black/African American and Asian are the two minority groups that reflect the greatest occurrence of Disproportionately Greater Need re Housing Problems in comparison the needs of the population as a whole.

NA-20 Disproportionately Greater Need: Severe Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

Per the 2020 ACS, the City's population is 91% White with Asian being the largest minority at 5% followed by Two or More races at 3% and Black or African American at 1%.

0%-30% of Area Median Income

| Severe Housing Problems* | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|--------------------------------|--|---------------------------------------|--|
| Jurisdiction as a whole | 1,065 | 830 | 0 |
| White | 865 | 815 | 0 |
| Black / African American | 25 | 0 | 0 |
| Asian | 115 | 15 | 0 |
| American Indian, Alaska Native | 0 | 0 | 0 |
| Pacific Islander | 0 | 0 | 0 |
| Hispanic | 30 | 0 | 0 |

Table 17 – Severe Housing Problems 0 - 30% AMI

Data Source: 2016-2020 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

30%-50% of Area Median Income

| Severe Housing Problems* | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|--------------------------------|--|---------------------------------------|--|
| Jurisdiction as a whole | 545 | 1,060 | 0 |
| White | 545 | 890 | 0 |
| Black / African American | 0 | 0 | 0 |
| Asian | 0 | 60 | 0 |
| American Indian, Alaska Native | 0 | 0 | 0 |

| Severe Housing Problems* | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|---------------------------------|---|--|---|
| Pacific Islander | 0 | 0 | 0 |
| Hispanic | 0 | 70 | 0 |

Table 18 – Severe Housing Problems 30 - 50% AMI

Data Source: 2016-2020 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

50%-80% of Area Median Income

| Severe Housing Problems* | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|---------------------------------|---|--|---|
| Jurisdiction as a whole | 270 | 2,525 | 0 |
| White | 240 | 2,385 | 0 |
| Black / African American | 15 | 0 | 0 |
| Asian | 15 | 25 | 0 |
| American Indian, Alaska Native | 0 | 4 | 0 |
| Pacific Islander | 0 | 0 | 0 |
| Hispanic | 0 | 65 | 0 |

Table 19 – Severe Housing Problems 50 - 80% AMI

Data Source: 2016-2020 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

80%-100% of Area Median Income

| Severe Housing Problems* | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|---------------------------------|---|--|---|
| Jurisdiction as a whole | 45 | 1,730 | 0 |
| White | 45 | 1,460 | 0 |

| Severe Housing Problems* | Has one or more of four housing problems | Has none of the four housing problems | Household has no/negative income, but none of the other housing problems |
|---------------------------------|---|--|---|
| Black / African American | 0 | 0 | 0 |
| Asian | 0 | 150 | 0 |
| American Indian, Alaska Native | 0 | 0 | 0 |
| Pacific Islander | 0 | 0 | 0 |
| Hispanic | 0 | 90 | 0 |

Table 20 – Severe Housing Problems 80 - 100% AMI

Data Source: 2016-2020 CHAS

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

Discussion

The four severe housing problems are: 1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost burden greater than 50%. Based upon the data provided above, Black/African American and Asian are the two minority groups that reflect the greatest occurrence of Disproportionately Greater Need re Housing Problems in comparison the needs of the population as a whole.

NA-25 Disproportionately Greater Need: Housing Cost Burdens – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction:

Per the 2020 ACS, the City's population is 91% White with Asian being the largest minority at 5% followed by Two or More races at 3% and Black or African American at 1%.

Housing Cost Burden

| Housing Cost Burden | <=30% | 30-50% | >50% | No / negative income (not computed) |
|--------------------------------|-------|--------|-------|-------------------------------------|
| Jurisdiction as a whole | 9,480 | 2,415 | 1,860 | 105 |
| White | 8,815 | 2,160 | 1,625 | 90 |
| Black / African American | 25 | 0 | 40 | 0 |
| Asian | 225 | 155 | 130 | 15 |
| American Indian, Alaska Native | 4 | 0 | 0 | 0 |
| Pacific Islander | 0 | 0 | 0 | 0 |
| Hispanic | 295 | 25 | 30 | 0 |

Table 21 – Greater Need: Housing Cost Burdens AMI

Data Source: 2016-2020 CHAS

Discussion:

Based upon the data provided above, Asian and Black/African American are two minority groups that reflect the greatest occurrence of Disproportionately Greater Need re Housing Cost Burden in comparison the needs of the population as a whole.

NA-30 Disproportionately Greater Need: Discussion – 91.205(b)(2)

Are there any Income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?

Yes, as follows:

0%-30% of Area Median Income

NA-15 Disproportionately Greater Need: Housing Problems

- Black/African American
- Asian
- Hispanic

NA-20 Disproportionately Greater Need: Severe Housing Problems

- Black/African American
- Asian
- Hispanic

NA-25 Disproportionately Greater Need: Housing Cost Burdens

- American Indian, Alaska Native
- Hispanic

30%-50% of Area Median Income

NA-15 Disproportionately Greater Need: Housing Problems

- Asian

NA-20 Disproportionately Greater Need: Severe Housing Problems

- None

NA-25 Disproportionately Greater Need: Housing Cost Burdens

- Asian

50%-80% of Area Median Income

NA-15 Disproportionately Greater Need: Housing Problems

- Black/African American

NA-20 Disproportionately Greater Need: Severe Housing Problems

- Black/African American
- Asian

NA-25 Disproportionately Greater Need: Housing Cost Burdens

- Black/African American
- Asian

80% -100% of Area Median Income

NA-15 Disproportionately Greater Need: Housing Problems

- Asian

NA-20 Disproportionately Greater Need: Severe Housing Problems

- None

If they have needs not identified above, what are those needs?

N/A

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

Per the 2023 American Community Survey, the Dover census tracts that have a higher than average population density re racial and ethnic groups, as compared to the city as a whole, are the tracts that have the highest population density per square mile. Two of these three tracts qualify as 51% or more low and moderate income level.

NA-35 Public Housing – 91.205(b)

Introduction

The Dover Housing Authority (DHA) is an independent municipal corporation created under state law in the early 1950's. The DHA works cooperatively with the community and public and private partners to provide quality housing opportunities and to promote and secure supportive services for eligible persons with limited incomes.

Totals in Use

| | Program Type | | | | | | | | |
|----------------------------|--------------|-----------|----------------|----------|-----------------|----------------|-------------------------------------|----------------------------|------------|
| | Certificate | Mod-Rehab | Public Housing | Vouchers | | | Special Purpose Voucher | | |
| | | | | Total | Project - based | Tenant - based | Veterans Affairs Supportive Housing | Family Unification Program | Disabled * |
| # of units vouchers in use | 0 | 0 | 455 | 333 | 0 | 333 | 0 | 0 | 0 |

Table 22 - Public Housing by Program Type

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Data Source: PIC (PIH Information Center)

Characteristics of Residents

| | Program Type | | | | | | | | |
|-----------------------|--------------|-----------|----------------|----------|-----------------|----------------|-------------------------------------|----------------------------|--|
| | Certificate | Mod-Rehab | Public Housing | Vouchers | | | Special Purpose Voucher | | |
| | | | | Total | Project - based | Tenant - based | Veterans Affairs Supportive Housing | Family Unification Program | |
| Average Annual Income | 0 | 0 | 15,461 | 15,005 | 0 | 15,005 | 0 | 0 | |

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| | Program Type | | | | | | | |
|---|--------------|-----------|----------------|----------|-----------------|----------------|-------------------------------------|----------------------------|
| | Certificate | Mod-Rehab | Public Housing | Vouchers | | | | |
| | | | | Total | Project - based | Tenant - based | Special Purpose Voucher | |
| | | | | | | | Veterans Affairs Supportive Housing | Family Unification Program |
| Average length of stay | 0 | 0 | 6 | 6 | 0 | 6 | 0 | 0 |
| Average Household size | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 0 |
| # Homeless at admission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # of Elderly Program Participants (>62) | 0 | 0 | 231 | 56 | 0 | 56 | 0 | 0 |
| # of Disabled Families | 0 | 0 | 80 | 155 | 0 | 155 | 0 | 0 |
| # of Families requesting accessibility features | 0 | 0 | 455 | 333 | 0 | 333 | 0 | 0 |
| # of HIV/AIDS program participants | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # of DV victims | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Table 23 – Characteristics of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Race of Residents

| Program Type | | | | | | | | | |
|------------------------|-------------|-----------|----------------|----------|-----------------|----------------|-------------------------------------|----------------------------|------------|
| Race | Certificate | Mod-Rehab | Public Housing | Vouchers | | | | | |
| | | | | Total | Project - based | Tenant - based | Special Purpose Voucher | | |
| | | | | | | | Veterans Affairs Supportive Housing | Family Unification Program | Disabled * |
| White | 0 | 0 | 439 | 319 | 0 | 319 | 0 | 0 | 0 |
| Black/African American | 0 | 0 | 8 | 11 | 0 | 11 | 0 | 0 | 0 |

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| Program Type | | | | | | | | | |
|--|-------------|-----------|----------------|----------|-----------------|----------------|-------------------------------------|----------------------------|------------|
| Race | Certificate | Mod-Rehab | Public Housing | Vouchers | | | | | |
| | | | | Total | Project - based | Tenant - based | Special Purpose Voucher | | |
| | | | | | | | Veterans Affairs Supportive Housing | Family Unification Program | Disabled * |
| Asian | 0 | 0 | 6 | 2 | 0 | 2 | 0 | 0 | 0 |
| American Indian/Alaska Native | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 0 |
| Pacific Islander | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| *includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition | | | | | | | | | |

Table 24 – Race of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Ethnicity of Residents

| Program Type | | | | | | | | | |
|--|-------------|-----------|----------------|----------|-----------------|----------------|-------------------------------------|----------------------------|------------|
| Ethnicity | Certificate | Mod-Rehab | Public Housing | Vouchers | | | | | |
| | | | | Total | Project - based | Tenant - based | Special Purpose Voucher | | |
| | | | | | | | Veterans Affairs Supportive Housing | Family Unification Program | Disabled * |
| Hispanic | 0 | 0 | 7 | 7 | 0 | 7 | 0 | 0 | 0 |
| Not Hispanic | 0 | 0 | 448 | 326 | 0 | 326 | 0 | 0 | 0 |
| *includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition | | | | | | | | | |

Table 25 – Ethnicity of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:

DHA residents and applicants on the wait list represent a cross-section of people living with disabilities in Dover and the greater Seacoast. A large proportion (50%+) of our older adult (62+) residents and applicants have some form of mobility impairment that requires accommodations. About 25% of some form of assistive transport (wheelchair, mobility device, etc.) that requires wheelchair-level accommodations. Approximately 1% live with paralysis due to spinal injury or illness. Approximately 1% have visual and/or hearing impairment to a degree that requires accommodation.

Most immediate needs of residents of Public Housing and Housing Choice voucher holders

The most immediate needs include: physical modifications for accessibility, such as ramps and elevators; widened doorways, hallways, and increases to turning radius in bathrooms and kitchens; bathroom modifications like grab bars, roll-in showers, and accessible sinks; and kitchen modifications such as lowering countertops and cabinets.

All of these modifications and accommodations are best integrated when Resident Service Coordination occurs. DHA sees best outcomes in residents when staff can help connect them with access to medical, nutritional, and social services, as well as transportation services so they can participate fully in community activities.

How do these needs compare to the housing needs of the population at large

These needs are similar in that the population at large and DHA residents/applicants both face significant shortages of affordable housing, but for those with disabilities, the lack of accessible housing is a much larger barrier. Those relying on public housing and Housing Choice Vouchers often have more specific income-based needs. Overall, the population of Dover at large and our residents/applicants would both benefit from a wider range of new housing developments, especially those with accessibility features.

Discussion

Dover Housing Authority has 504 units of public housing, tax-credit, and property-based voucher-assisted multifamily housing. Of this, greater than 90% was constructed prior to 1990, when passage of the Americans With Disabilities Act began to modify the construction of multifamily properties. With the exception of Addison Place (garden-style apartments, built in 1999), most of the developments in the Dover Housing Authority were built between 1960-1984, and as such most units are difficult and expensive to upgrade and modify to disability access, especially wheelchair-level access.

NA-40 Homeless Needs Assessment – 91.205(c)

Introduction:

The City of Dover has adopted a Homelessness Master Plan that identifies issues leading to homelessness and strategies to address the causes of homelessness. The plan provides 7 strategies designed to tackle the causes of homelessness.

The Strategies:

Strategy #1- Create Seasonal Cold Weather Shelter

Strategy #2- Create Affordable Housing

Strategy #3- Increase Homeless Prevention and Rapid Rehousing Programs

Strategy #4- Support Access to transportation

Strategy #5- Enhance access to quality healthcare, mental health and education

Strategy #6- Support efforts to decrease Substance Use Disorder and increase prevention

Strategy #7- Engaging the Community to End Homelessness

Dover has utilized the plan to implement strategies to reduce homelessness and continues in its efforts to do so.

Homeless Needs Assessment

| Population | Estimate the # of persons experiencing homelessness on a given night | | Estimate the # experiencing homelessness each year | Estimate the # becoming homeless each year | Estimate the # exiting homelessness each year | Estimate the # of days persons experience homelessness |
|--|--|-------------|--|--|---|--|
| | Sheltered | Unsheltered | | | | |
| Persons in Households with Adult(s) and Child(ren) | 21 | 1 | 154 | 132 | 132 | 65 |
| Persons in Households with Only Children | 0 | 0 | 0 | 0 | 0 | 0 |
| Persons in Households with Only Adults | 88 | 59 | 970 | 823 | 823 | 65 |

Demo

| Population | Estimate the # of persons experiencing homelessness on a given night | | Estimate the # experiencing homelessness each year | Estimate the # becoming homeless each year | Estimate the # exiting homelessness each year | Estimate the # of days persons experience homelessness |
|----------------------------------|--|-------------|--|--|---|--|
| | Sheltered | Unsheltered | | | | |
| Chronically Homeless Individuals | 39 | 33 | 475 | 403 | 403 | 65 |
| Chronically Homeless Families | 7 | 0 | 46 | 39 | 39 | 65 |
| Veterans | 4 | 2 | 39 | 33 | 33 | 65 |
| Unaccompanied Child | 0 | 0 | 0 | 0 | 0 | 0 |
| Persons with HIV | 1 | 1 | 13 | 11 | 11 | 65 |

Table 26 - Homeless Needs Assessment

Data Source Comments: The City of Dover is the largest community within Strafford County, NH and is within the Balance of State Continuum of Care. The data provided in the table above are estimates for Strafford County and derived from the information provided for the Balance of State Continuum of Care from the 2024 Point in Time Count.

Indicate if the homeless population is: Has No Rural Homeless

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

N/A

Nature and Extent of Homelessness: (Optional)

| Race: | Sheltered: | Unsheltered (optional) |
|----------------------------------|-------------------|-------------------------------|
| White | 0 | 0 |
| Black or African American | 0 | 0 |
| Asian | 0 | 0 |
| American Indian or Alaska Native | 0 | 0 |
| Pacific Islander | 0 | 0 |
| Ethnicity: | Sheltered: | Unsheltered (optional) |
| Hispanic | 0 | 0 |
| Not Hispanic | 0 | 0 |

Data Source

Comments:

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

Based upon Information derived for Strafford County from data from the 2024 Point in Time Count for the Balance of Stat Continuum of Care and for Strafford County, there are 118 homeless individuals in need of housing assistance that are from households comprised of adults and children. There are 22 homeless individuals in need of housing assistance that are from households comprised of veterans.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

Based upon data from the area shelters, the extent of homelessness by race and ethnic group appears to be consistent percentage-wise to the race and ethnic population of the community.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

Based upon Information derived for Strafford County from data from the 2024 Point in Time Count for the Balance of Stat Continuum of Care and for Strafford County, 63% of persons experiencing homelessness on a given night in Strafford County are sheltered while 37% are unsheltered. For those that are sheltered, 50% are persons in households with only adults or chronically homeless individuals. For those that are unsheltered, 96% are persons in households with only adults or chronically homeless individuals.

Discussion:

Dover's CDBG program is one of multiple efforts the city utilizes to combat homelessness. The city continues its efforts to reduce homelessness by providing services and programs to the homeless community.

NA-45 Non-Homeless Special Needs Assessment - 91.205 (b,d)

Introduction:

Where as Section NA-40 discusses special needs associated with homeless population, this section focuses on populations that are not homeless but do have special needs as identified by the federal government.

Describe the characteristics of special needs populations in your community:

Special needs populations include those population groups include elderly, individuals suffering from addiction, those with HIV/AIDS, victims of domestic violence, dating violence, sexual assault, and stalking, and persons with mental, physical or development disabilities.

What are the housing and supportive service needs of these populations and how are these needs determined?

The aging population require a broad spectrum of services transportation, legal assistance, health and mental health services, food assistance and other daily needs. Lack of transportation, both frequency and service area makes it difficult for the elderly to access needs and services such as medical appointments and shopping. Additionally, there is currently a lack of programs that provide in-home services required by the elderly. As the population continues to age, there is a need for additional housing that targets the needs of the elderly.

Regarding addiction, both initial occurrence of drug use and relapsing is rising. The lack of affordable housing is causing some to live further away from existing services that are located within the community resulting in an inability to access/receive necessary counseling and treatment. Other challenges facing this population include increasing food insecurity, lack of sufficient treatment facilities that are open around the clock throughout the year and limited transportation options, both frequency and service area, that provide means to physically get to and from care and assistance.

Persons with HIV/AIDS find it difficult to fins and afford rental units in the city and therefor are increasingly having to locate outside of the city which in turn makes it hard to access services since there are no transportation providers serving rural areas on a regular basis. For those living in the community, existing limited transportation options, especially for the older population, experience difficulties in securing resources for everyday needs.

For victims of domestic violence, dating violence, sexual assault, and stalking needs and challenges include lack of transportation options to and from shelters and assistance, availability of affordable housing, and availability of affordable childcare. Lack of available shelter, housing and services can result in victims remaining in unsafe situations.

For individuals with mental, physical or development disabilities, there is a lack of transportation options that can accommodate their needs and that offer service with sufficient frequency and coverage area. There is limited supply of housing that meets the needs of this population group. Barriers to access and lack of infrastructure to serve this population, in both public and private sector locations, create hardships for individuals within this population.

Public listening sessions and interviews with service providers, and public officials served as the sources for identifying needs and challenges.

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

AIDS Response Seacoast assisted 20 Dover residents during FY24. AS this population groups ages, availability of affordable housing is a major challenge. Transportation options, both frequency and service area is also a challenge as meeting the increasing cost of daily living.

If the PJ will establish a preference for a HOME TBRA activity for persons with a specific category of disabilities (e.g., persons with HIV/AIDS or chronic mental illness), describe their unmet need for housing and services needed to narrow the gap in benefits and services received by such persons. (See 24 CFR 92.209(c)(2) (ii))

NA

Discussion:

In summary, the availability of affordable housing and lack of transportation options that provide sufficient frequency of service, hours of service and service area are major challenges for special needs populations. Other major challenges include food insecurity, need for in-home care services, sufficient treatment and care facilities and being able to account for increased cost of living.

NA-50 Non-Housing Community Development Needs – 91.215 (f)

Describe the jurisdiction's need for Public Facilities:

The community has identified a need for increased Public Facility capacity for a variety of needs. The needs address increased capacity related to year-round homeless shelter capacity and extreme weather capacity; shelter capacity for addiction treatment and care; shelter for victims of domestic and partner violence; affordable childcare; and accessible facilities and infrastructure for special needs populations.

How were these needs determined?

Needs were identified through public outreach. This process included listening sessions open to the public, listening sessions with Dover Housing Authority tenants, Interviews with service providers, an online survey and interviews with city officials.

Describe the jurisdiction's need for Public Improvements:

The community has identified a need for Public Improvements related to barrier removal for special needs populations, sidewalk installation & year-round maintenance of existing sidewalks, and for improvements that expand upon or enhance transportation related facilities and services.

How were these needs determined?

Needs were identified through public outreach. This process included listening sessions open to the public, listening sessions with Dover Housing Authority tenants, Interviews with service providers, an online survey and interviews with city officials.

Describe the jurisdiction's need for Public Services:

The community has identified a need for a broad array of Public Services to assist with needs of the community. These Services include assistance with transportation related needs; housing related costs including rent, security deposit and physical improvements assistance; assistance related to food insecurity and general costs of living; health and mental health services; services for persons with development disabilities; in-home services, addiction treatment; homeless supportive services; legal assistance; services and assistance for victims of domestic and partner violence; affordable childcare, and youth and teen services and programming.

How were these needs determined?

Needs were identified through public outreach. This process included listening sessions open to the public, listening sessions with Dover Housing Authority tenants, Interviews with service providers, an online survey and interviews with city officials.

Housing Market Analysis

MA-05 Overview

Housing Market Analysis Overview:

Dover's housing market is best described as a seller's market. The vacancy rate for the community continues to hover just below 1%. The result is rent/mortgage costs that are challenging for a majority of the population regardless of whether or not they are low/moderate income households. The ability for person/family to live in a safe and affordable household is critical for both themselves and for the community. Safe and affordable housing that also provides opportunity to access services and employment has been identified as a critical need within the City of Dover.

MA-10 Number of Housing Units – 91.210(a)&(b)(2)

Introduction

The City has gained a significant number of new dwelling units since 2020. The majority of these are market rate rental units. Despite the addition of new units, the vacancy rate remain at less than one percent.

All residential properties by number of units

| Property Type | Number | % |
|---------------------------------|---------------|-------------|
| 1-unit detached structure | 6,335 | 44% |
| 1-unit, attached structure | 995 | 7% |
| 2-4 units | 2,960 | 20% |
| 5-19 units | 1,735 | 12% |
| 20 or more units | 2,095 | 14% |
| Mobile Home, boat, RV, van, etc | 395 | 3% |
| Total | 14,515 | 100% |

Table 27 – Residential Properties by Unit Number

Data Source: 2016-2020 ACS

Unit Size by Tenure

| | Owners | | Renters | |
|--------------------|--------------|-------------|--------------|-------------|
| | Number | % | Number | % |
| No bedroom | 45 | 1% | 165 | 3% |
| 1 bedroom | 235 | 3% | 1,995 | 31% |
| 2 bedrooms | 1,520 | 21% | 3,270 | 50% |
| 3 or more bedrooms | 5,570 | 76% | 1,065 | 16% |
| Total | 7,370 | 101% | 6,495 | 100% |

Table 28 – Unit Size by Tenure

Data Source: 2016-2020 ACS

Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.

The Dover Housing Authority operates 184 family units of via Project Based Vouchers pursuant to the Rental Assistance Demonstration (RAD) program authorized by HUD. DHA also owns and manages 45 units of LIHTC housing at Addison Place, as well as five single-family homes. In the fall of 2025, DHA will complete construction of Haven At The Falls, a supportive housing development with six two-bedroom units, designed to provide permanent affordable housing for survivors of domestic and intimate partner violence.

In addition to the units managed by the Dover Housing Authority (DHA), there are 3 non-DHA HUD-assisted multifamily residential developments within the City of Dover. These developments provide a total of 154 HUD assisted units.

Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.

The city unaware of any anticipated loss of affordable units at this time.

Does the availability of housing units meet the needs of the population?

No

Describe the need for specific types of housing:

Diverse populations and household income groups present a range of housing needs. For example employers are finding it to be a struggle to find employees that can afford housing within the community which limits the potential pool of employees. There is a need for more housing that can accommodate the needs of the current elderly population and account for the growing elderly population. Due to the high cost of housing and the difficulty of a one or two person household to be able to afford their own residence, non-traditional options such as co-habitation should be encouraged.

As discussed elsewhere in the Plan, there is a need for housing for homeless that are transitioning to self-reliance, victims of violence, persons with HIV/AIDS and for those with disabilities.

There is a need for housing options that are affordable to households qualifying as very low, low and moderate income. The community should also pursue practices that allow those that are currently housed, but struggling to afford maintenance and housing costs, remain in their existing residence.

Discussion

There has been a considerable number of new dwelling unit built during the last five years with significantly more currently under construction. The new residential construction has not removed or replaced existing residential units but rather has been added to the total housing stock. The result will be a noticeable increase in the percent of units that have been built since the year 2000.

The addition of new units is not anticipated to improve Dover's vacancy rate which is currently less than one percent. There continues to be a need for affordable and accessible units in the community that are within walking distance of employment centers or on public transportation routes. These units are

especially needed to provide housing for elderly, young households, special needs populations and a sizable portion of Dover's workforce.

MA-15 Housing Market Analysis: Cost of Housing - 91.210(a)

Introduction

Dover is viewed as an attractive/appealing place to live and work. With that comes, as evidenced by the data, high home values and high rent rates. To the extent that it legally can do so, Dover has taken several steps to encourage, and in some cases require, diversity of housing opportunities. Nevertheless, while housing options are diverse, both housing prices and rents are high.

Cost of Housing

| | Base Year: 2009 | Most Recent Year: 2020 | % Change |
|----------------------|-----------------|------------------------|----------|
| Median Home Value | 240,600 | 274,100 | 14% |
| Median Contract Rent | 883 | 1,078 | 22% |

Table 29 – Cost of Housing

Data Source: 2000 Census (Base Year), 2016-2020 ACS (Most Recent Year)

| Rent Paid | Number | % |
|-----------------|--------------|---------------|
| Less than \$500 | 700 | 10.8% |
| \$500-999 | 2,165 | 33.4% |
| \$1,000-1,499 | 2,490 | 38.4% |
| \$1,500-1,999 | 865 | 13.3% |
| \$2,000 or more | 270 | 4.2% |
| Total | 6,490 | 100.0% |

Table 30 - Rent Paid

Data Source: 2016-2020 ACS

Housing Affordability

| Number of Units affordable to Households earning | Renter | Owner |
|--|--------------|--------------|
| 30% HAMFI | 600 | No Data |
| 50% HAMFI | 1,415 | 400 |
| 80% HAMFI | 4,035 | 1,690 |
| 100% HAMFI | No Data | 2,865 |
| Total | 6,050 | 4,955 |

Table 31 – Housing Affordability

Data Source: 2016-2020 CHAS

Monthly Rent

| Monthly Rent (\$) | Efficiency (no bedroom) | 1 Bedroom | 2 Bedroom | 3 Bedroom | 4 Bedroom |
|-------------------|-------------------------|-----------|-----------|-----------|-----------|
| Fair Market Rent | 0 | 0 | 0 | 0 | 0 |
| High HOME Rent | 0 | 0 | 0 | 0 | 0 |
| Low HOME Rent | 0 | 0 | 0 | 0 | 0 |

Table 32 – Monthly Rent

Data Source Comments:

Is there sufficient housing for households at all income levels?

No

How is affordability of housing likely to change considering changes to home values and/or rents?

Based upon the low vacancy and high rental rates/costs, affordability and availability is not projected to improve drastically. Rather, it is anticipated that housing cost burden will remain. The community continues to try to increase housing supply in ways even with the limited authority over the driving causes by focusing on land use policy and regulations. In 2024, the City voted to get rid of impact fees in an effort to have that cost savings passed on to the end resident.

How do HOME rents / Fair Market Rent compare to Area Median Rent? How might this impact your strategy to produce or preserve affordable housing?

FY2025 FMR indicates that for a two-bedroom rental unit to not exceed 30% of household income, a household of four would need to have an annual income of \$78,440. The 2025 HUD Household Income Limits used to determine Very Low, Low and Moderate Income Benefit eligibility indicate that a Very Low Income Household of four has an annual household income of \$39,350 and that a Low Income Household of four has an annual household income of \$65,600. As such, these two population groups must spend more than 30% of their household income on rent for a two bedroom rental.

Dover CDBG does not have the financial capacity to undertake rehab or conversion of non-residential buildings to affordable units. The program will continue to offer energy efficiency and weatherization funding for income qualified home owners in order to further their ability to reside in-place. The program will be expanded to undertake these activities in rental units with the requirement that the units remain affordable for a fixed period of years

Discussion

The City has recognized that there are five major factors to the pricing of housing: Land Cost, Labor Cost, Lumber Cost, Lending & Legislation. The City certainly impacts the legislative element. Through our

zoning, site and subdivision regulations we look to update and create a framework where land can be developed in an efficient and effective manner. From a housing standpoint, the City has worked to reduce cost barriers to create housing with the desire that any cost savings are passed onto the end users. An example of this is the Planning Board voting in Fall 2024 to get rid of impact fees for new development. The cost to purchase land is the highest initial cost for a project, and the City looked at ways to minimize that cost or allow for more units per lot as a way to create opportunity for housing savings. To that end, in July of 2020, the Planning Board ratified changes to the Zoning Code, most within the Transfer of Development Rights section. Then in each subsequent year, the Planning Board and City Council look at other potential amendments to the code and regulations. In 2023 and 2024, the City hired a consultant to do a zoning audit and asked for recommendations of ways to amend the City's regulations to help increase housing stock opportunities. In 2023, the City also hired a Housing Navigator tasked at overseeing the zoning audit, staffing a newly formed Ad-Hoc Committee focused on Housing, and to discuss housing related items with developers, financial institutions, and partnering associations.

Furthermore, staff continued to promote development in the Central Business District which has the highest density allowances and is the most flexible on parking requirements and has the highest access to transit and multi-modal transportation options. Finally, the City continues to embrace a mixed use development strategy and focusing on infill development opportunities.

One way to address unit availability is to assist income qualifying homeowners with staying in their existing single family dwellings thus eliminating them from the pool of households competing for the limited number of rental units available in the community. Dover will continue to fund weatherization and energy efficiency improvements to this sector of the community. Going forward, the program will also offer weatherization and energy efficiency improvements to owner occupied multi-unit dwellings that are occupied by income qualifying households. Additionally, the City has allocated funds for a pilot program intended to bring existing housing stock that does not currently meet HUD Housing Quality Standards (HQS) into compliance. In doing so, the landlord would be required to accept families that utilize housing vouchers.

MA-20 Housing Market Analysis: Condition of Housing – 91.210(a)

Introduction

The City of Dover does not have a comprehensive source of information concerning the condition of housing stock. The City does have a Housing Code that defines substandard housing conditions. Approximately sixty percent of the units in the city, both owner occupied and rental, were built prior to 1980.

Describe the jurisdiction's definition of "standard condition" and "substandard condition but suitable for rehabilitation":

Dover's Housing Standards Code provides that a dwelling is substandard if the following conditions exist:

- A dwelling is dilapidated, decayed, unsafe or unsanitary.
- There is inadequate light, air or sanitation,
- There is inadequate egress,
- There are insecure parts,
- The dwelling creates an unsafe or unsanitary environment for abutting properties.

Dover's Housing Standards Code provides that a dwelling is suitable for rehabilitation if the cost to repair or rehabilitate is a reasonable cost when compared to the overall value of the dwelling.

Condition of Units

| Condition of Units | Owner-Occupied | | Renter-Occupied | |
|--------------------------------|----------------|-------------|-----------------|-------------|
| | Number | % | Number | % |
| With one selected Condition | 2,080 | 28% | 2,370 | 37% |
| With two selected Conditions | 0 | 0% | 115 | 2% |
| With three selected Conditions | 0 | 0% | 0 | 0% |
| With four selected Conditions | 0 | 0% | 0 | 0% |
| No selected Conditions | 5,290 | 72% | 4,005 | 62% |
| Total | 7,370 | 100% | 6,490 | 101% |

Table 33 - Condition of Units

Data Source: 2016-2020 ACS

Year Unit Built

| Year Unit Built | Owner-Occupied | | Renter-Occupied | |
|-----------------|----------------|-----|-----------------|-----|
| | Number | % | Number | % |
| 2000 or later | 1,245 | 17% | 1,035 | 16% |
| 1980-1999 | 2,030 | 28% | 1,285 | 20% |
| 1950-1979 | 2,550 | 35% | 1,935 | 30% |
| Before 1950 | 1,540 | 21% | 2,235 | 34% |

| Year Unit Built | Owner-Occupied | | Renter-Occupied | |
|-----------------|----------------|-------------|-----------------|-------------|
| | Number | % | Number | % |
| Total | 7,365 | 101% | 6,490 | 100% |

Table 34 – Year Unit Built

Data Source: 2016-2020 CHAS

Risk of Lead-Based Paint Hazard

| Risk of Lead-Based Paint Hazard | Owner-Occupied | | Renter-Occupied | |
|---|----------------|-----|-----------------|-----|
| | Number | % | Number | % |
| Total Number of Units Built Before 1980 | 4,090 | 56% | 4,170 | 64% |
| Housing Units build before 1980 with children present | 965 | 13% | 460 | 7% |

Table 35 – Risk of Lead-Based Paint

Data Source: 2016-2020 ACS (Total Units) 2016-2020 CHAS (Units with Children present)

Vacant Units

| | Suitable for Rehabilitation | Not Suitable for Rehabilitation | Total |
|--------------------------|-----------------------------|---------------------------------|-------|
| Vacant Units | 0 | 0 | 0 |
| Abandoned Vacant Units | 0 | 0 | 0 |
| REO Properties | 0 | 0 | 0 |
| Abandoned REO Properties | 0 | 0 | 0 |

Table 36 - Vacant Units

Data Source: 2005-2009 CHAS

Vacant Units

Dover's residential vacancy rate is less than 1 percent. There are effectively no residential properties that are vacant due to abandonment or decay.

Need for Owner and Rental Rehabilitation

<TYPE=[text] REPORT_GUID=[F8DC4D3147433947165558A235C46686]
PLAN_SECTION_ID=[1313801000]>

Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards

A current comprehensive source of information concerning the condition of housing stock does not exist. Based upon the ACS data provided above, approximately 60 percent of all units in the city were built prior to 1980. Those units are split evenly between owner occupied units and renter occupied units.

Discussion

There has been a considerable number of new dwelling unit built during the last five years with significantly more currently under construction. The new residential construction has not removed or replaced existing residential units but rather has been added to the total housing stock. With the new construction there will still be 25 – 30 percent of the housing stock that will have one of the four housing conditions discussed above. The program will continue to persue pathways that address these units.

MA-25 Public and Assisted Housing – 91.210(b)

Introduction

The Dover Housing Authority (DHA) was formed by the Dover City Council in March 1948, pursuant to New Hampshire state law. The DHA serves 877 households every month with a federal rent subsidy.

The DHA is required by the Department of Housing and Urban Development (HUD) to target applicants on the waiting list who are in the extremely low-income category. HUD requires a target threshold of 40% or greater. For the Section 8 Housing Choice Voucher Program, the threshold is 75%. The DHA continues to meet or exceed these requirements.

In 2019, DHA converted 184 family units of public housing to Project Based Vouchers pursuant to the Rental Assistance Demonstration (RAD) program authorized by HUD. In addition, substantial rehabilitation of the 184 apartments was completed using bond financing and Low-Income Housing Tax Credits (LIHTC) obtained with assistance from the New Hampshire Housing Finance Authority (NHHFA) and EverNorth. DHA also owns and manages 45 units of LIHTC housing at Addison Place, as well as five single-family homes. In the fall of 2025, DHA will complete construction of Haven At The Falls, a supportive housing development with six two-bedroom units, designed to provide permanent affordable housing for survivors of domestic and intimate partner violence. HAVEN NH is the largest violence prevention and support services agency in NH, working to prevent sexual assault, domestic violence, and stalking, and to support and empower adults, youth, and families to heal from abuse and rebuild their lives.

The DHA provides many social service programs for residents of public housing through the Seymour Osman Community Center and Youth Safe Haven (SOCC). The DHA also administers a Family Self-Sufficiency Program for Section 8 Housing Choice Voucher Program participants and family public housing residents. In addition, the DHA operates an afterschool educational program at the Woodman Park Elementary School using grant funds from the Nita M. Lowey 21st Century Community Learning Center (21CCLC) program. These varied programs assist residents in acquiring skills and experience enabling them to obtain employment, further their education, and eventually leave public assistance.

The DHA takes aggressive and proactive steps to insure 274 units of public housing, 184 units of RAD-LIHTC family housing, and 347 Housing

Choice vouchers continue to serve the area's low and extremely low-income population. The DHA searches out new programs and funding sources to modernize its existing housing stock, provide supportive services and educational opportunities to its residents, and to increase the amount of affordable housing required to meet the growing needs of the City of Dover.

Totals Number of Units

| | Program Type | | | | | | | | |
|--|--------------|-----------|----------------|----------|----------------|---------------|-------------------------------------|----------------------------|------------|
| | Certificate | Mod-Rehab | Public Housing | Vouchers | | | | | |
| | | | | Total | Project -based | Tenant -based | Special Purpose Voucher | | |
| | | | | | | | Veterans Affairs Supportive Housing | Family Unification Program | Disabled * |
| # of units vouchers available | | | 458 | 317 | | | 0 | 0 | 236 |
| # of accessible units | | | | | | | | | |
| *includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition | | | | | | | | | |

Table 37 – Total Number of Units by Program Type

Alternate Data Source Name:

DHA - Total Number of Units

Data Source Comments:

Describe the supply of public housing developments:

Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:

274 Public Housing units are populated by senior citizens and individuals with disabilities. Units are in good condition and receive REAC (Real Estate Assessment Center) scores greater than 90.

Public Housing Condition

| Public Housing Development | Average Inspection Score |
|----------------------------|--------------------------|
| Dover Housing Authority | 90 |

Table 38 - Public Housing Condition

Describe the restoration and revitalization needs of public housing units in the jurisdiction:

The DHA converted 184 family units of public housing to Project Based Vouchers pursuant to the Rental Assistance Demonstration (RAD) program authorized by HUD. In addition, substantial rehabilitation of the 184 apartments was financed by bond financing and Low-Income Housing Tax Credits (LIHTC) obtained with assistance from the New Hampshire Housing Finance Authority (NHHFA) and EverNorth. The substantial rehabilitation accomplished from 2017-2019 included new roofs, siding, windows, kitchens, bathrooms, appliances, washers and dryers, doors, floors, heating systems, and insulation.

The remaining 274 public housing units for seniors and individuals with disabilities are in great condition. Replacement of roofs, heating systems and exterior doors are ongoing. Further improvements will consist of renovations to kitchens, bathrooms and air quality systems. The DHA continues to receive Capital Funds from HUD on an annual basis. The DHA estimates a need for \$2,000,000 annually for the next five years to enable all physical improvements and administration to meet the capital improvement needs of these properties.

Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:

Addison Place and Covered Bridge Manor

The DHA owns and manages Addison Place, a LIHTC development of 45 units adjacent to 184 units of RAD-LIHTC housing converted from public housing. Addison Place is substantially rehabilitated with new heating systems and windows. Kitchens and baths are rehabbed upon turnover. A healthy and substantial Capital Reserve fund is funded and maintained for future needs.

Improve the quality of assisted housing

The DHA will continue to take numerous steps to improve its public housing and voucher management scores, such as hiring engineers and inspectors to assist management in determining ways to improve the properties.

Increase assisted housing choices

Continual efforts are made by Section 8 Housing Choice Voucher Program staff to seek out potential voucher landlords. In an effort to increase the number of families being assisted through the Housing

Choice Voucher Program, the DHA has steadily raised the number of vouchers being issued over the past few years. Now 347 families are assisted by the Housing Choice Voucher program.

In the fall of 2025, DHA will complete construction of Haven At The Falls, a supportive housing development with six two-bedroom units, designed to provide permanent affordable housing for survivors of domestic and intimate partner violence. HAVEN NH is the largest violence prevention and support services agency in NH, working to prevent sexual assault, domestic violence, and stalking, and to support and empower adults, youth, and families to heal from abuse and rebuild their lives.

Provide an improved living environment

The DHA has once again received approval of its request for an extension of the Designated Housing Plan which designated three multi-story buildings as housing for elderly residents only.

A full-time social worker is assigned to work with seniors and individuals with disabilities.

The DHA currently pays for a full-time police officer assigned to our neighborhoods to improve security and peace of mind for our residents.

The DHA provides a police sub-station located in the heart of our family neighborhood. The DHA will continue to adhere to the Core Values of Integrity, Caring, Innovation and Accountability.

Moving out of Poverty

The DHA promotes self-sufficiency and asset development for families and individuals in its public housing, RAD-LIHTC, and Housing Choice Voucher programs. One of the major strengths of the DHA is a commitment to provide supportive services to all its residents and voucher holders. The flagship supportive service for families is the Afterschool program at Woodman Park Elementary School. In addition, the DHA supports families and children with a wide range of activities at the Seymour Osman Community Center and Youth Safe Haven.

The DHA continues to provide supportive services for seniors in an effort to keep them living independently longer and avoid premature institutionalization. Moreover, the DHA works collaboratively with community members and the Commodities Supplemental Food Program administered by the USDA to provide nutritious food to elderly residents.

The DHA is one of several New Hampshire Housing Authorities to operate a Family Self-Sufficiency (FSS) program. The goals of FSS are improving residents' employability and financial stability. Through Federal grants, the DHA employs full-time family self-sufficiency coordinators to offer guidance, information, and skills to family housing residents and Housing Choice Voucher participants to aid them in achieving financial self-sufficiency, finding employment, and positive money management skills. The DHA has seen great success with this program with participants purchasing homes, investing in their careers, and ultimately leaving public assistance programs.

Discussion:

The Mission of the Dover Housing Authority is "Opening Doors to Opportunities". We serve low income seniors, individuals with disabilities and families. We provide supportive services and permanent quality housing. We collaborate with area groups to enhance the lives of our residents and voucher holders.

MA-30 Homeless Facilities and Services – 91.210(c)

Introduction

Homelessness is a regional issue that is not defined or confined by civic boundaries. Dover residents are served by homeless facilities located in the City and neighboring communities. Shelters have reported that clients their tenants are now staying longer than in years past do to the difficulty in finding affordable housing and access to services upon leaving the shelter. The Cities of Dover and Rochester and Somersworth have adopted a Homelessness Mater Plan that provides guide for each community in its efforts to address the regional issues of homelessness.

Facilities and Housing Targeted to Homeless Households

| | Emergency Shelter Beds | | Transitional Housing Beds | Permanent Supportive Housing Beds | |
|--|------------------------------------|--|------------------------------|--------------------------------------|----------------------|
| | Year Round Beds (Current & New) | Voucher / Seasonal / Overflow Beds | Current & New | Current & New | Under Development |
| Households with Adult(s) and Child(ren) | 73 | 80 | 60 | 0 | 0 |
| Households with Only Adults | 54 | 19 | 0 | 8 | 0 |
| Chronically Homeless Households | 0 | 0 | 0 | 18 | 28 |
| Veterans | 0 | 0 | 0 | 0 | 0 |
| Unaccompanied Youth | 0 | 0 | 0 | 0 | 0 |

Table 39 - Facilities and Housing Targeted to Homeless Households

Data Source Comments:

Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons

Year-round shelters in the region include My Friend's Place, Home for Now, Cross Roads House, Hope on Haven Hill, Families in Transition and Lydia's House of Hope. My Friend's Place provides both emergency shelter and transitional housing. Clients are provided with, access to mental and physical health services, food support/assistance and other related assistance.

Cross Roads House provides a spectrum of assistance to clients housed at the facility and to clients who have transitioned out of the shelter and into more permanent living arrangements. Assistance includes life skills, vocational training and access to health care. Hope on Haven Hill provides an eight bed residential facility, a transitional recovery house for mother's in recovery & their children and outpatient services. Lydia's House of Hope provides transitional housing and services for homeless woman and children.

Home for Now, formerly the Homeless Center for Strafford County, moved into to a new facility in 2021. At that time, the shelter transitioned from a seasonal facility to a year-round facility. The shelter provides clients with services offered through the Community Action Partnership of Strafford County.

The Dover Police Department has expanded its outreach program. Specifically, they have added outreach counselors that provide services to Dover's homeless population.

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.

My Friend's Place provides both emergency shelter and transitional housing. Clients are provided with, access to mental and physical health services, food support/assistance and other related assistance. Lydia's House of Hope provides transitional housing and services for homeless woman and children.

Cross Roads House provides a spectrum of assistance to clients housed at the facility and to clients who have transitioned out of the shelter and into more permanent living arrangements. Assistance includes life skills, vocational training and access to health care. Hope on Haven Hill provides an eight bed residential facility, a transitional recovery house for mother's in recovery & their children and outpatient services.

Home for Now, formerly the Homeless Center for Strafford County, moved into to a new facility in 2021. At that time, the shelter transitioned from a seasonal facility to a year-round facility. The shelter provides clients with services offered through the Community Action Partnership of Strafford County.

The Homeless Center for Strafford County (HCSC) is a seasonal facility that offers assistance such as life and financial skills and assistance with placement in more permanent housing. Has recently obtained property on which plans to build a larger facility with the intent of becoming a year-round provider of shelter and services.

Community Action Partnership of Strafford County plays a significant role in providing services and assistance to at risk populations. Examples of assistance include transportation, counseling, assistance with utility costs, child care and rental assistance.

Community Partners is the designated Community Mental Health Center, Developmental Services Provider and Family Support Center for the region and provides a wide variety of behavioral health and developmental services. Community Partners outreach is through engagement homeless shelters and transitional housing programs to provide counseling services to shelter and housing clients.

The Dover Police Department has expanded it's outreach program. Specifically, they have added outreach counselors that provide services to Dover's homeless population.

MA-35 Special Needs Facilities and Services – 91.210(d)

Introduction

The challenges faced by these population groups are diverse. However, there are many needs that are consistent across the groups. These include affordable housing, housing options, transportation, removal of barriers to access, cost of living and access to care & treatment. The sections below provide greater detail.

Including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS and their families, public housing residents and any other categories the jurisdiction may specify, and describe their supportive housing needs

The aging population require a broad spectrum of services transportation, legal assistance, health and mental health services, food assistance and other daily needs. Lack of transportation, both frequency and service area makes it difficult for the elderly to access needs and services such as medical appointments and shopping. Additionally, there is currently a lack of programs that provide in-home services required by the elderly. As the population continues to age, there is a need for additional housing that targets the needs of the elderly. For seniors that are ambulatory there is a needs establish sidewalks between housing and service centers and to maintain sidewalks during the winter seasons.

For individuals with disabilities, there is a lack of transportation options that can accommodate their needs and that offer service with sufficient frequency and coverage area. Also, barriers to access in both public and private sector locations, create hardships for individuals with mental, physical or development disabilities. There is limited supply of housing that meets the needs of individuals with mental, physical or development disabilities. The community should assure that facilities for this population continue to be allowed throughout the city.

There is a need for addiction treatment facilities that are open around the clock throughout the year and for shelter space for individuals facing addiction related challenges. Just as critical are limited transportation options (frequency, hours of service and service area) that create difficulties in accessing care and assistance.

As with other population groups, the limited availability of affordable rental units and limited transportation options creates challenges for individual with HIV/AIDS. Individuals are often having to relocate to rural communities that lack necessary care and transportation services simply to find affordable rental options.

For victims of domestic violence, dating violence, sexual assault, and stalking needs and challenges include lack of transportation options to and from shelters and assistance, availability of affordable housing, and availability of affordable childcare. Lack of available shelter, housing and services can result in victims remaining in unsafe situations.

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing

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PLAN_SECTION_ID=[1350402000]>

Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e)

For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2))

MA-40 Barriers to Affordable Housing – 91.210(e)

Negative Effects of Public Policies on Affordable Housing and Residential Investment

Following are principal impediments to affordable housing choice in the public sector:

- The current Zoning Ordinance Allows Group Homes by Special Exception only, not by right, in two of the City's zoning districts. The districts, RM-U, and O represent a small area of the City's Zoning district area. The CBD district allows the use by right, as well as the use of a rooming house by right. A further barrier is that the City is almost 400 years old and has a limited amount of developable land and adequate in-fill opportunities for such a use to reasonably locate. Land costs tend to lead to higher cost units when a property owner seeks to increase the density. The Special Exception criteria and requirement for a public hearing may subject the process to NIMBY reactions that may influence decisions made by the Zoning Board.
- While Dover has seen a housing boom since 2015, there continues to be less than 1% vacancy in multi-family units. As rental costs have increased, the wage levels have not kept pace. Homeownership costs, housing costs and general cost of living have also trended up. The median sold home price is \$445,000.
- According to our Housing Needs Assessment, as much as 35% of all households and 44% of renting households pay 30% or more of their household income on housing in Dover.
- Availability of public transportation is a barrier to housing choice, and continues to be a concern. COAST bus, the regional transit provider faces funding reductions while need for greater frequency, hours and coverage area are in demand. While Dover has a broad scope of service by COAST, there is a clear need for expanded service.

MA-45 Non-Housing Community Development Assets – 91.215 (f)

Introduction

Dover continues to be a target economic destination for businesses and workers alike. Its vibrant and walkable downtown provides numerous opportunities for small business growth, and has seen significant investments from private developers in recent years for mixed-use projects that offer a combination of residential and commercial spaces. Dover's housing supply and quality school system has made it a destination for younger workers and families, but while it continues to have more attainable housing than many other communities in the region, it has seen a dramatic rise in the cost of housing in the wake of the COVID-19 pandemic. Several business parks provide opportunities for commercial and industrial businesses, and Dover is firmly integrated into the larger seacoast labor market that includes Mass-General Brigham Wentworth-Douglass Hospital, the University of New Hampshire, Portsmouth Naval Shipyard, Pease Development Authority, and other major employers throughout the seacoast.

Economic Development Market Analysis

Business Activity

| Business by Sector | Number of Workers | Number of Jobs | Share of Workers % | Share of Jobs % | Jobs less workers % |
|---|-------------------|----------------|--------------------|-----------------|---------------------|
| Agriculture, Mining, Oil & Gas Extraction | 33 | 3 | 0 | 0 | 0 |
| Arts, Entertainment, Accommodations | 1,846 | 1,775 | 14 | 12 | -2 |
| Construction | 527 | 309 | 4 | 2 | -2 |
| Education and Health Care Services | 2,687 | 4,103 | 20 | 27 | 7 |
| Finance, Insurance, and Real Estate | 1,082 | 2,369 | 8 | 15 | 7 |
| Information | 378 | 97 | 3 | 1 | -2 |
| Manufacturing | 1,614 | 1,193 | 12 | 8 | -4 |
| Other Services | 489 | 438 | 4 | 3 | -1 |
| Professional, Scientific, Management Services | 1,692 | 2,393 | 13 | 16 | 3 |
| Public Administration | 0 | 0 | 0 | 0 | 0 |
| Retail Trade | 1,905 | 1,493 | 14 | 10 | -4 |
| Transportation and Warehousing | 332 | 560 | 3 | 4 | 1 |

| Business by Sector | Number of Workers | Number of Jobs | Share of Workers % | Share of Jobs % | Jobs less workers % |
|--------------------|----------------------|----------------|-----------------------|--------------------|------------------------|
| Wholesale Trade | 589 | 585 | 4 | 4 | 0 |
| Total | 13,174 | 15,318 | -- | -- | -- |

Table 40 - Business Activity

Data Source: 2016-2020 ACS (Workers), 2020 Longitudinal Employer-Household Dynamics (Jobs)

Labor Force

| | |
|--|--------|
| Total Population in the Civilian Labor Force | 19,110 |
| Civilian Employed Population 16 years and over | 18,500 |
| Unemployment Rate | 3.17 |
| Unemployment Rate for Ages 16-24 | 27.78 |
| Unemployment Rate for Ages 25-65 | 1.99 |

Table 41 - Labor Force

Data Source: 2016-2020 ACS

| Occupations by Sector | Number of People |
|--|------------------|
| Management, business and financial | 6,165 |
| Farming, fisheries and forestry occupations | 450 |
| Service | 2,070 |
| Sales and office | 3,625 |
| Construction, extraction, maintenance and repair | 990 |
| Production, transportation and material moving | 755 |

Table 42 – Occupations by Sector

Data Source: 2016-2020 ACS

Travel Time

| Travel Time | Number | Percentage |
|--------------------|---------------|-------------|
| < 30 Minutes | 12,149 | 72% |
| 30-59 Minutes | 3,426 | 20% |
| 60 or More Minutes | 1,206 | 7% |
| Total | 16,781 | 100% |

Table 43 - Travel Time

Data Source: 2016-2020 ACS

Education:

Educational Attainment by Employment Status (Population 16 and Older)

| Educational Attainment | In Labor Force | | Not in Labor Force |
|---|-------------------|------------|--------------------|
| | Civilian Employed | Unemployed | |
| Less than high school graduate | 430 | 0 | 360 |
| High school graduate (includes equivalency) | 2,425 | 0 | 895 |
| Some college or Associate's degree | 3,900 | 215 | 610 |

| Educational Attainment | In Labor Force | | Not in Labor Force |
|-----------------------------|-------------------|------------|--------------------|
| | Civilian Employed | Unemployed | |
| Bachelor's degree or higher | 7,785 | 140 | 795 |

Table 44 - Educational Attainment by Employment Status

Data Source: 2016-2020 ACS

Educational Attainment by Age

| | Age | | | | |
|---|-----------|-----------|-----------|-----------|---------|
| | 18–24 yrs | 25–34 yrs | 35–44 yrs | 45–65 yrs | 65+ yrs |
| Less than 9th grade | 10 | 14 | 24 | 200 | 165 |
| 9th to 12th grade, no diploma | 160 | 270 | 15 | 270 | 370 |
| High school graduate, GED, or alternative | 790 | 1,050 | 600 | 1,670 | 1,370 |
| Some college, no degree | 720 | 800 | 805 | 1,290 | 895 |
| Associate's degree | 340 | 545 | 540 | 770 | 540 |
| Bachelor's degree | 1,285 | 2,740 | 1,220 | 1,955 | 1,045 |
| Graduate or professional degree | 120 | 975 | 705 | 1,150 | 815 |

Table 45 - Educational Attainment by Age

Data Source: 2016-2020 ACS

Educational Attainment – Median Earnings in the Past 12 Months

| Educational Attainment | Median Earnings in the Past 12 Months |
|---|---------------------------------------|
| Less than high school graduate | 26,581 |
| High school graduate (includes equivalency) | 32,631 |
| Some college or Associate's degree | 42,339 |
| Bachelor's degree | 55,152 |
| Graduate or professional degree | 66,053 |

Table 46 – Median Earnings in the Past 12 Months

Data Source: 2016-2020 ACS

Based on the Business Activity table above, what are the major employment sectors within your jurisdiction?

Education and Healthcare services is the largest employment sector in Dover. Other notable sectors include Arts, Entertainment, and Accommodation; Manufacturing; Professional or Management Services; and Retail Trade.

Finance, Insurance, and Real Estate also appears as a notable sector in the above data, though it is

important to note that Liberty Mutual closed their Dover office in 2023. It is anticipated that a majority of jobs in this sector would be relocated from Dover to Portsmouth in subsequent datasets. The number of Dover workers in this sector would remain relatively stable, as the closure was not accompanied by large-scale layoffs.

Describe the workforce and infrastructure needs of the business community:

The local business community continues to show demand for labor at all education and skill levels, with the healthcare, hospitality, and construction industries among the hardest hit. Housing attainability is a key barrier to attracting or attaining this workforce, especially for early-career or low-to-moderate-income workers. Dover is served by public transit, including connections to many of the region's larger employers, but the frequency of service, hours of operation and service area are not always convenient for commuting workers, especially for people working second or third shift jobs. As one of the largest municipalities in the state, Dover already has widespread access to municipal water and sewer, broadband internet, and utilities like electricity and natural gas. These systems continue to support business investments in the community. As Dover runs out of new developable land, the focus of infrastructure investments is changing from expanding service to new areas to maintaining infrastructure as it ages or improving capacity for denser redevelopment of existing facilities.

Describe any major changes that may have an economic impact, such as planned local or regional public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.

The COVID-19 Pandemic led to a dramatic increase in the number of people working remotely. In 2023, Liberty Mutual (at the time Dover's largest employer) announced the closure of its Dover facility because its workforce still largely works remotely, and therefore could be consolidated with the Portsmouth office for in-office requirements. The 200-acre site contains 600,000 s.f. of office space and significant investments in supporting infrastructure that could be repositioned for future job or business growth.

The Cochecho Waterfront Development is currently under construction and will bring more than 400 residential units and 20,000 s.f. of commercial space to Dover's downtown. The first units are expected to open in 2025. Several other residential or mixed-use projects have been approved within the downtown and would result in hundreds of additional dwelling units, but many of these projects are currently on hold due to a combination of construction costs and interest rates. The units produced by these projects would include a wide range of sizes and price points, from income-restricted units to market-rate, which would be expected to improve housing affordability either directly or through a larger market-based approach by increasing supply and attracting residents who will vacate other more affordable units.

How do the skills and education of the current workforce correspond to employment opportunities in the jurisdiction?

There is currently a shortage of workers at most skill and education levels, though the shortage tends to be more acute in lower-paying industries. While workforce training initiatives will always be important for developing a modern labor force, other barriers to employment such as a lack of attainable housing, high costs of childcare, health concerns like long-COVID, and lowering labor force participation by people of retirement age seem to be having a more outsized impact than any noticeable skill or education gap.

Describe any current workforce training initiatives, including those supported by Workforce Investment Boards, community colleges and other organizations. Describe how these efforts will support the jurisdiction's Consolidated Plan.

The Dover High School Career Technical Center (CTC) offers 19 distinct programs for students to seek technical knowledge, certifications, and college credit, and many of these students are also eligible for work-based-learning placements with area employers. The Dover CTC also has reciprocal arrangements with other area CTCs to have access to technical programs not offered in Dover. Dover also benefits from proximity to several regional post-secondary institutions including the University of New Hampshire and Great Bay Community College, and from statewide programs offered by the Office of Workforce Opportunity and Department of Employment Security.

Does your jurisdiction participate in a Comprehensive Economic Development Strategy (CEDS)?

Yes

If so, what economic development initiatives are you undertaking that may be coordinated with the Consolidated Plan? If not, describe other local/regional plans or initiatives that impact economic growth.

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PLAN_SECTION_ID=[1370705000]>

Discussion

The business community faces a broad spectrum of challenges. Finding and retaining qualified staff is difficult in part due to the lack of affordable housing and childcare. Limited hours, frequency and coverage area of public transportation is another barrier to finding and retaining workers. Small businesses and start-ups often have subject expertise but lack business operations and marketing knowledge. Additionally, cost of materials & equipment and finding affordable commercial space is a challenge for small businesses and start-ups.

MA-50 Needs and Market Analysis Discussion

Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration")

The City does not have areas, such as a two or three city-block area of the community in which households with multiple housing problems are concentrated.

Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")

Based on census data, the City does not have areas in which racial or ethnic minorities or low-income families are concentrated such as a multi-block area of the community.

What are the characteristics of the market in these areas/neighborhoods?

N/A

Are there any community assets in these areas/neighborhoods?

N/A

Are there other strategic opportunities in any of these areas?

N/A

MA-60 Broadband Needs of Housing occupied by Low- and Moderate-Income Households - 91.210(a)(4), 91.310(a)(2)

Describe the need for broadband wiring and connections for households, including low- and moderate-income households and neighborhoods.

Residential internet providers in Dover provide coverage for 99.98% of the city. The average home can get speeds up to 1,965 Mbps.

Describe the need for increased competition by having more than one broadband Internet service provider serve the jurisdiction.

The 99.98% coverage is provided by two Cable internet providers, one DSL internet provider, two Fiber internet providers and four Fixed Wireless internet providers for a total of none providers.

MA-65 Hazard Mitigation - 91.210(a)(5), 91.310(a)(3)

Describe the jurisdiction's increased natural hazard risks associated with climate change.

The City of Dover's Master Plan includes the Climate Adaptation Chapter that evaluates potential risks to the community and identifies impacts to the following resources:

1. Water Availability and Quality
2. Health and Safety
3. Food
4. Energy
5. Infrastructure
6. Natural Resources

The chapter includes a comprehensive set of 47 Action Items within the following categories:

- Outreach and Engagement
- Studies and Initiatives
- Operations, Policies and Procedures
- Regulatory

Describe the vulnerability to these risks of housing occupied by low- and moderate-income households based on an analysis of data, findings, and methods.

The Chapter identified issues that will have an impact across the community. Certain impacts could have greater effect on populations that are qualify for assistance under National Objective eligible activities and actions. For example, greater number of days with extreme heat or cold will impact the elderly, the homeless and households that may not have the financial resources to offsetting increased utility costs during these events.

Strategic Plan

SP-05 Overview

Strategic Plan Overview

The Strategic Plan has been developed after careful consideration of the challenges facing the community. The following sections identify priority needs, anticipated resources and use of funds.

SP-10 Geographic Priorities – 91.215 (a)(1)

Geographic Area

| Are a N am e: | Are a T ype : | Other Tar get Area D escription : | HUD A pprov al Dat e: | % of Low/ Mod : | Revi tal T ype: : | Other R evital De scription : | Iden tify the neig hbor hoo d bou ndar ies for this targ et area . | Inclu de spec ific hous ing and com mer cial char acte ristic s of this targ et area . | How did your cons ultat ion and citiz en parti cipa tion proc ess help you to iden tify this neig hbor hoo d as a targ et area ? | Id en tif th e ne ed s in th is ta rg et ar ea . | Wha t are the opp ortu nities for impro ved men t in this targ et area ? | Are ther e barr iers to impro ved men t in this targ et area ? |
|------------------------|------------------------|--|--------------------------------|--------------------------|----------------------------|--|---|--|--|--|---|--|
|------------------------|------------------------|--|--------------------------------|--------------------------|----------------------------|--|---|--|--|--|---|--|

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Table 47 - Geographic Priority Areas

General Allocation Priorities

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

N/A. There are no geographic priorities utilized for determining allocations or investments.

SP-25 Priority Needs - 91.215(a)(2)

Priority Needs

Table 48 – Priority Needs Summary

| | | |
|---|------------------------------------|---|
| 1 | Priority Need Name | Homelessness |
| | Priority Level | High |
| | Population | Extremely Low Low Moderate Middle Large Families Families with Children Elderly Public Housing Residents Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse veterans Persons with HIV/AIDS Victims of Domestic Violence Unaccompanied Youth |
| | Geographic Areas Affected | |
| | Associated Goals | Access to Services Public Improvements |
| | Description | Identified needs include increased services and sheltering for homeless and, near-homeless households, victims of domestic violence and individuals with addiction. |
| | Basis for Relative Priority | |
| | | |
| 2 | Priority Need Name | Barrier Removal & Transportation |
| | Priority Level | High |

| | | |
|----------|------------------------------------|---|
| | Population | Extremely Low Low Moderate Middle Large Families Families with Children Elderly Public Housing Residents Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Persons with HIV/AIDS and their Families Victims of Domestic Violence Non-housing Community Development |
| | Geographic Areas Affected | |
| | Associated Goals | Barrier Removal and Transportation |
| | Description | Identified needs include Improvements to the physical environment that facilitate the removal of barriers to access and activities that facilitate access to care, services and employment. |
| | Basis for Relative Priority | |
| 3 | Priority Need Name | Assistance for Populations with Special Needs |
| | Priority Level | High |

| | | |
|---|------------------------------------|---|
| | Population | Extremely Low Low Moderate Middle Large Families Families with Children Elderly Public Housing Residents Mentally Ill Chronic Substance Abuse veterans Persons with HIV/AIDS Victims of Domestic Violence Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Persons with HIV/AIDS and their Families Victims of Domestic Violence Non-housing Community Development |
| | Geographic Areas Affected | |
| | Associated Goals | Access to Services Barrier Removal and Transportation Public Improvements |
| | Description | Identified needs include, housing, housing assistance, provision of services, transportation to/from services. |
| | Basis for Relative Priority | |
| 4 | Priority Need Name | Renter, Homeowner and Household Assistance |
| | Priority Level | High |

| | | |
|---|------------------------------------|---|
| | Population | Extremely Low Low Moderate Middle Large Families Families with Children Elderly Public Housing Residents Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Persons with HIV/AIDS and their Families Victims of Domestic Violence Non-housing Community Development |
| | Geographic Areas Affected | |
| | Associated Goals | Access to Services Affordable Housing Public Improvements |
| | Description | Identified needs include energy efficiency improvements for home owners & renter, security deposit assistance and household assistance that addresses vital needs such as food insecurity, youth services, in-home care, and addiction services. |
| | Basis for Relative Priority | |
| 5 | Priority Need Name | Housing |
| | Priority Level | High |

| | | |
|---|------------------------------------|---|
| | Population | Extremely Low Low Moderate Middle Large Families Families with Children Elderly Public Housing Residents Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Persons with HIV/AIDS and their Families Victims of Domestic Violence Non-housing Community Development |
| | Geographic Areas Affected | |
| | Associated Goals | Affordable Housing Public Improvements |
| | Description | There is an identified need for affordable housing that accommodate varying populations groups and their individual needs including, but not limited to, access to services and proximity to employment. |
| | Basis for Relative Priority | |
| 6 | Priority Need Name | Economic Development |
| | Priority Level | High |
| | Population | Extremely Low Low Moderate Middle Large Families Families with Children Elderly Public Housing Residents Non-housing Community Development |

| | | |
|---|------------------------------------|---|
| | Geographic Areas Affected | |
| | Associated Goals | Barrier Removal and Transportation Economic Development |
| | Description | Identified needs include assistance for start-up, small and mid-size business and for workforce development. |
| | Basis for Relative Priority | |
| 7 | Priority Need Name | Planning |
| | Priority Level | Low |
| | Population | Extremely Low Low Moderate Middle Large Families Families with Children Elderly Public Housing Residents Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse veterans Persons with HIV/AIDS Victims of Domestic Violence Unaccompanied Youth Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Persons with HIV/AIDS and their Families Victims of Domestic Violence Non-housing Community Development |

| | | |
|----------|------------------------------------|---|
| | Geographic Areas Affected | |
| | Associated Goals | |
| | Description | Land Use, Housing and Economic Development updates to the City's Master Plan and Consolidated Plan to achieve goals provided in this Plan. |
| | Basis for Relative Priority | |
| 8 | Priority Need Name | Urgent Need & Crisis Response |
| | Priority Level | Low |
| | Population | Extremely Low Low Moderate Middle Large Families Families with Children Elderly Public Housing Residents Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse veterans Persons with HIV/AIDS Victims of Domestic Violence Unaccompanied Youth Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Persons with HIV/AIDS and their Families Victims of Domestic Violence Non-housing Community Development |

| | | |
|--|------------------------------------|---|
| | Geographic Areas Affected | |
| | Associated Goals | |
| | Description | Actions, activities and projects to address Urgent Need and crisis situations facing the community. |
| | Basis for Relative Priority | |

Narrative (Optional)

SP-30 Influence of Market Conditions – 91.215 (b)

Influence of Market Conditions

| Affordable Housing Type | Market Characteristics that will influence the use of funds available for housing type |
|---------------------------------------|---|
| Tenant Based Rental Assistance (TBRA) | Dover, and all of the seacoast region, experience very high rental rates as well as development costs which are barriers to rent and home ownership for extremely low, low, and moderate income households. TBRA would be a significant tool for those struggling to meet rental costs. |
| TBRA for Non-Homeless Special Needs | As described above, high rental rates and home ownership costs present significant housing challenges to extremely low, low, and moderate income households. For those experiencing additional challenges such as fleeing situations of domestic violence or illiteracy, it can be challenging to have the resources to provide for your own housing costs. TBRA would be a significant tool for helping those with special needs. |
| New Unit Production | The City has made efforts to permit high density development in order to reduce rental and homeownership costs. Nevertheless, the demand for single family dwellings continues to drive developers toward units that are not accessible by those in need of “affordable” housing. |
| Rehabilitation | The City of Dover, like other New England Cities, have a significant amount of old housing stock/units. Many landlords are not interested in improving their units as they are able to still find households willing to rent their units. The recent Mayor’s Taskforce on homelessness has recognized the need for rehab of existing units. The City has adopted the Taskforce’s findings and is seeking opportunities to rehab old apartment units. New state laws regarding lead in rehabilitation projects cause a major increase in costs and time as well. |
| Acquisition, including preservation | Acquisition has not been a tool that has been utilized by the City. Annual CDBG funds provided to the City are not large enough to use acquisition or preservation as a tool. |

Table 49 – Influence of Market Conditions

SP-35 Anticipated Resources - 91.215(a)(4), 91.220(c)(1,2)

Introduction

The needs identified through the Citizen Participation process and Consultation process are significant and far reaching. Funds will be allocated to organizations and programs that demonstrate the capacity to effectively undertake activities and projects that address the Priority Needs identified in this Consolidated Plan.

Anticipated Resources

| Program | Source of Funds | Uses of Funds | Expected Amount Available Year 1 | | | | Expected Amount Available Remainder of ConPlan \$ | Narrative Description |
|---------|------------------|--|----------------------------------|--------------------|--------------------------|-----------|---|---|
| | | | Annual Allocation: \$ | Program Income: \$ | Prior Year Resources: \$ | Total: \$ | | |
| CDBG | public - federal | Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services | 315,000 | 11,800 | 0 | 326,800 | 1,260,000 | The City anticipates a total of approximately \$1,600,000.00 dollars in federal awards and program interest during the 5-year span of this Consolidated Plan. |

Table 50 - Anticipated Resources

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

Public Services funding is most often used to help cover a portion of operational costs of grant recipients. The bulk of the funding for the operational costs are provided by other funding sources. For projects occurring at Dover facilities, City staff may be utilized to assist with installation or construction which would be factored as match toward the projects.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

The City anticipates undertaking the removal of barriers to access at certain City owned recreational facilities, sidewalk intersections and restroom facilities.

Discussion

Annual allocations will be made to subrecipients for activities and projects that address the Goals and Priority Needs identified in this Consolidated Plan. Subrecipients will be evaluated for operational capacity and organizational stability to undertake and achieve the funded activities and projects.

SP-40 Institutional Delivery Structure – 91.215(k)

Explain the institutional structure through which the jurisdiction will carry out its consolidated plan including private industry, non-profit organizations, and public institutions.

| Responsible Entity | Responsible Entity Type | Role | Geographic Area Served |
|--------------------|-------------------------|------|------------------------|
| | | | |

Table 51 - Institutional Delivery Structure

Assess of Strengths and Gaps in the Institutional Delivery System

Availability of services targeted to homeless persons and persons with HIV and mainstream services

| Homelessness Prevention Services | Available in the Community | Targeted to Homeless | Targeted to People with HIV |
|---|----------------------------|----------------------|-----------------------------|
| Homelessness Prevention Services | | | |
| Counseling/Advocacy | | | |
| Legal Assistance | | | |
| Mortgage Assistance | | | |
| Rental Assistance | | | |
| Utilities Assistance | | | |
| Street Outreach Services | | | |
| Law Enforcement | | | |
| Mobile Clinics | | | |
| Other Street Outreach Services | | | |
| Supportive Services | | | |
| Alcohol & Drug Abuse | | | |
| Child Care | | | |
| Education | | | |
| Employment and Employment Training | | | |
| Healthcare | | | |
| HIV/AIDS | | | |
| Life Skills | | | |
| Mental Health Counseling | | | |
| Transportation | | | |
| Other | | | |
| Other | | | |

Table 52 - Homeless Prevention Services Summary

Describe how the service delivery system including, but not limited to, the services listed above meet the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth)

Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above

Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs

SP-45 Goals Summary – 91.215(a)(4)

Goals Summary Information

| Sort Order | Goal Name | Start Year | End Year | Category | Geographic Area | Needs Addressed | Funding | Goal Outcome Indicator |
|------------|------------------------------------|------------|----------|---|-----------------|--|-----------------|---|
| 1 | Access to Services | 2026 | 2030 | Affordable Housing Homeless Non-Homeless Special Needs Non-Housing Community Development | | Homelessness Assistance for Populations with Special Needs Renter, Homeowner and Household Assistance | CDBG: \$301,400 | Public service activities other than Low/Moderate Income Housing Benefit: 500 Persons Assisted Public service activities for Low/Moderate Income Housing Benefit: 20 Households Assisted Homeless Person Overnight Shelter: 500 Persons Assisted |
| 2 | Barrier Removal and Transportation | 2026 | 2030 | Non-Homeless Special Needs Non-Housing Community Development | | Barrier Removal & Transportation Assistance for Populations with Special Needs Economic Development | CDBG: \$364,400 | Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 500 Persons Assisted Public service activities other than Low/Moderate Income Housing Benefit: 50 Persons Assisted |

| Sort Order | Goal Name | Start Year | End Year | Category | Geographic Area | Needs Addressed | Funding | Goal Outcome Indicator |
|------------|----------------------|------------|----------|---|-----------------|---|--------------------|---|
| 3 | Affordable Housing | 2026 | 2030 | Affordable Housing Public Housing Non-Homeless Special Needs | | Renter, Homeowner and Household Assistance Housing | CDBG: \$314,400 | Rental units rehabilitated: 6 Household Housing Unit Homeowner Housing Rehabilitated: 26 Household Housing Unit Tenant-based rental assistance / Rapid Rehousing: 12 Households Assisted |
| 4 | Public Improvements | 2026 | 2030 | Affordable Housing Homeless Non-Homeless Special Needs Non-Housing Community Development | | Homelessness Assistance for Populations with Special Needs Renter, Homeowner and Household Assistance Housing | CDBG: \$496,600 | Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 25 Persons Assisted Homeless Person Overnight Shelter: 100 Persons Assisted |
| 5 | Economic Development | 2026 | 2030 | Non-Housing Community Development | | Economic Development | CDBG: \$110,000 | Jobs created/retained: 6 Jobs Businesses assisted: 5 Businesses Assisted |

Table 53 – Goals Summary

Goal Descriptions

| | | |
|---|------------------|--|
| 1 | Goal Name | Access to Services |
| | Goal Description | To provide assistance for residents of Dover who require shelter, transportation, housing, care, recreation and related human services. |
| 2 | Goal Name | Barrier Removal and Transportation |
| | Goal Description | To remove barriers to access and provide transportation related services and improvements. |
| 3 | Goal Name | Affordable Housing |
| | Goal Description | To provide assistance to programs and projects that address the housing needs of Dover residents. |
| 4 | Goal Name | Public Improvements |
| | Goal Description | To assist with the development of facilities and infrastructure that support vulnerable populations of the community. |
| 5 | Goal Name | Economic Development |
| | Goal Description | To provide assistance to businesses and the business community that supports opportunities for business development and economic growth. |

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)

SP-50 Public Housing Accessibility and Involvement – 91.215(c)

Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)

N/A

Activities to Increase Resident Involvements

The Dover Housing Authority (DHA) provides programs to residents focused on helping them achieve independence, either financially or as they age in place on a fixed income. Pathways to Home Ownership is a partnership between DHA and Habitat for Humanity; Regency Mortgage Planning; NH Community Loan Fund; and the Bean Realty Group that provides DHA residents the opportunity to explore, and achieve, home ownership. This program is a corollary to the Housing Choice Voucher (Section 8) Home Ownership Program, which allows HCV families to use their voucher to buy a home and receive monthly assistance in meeting homeownership expenses, subject to program requirements and funding availability.

Separate but related is the Family Self-Sufficiency (FSS) Program. This program (funded through a HUD grant) helps about 100 families develop a path to self-sufficiency (including getting off government assistance) through a structured, resident-driven, self-improvement program with innovative financial incentives. Goals are set with clients and monitored by a trained Self Sufficiency Coordinator. Graduation from the program includes distribution of a financial incentive to the graduate. This program is transformative and helps several families reach financial self-sufficiency each year.

DHA also manages the Resident Opportunity and Self-Sufficiency (ROSS) Grant Program, which funds Resident Service Coordinators who assess Public Housing resident needs and coordinate available resources in the community to meet those needs. This program depends on partnerships with public and private agencies for supportive services and resident empowerment, which enables older adults improve their living conditions and continue to age-in-place.

Is the public housing agency designated as troubled under 24 CFR part 902?

No

Plan to remove the ‘troubled’ designation

NA

SP-55 Barriers to affordable housing – 91.215(h)

Barriers to Affordable Housing

Following are principal impediments to affordable housing choice in the public sector:

- The current Zoning Ordinance Allows Group Homes by Special Exception only, not by right, in two of the City's zoning districts. The districts, RM-U, and O represent a small area of the City's Zoning district area. The CBD district allows the use by right, as well as the use of a rooming house by right. A further barrier is that the City is almost 400 years old and has a limited amount of developable land and adequate in-fill opportunities for such a use to reasonably locate. Land costs tend to lead to higher cost units when a property owner seeks to increase the density. The Special Exception criteria and requirement for a public hearing may subject the process to NIMBY reactions that may influence decisions made by the Zoning Board.
- While Dover has seen a housing boom since 2015, there continues to be less than 1% vacancy in multi-family units. As rental costs have increased, the wage levels have not kept pace. Homeownership costs, housing costs and general cost of living have also trended up. The median sold home price is \$445,000.
- According to our Housing Needs Assessment, as much as 35% of all households and 44% of renting households pay 30% or more of their household income on housing in Dover.
- Availability of public transportation is a barrier to housing choice, and continues to be a concern. COAST bus, the regional transit provider faces funding reductions while need for greater frequency, hours and coverage area are in demand. While Dover has a broad scope of service by COAST, there is a clear need for expanded service.

Strategy to Remove or Ameliorate the Barriers to Affordable Housing

- The City completed a Regulatory audit of its subdivision and zoning chapters and sought recommendations from a consultant and steering committee on potential amendments to make to ensure zoning was not causing unnecessary barriers to affordable housing.
- The City changed its impact fee policy in an effort to have those cost savings passed on to the end resident.
- The City created an ad-hoc committee focused on improving housing affordability.
- The City removed the application fee for Accessory Dwelling Unit (ADU) annual renewals.
- The City sought grant funding for infrastructure projects. The better the public infrastructure, the more density can occur.
- The Planning Department provides educational materials to explain Accessory Dwelling Units, conversions of single-family dwellings, and the Transfer of Development Rights ordinance.
- The City continues to have a considerably higher number of public housing and government assisted rental units than all other communities in the MSA. The City is proactive in maintaining this high number of units through its public and governmental agencies. This is an on-going action. Part of this proactivity is investigating incentives for developers to not have a density if

they are creating housing for low mod residents in conjunction with the HUD Fair Market Rental Rates.

- The City will continue to work proactively with the New Hampshire Housing Finance Authority when conditions merit such action. The City continues to work with the Strafford Regional Planning Commission in their Affordable/Workforce Housing Initiative regarding ways to achieve affordable housing for the City and the region as a whole. This is an on-going action.
- As noted in the City's Transportation Master Plan chapter, there is a need to increase access to shelters for public transit, increase options for transit routes and for increased use of transit in general. Staff and a City Councilor serve on the COAST bus Board of Directors and continue to advocate for low mod residents.

SP-60 Homelessness Strategy – 91.215(d)

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The City of Dover will pursue recommendations provided in the Homelessness Master Plan and continue existing efforts that are in place and utilized by the various City Departments. The City's Consolidated Plan supports the funding of programs that provide shelter and services to homeless individuals.

Addressing the emergency and transitional housing needs of homeless persons

A significant element addressed in the Homelessness Master Plan is the importance of shelter facilities that serve varying needs. The City will continue to pursue options, and support programs, that will address sheltering needs.

Through the CDBG program, the City has provided significant funding over the last 5 years for homeless shelter and transitional shelter development and expansion. This includes providing \$100k to assist with the purchase of a vacant lot that has since been developed as a year-round homeless shelter and an additional \$69k for improvements at the facility. The City has also provided over \$225k to an existing shelter for facility related improvements including kitchen renovation/expansion, generator installation and windows replacement. Additionally, within the last three years, the City has provided \$212k for facility improvements at three separate transitional housing facilities.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

The City will continue to seek opportunities and support programs that will provide increased options for these sectors of Dover's population

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

The Homelessness Master Plan identifies a web of interrelated issues and needs that lead to homelessness and can keep homeless persons from being able to work themselves out of

homelessness. The City will continue to pursue options and support efforts identified in the Taskforce's Master Plan.

SP-65 Lead based paint Hazards – 91.215(i)

Actions to address LBP hazards and increase access to housing without LBP hazards

The Planning Department will continue to ensure a high knowledge and awareness level with regard to lead-based paint abatement procedures by fostering an education outreach program at the building permit and health inspection Office, and through the Housing Rehab Program. The brochures used will continue to be part of permit packages, health, rehab and building inspections, and will continue to be “up front” at the permit office counter. The Fire Department will also continue their effort in this program through life safety inspections and coordination with the City’s Health Officer.

Additionally, the City and other housing providers intend to apply for funding under Title X, Lead-Based Paint Hazard Reduction Act, as the need arises and as the funds become available, in order to address the issue of lead paint poisoning in homes.

How are the actions listed above related to the extent of lead poisoning and hazards?

Planning staff will continue to monitor the number and location of units identified with lead paint, and the number of abatement cases involving children with elevated blood levels. To that end, the Department has consulted with the City’s Health Inspector, who works with the State Lead Program on this issue and will continue to do so on an annual basis.

How are the actions listed above integrated into housing policies and procedures?

Planning staff will continue to monitor the number and location of units identified with lead paint, and the number of abatement cases involving children with elevated blood levels. To that end, the Department has consulted with the City’s Health Inspector, who works with the State Lead Program on this issue and will continue to do so on an annual basis.

SP-70 Anti-Poverty Strategy – 91.215(j)

Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families

The city of Dover will all take the following measures to mitigate the number of households with incomes below the poverty line:

- Continue, and modify where necessary, the Economic Loan Program. The program provides loans to businesses that have between one and five employees, where one is the owner and all are low-mod income.
- Retool the Dover Economic Loan Program (DELP). The program provides loans to existing and start-up businesses in order to create and retain jobs for low-mod income residents of the community. Preference will be given to loans creating jobs within the urban core of the City.
- Program CDBG funds in support of agencies and programs that provide job training skills, encourage self-development, and promote self-sufficiency.
- Foster a continuum of social services, transportation services and fair and affordable housing opportunities and develop a strategy for making it readily available to households below the poverty line.
- Identify obstacles to overcoming poverty in the community, such as lack of education, transportation to services and employment opportunities, training opportunities and lack of self-sufficiency, and support programs and efforts to address these objectives.

How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan

These goals are coordinated through staff review and monitoring of programs, accomplishments and through education of the Planning Board in its role as the Citizen Advisory Committee.

SP-80 Monitoring – 91.230

Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

The City's monitoring of organizations, programs and activities funded through the CDBG program will continue to seek compliance with national and local objectives/requirements. This will be accomplished through the normal monitoring avenues for agencies receiving CDBG funds and requirements related to minimum levels of capacity for organizations seeking funding.

Changes in leadership within subrecipient organizations has, in the past, created challenges in maintaining original project timelines. Difficulty in securing qualified consultants to provide reliable estimates along with challenges in securing contractors to undertake approved projects has proven to be another challenge. Issues with supply chain have resulted in delays to project start times and completion times.

Expected Resources

AP-15 Expected Resources – 91.220(c)(1,2)

Introduction

The needs identified through the Citizen Participation process and Consultation process are significant and far reaching. Funds will be allocated to organizations and programs that demonstrate the capacity to effectively undertake activities and projects that address the Priority Needs identified in this Consolidated Plan.

Anticipated Resources

| Program | Source of Funds | Uses of Funds | Expected Amount Available Year 1 | | | | Expected Amount Available Remainder of ConPlan \$ | Narrative Description |
|---------|------------------|--|----------------------------------|--------------------|--------------------------|------------|---|---|
| | | | Annual Allocation: \$ | Program Income: \$ | Prior Year Resources: \$ | Total: \$ | | |
| CDBG | public - federal | Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services | 315,000.00 | 11,800.00 | 0.00 | 326,800.00 | 1,260,000.00 | The City anticipates a total of approximately \$1,600,000.00 dollars in federal awards and program interest during the 5-year span of this Consolidated Plan. |

Table 54 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

Public Services funding is most often used to help cover a portion of operational costs of grant recipients. The bulk of the funding for the operational costs are provided by other funding sources. For projects occurring at Dover facilities, City staff may be utilized to assist with installation or construction which would be factored as match toward the projects.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

The City anticipates undertaking the removal of barriers to access at certain City owned recreational facilities, sidewalk intersections and restroom facilities.

Discussion

Annual allocations will be made to subrecipients for activities and projects that address the Goals and Priority Needs identified in this Consolidated Plan. Subrecipients will be evaluated for operational capacity and organizational stability to undertake and achieve the funded activities and projects.

Annual Goals and Objectives

AP-20 Annual Goals and Objectives

Goals Summary Information

| Sort Order | Goal Name | Start Year | End Year | Category | Geographic Area | Needs Addressed | Funding | Goal Outcome Indicator |
|------------|-----------|------------|----------|----------|-----------------|-----------------|---------|------------------------|
| | | | | | | | | |

Table 55 – Goals Summary

Goal Descriptions

| Goal Name | Goal Description |
|---|------------------|
| <TYPE=[pivot_table] REPORT_GUID=[8259A9F3469186F518038A8E2F9CBDBA]> | |
| | |

Projects

AP-35 Projects – 91.220(d)

Introduction

Projects

| # | Project Name |
|---|--------------|
| | |

Table 56 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

AP-38 Project Summary

Project Summary Information

| Project Name | Target Area | Goals Supported | Needs Addressed | Funding | Description | Target Date | Estimate number of fa will the activ |
|---|-------------|-----------------|-----------------|---------|-------------|-------------|---|
| <TYPE=[pivot_table] REPORT_GUID=[54A4ED67473EDAEE248792836A1D83B0]> | | | | | | | |
| | | | | | | | |

AP-50 Geographic Distribution – 91.220(f)

Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed

N/A. There are no specific areas of the City that are targeted.

Geographic Distribution

| Target Area | Percentage of Funds |
|--------------------|----------------------------|
| | |

Table 57 - Geographic Distribution

Rationale for the priorities for allocating investments geographically

N/A

Discussion

Funds are provided for activities and projects that meet a national objective and are consistent with the Consolidated Plan. Allocations are not based on geographic considerations or priorities.

Affordable Housing

AP-55 Affordable Housing – 91.220(g)

Introduction

| One Year Goals for the Number of Households to be Supported |
|---|
| Homeless |
| Non-Homeless |
| Special-Needs |
| Total |

Table 58 - One Year Goals for Affordable Housing by Support Requirement

| One Year Goals for the Number of Households Supported Through |
|---|
| Rental Assistance |
| The Production of New Units |
| Rehab of Existing Units |
| Acquisition of Existing Units |
| Total |

Table 59 - One Year Goals for Affordable Housing by Support Type

Discussion

AP-60 Public Housing – 91.220(h)

Introduction

The City of Dover works closely with the Dover Housing Authority to determine their needs and ways the City can help the organization. The City and DHA consult on Consolidated, Action and HAP plans throughout the year.

Actions planned during the next year to address the needs to public housing

No direct CDBG assistance is planned.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

The City supports the many efforts of the DHA to encourage involvement by residents in homeownership activities. DHA provides programs to residents focused on helping them achieve independence, either financially or as they age in place on a fixed income. Pathways to Home Ownership is a partnership between DHA and Habitat for Humanity; Regency Mortgage Planning; NH Community Loan Fund; and the Bean Realty Group that provides DHA residents the opportunity to explore, and achieve, home ownership. This program is a corollary to the Housing Choice Voucher (Section 8) Home Ownership Program, which allows HCV families to use their voucher to buy a home and receive monthly assistance in meeting homeownership expenses, subject to program requirements and funding availability.

Separate but related is the Family Self-Sufficiency (FSS) Program. This program (funded through a HUD grant) helps about 100 families develop a path to self-sufficiency (including getting off government assistance) through a structured, resident-driven, self-improvement program with innovative financial incentives. Goals are set with clients and monitored by a trained Self Sufficiency Coordinator. Graduation from the program includes distribution of a financial incentive to the graduate. This program is transformative and helps several families reach financial self-sufficiency each year.

DHA also manages the Resident Opportunity and Self-Sufficiency (ROSS) Grant Program, which funds Resident Service Coordinators who assess Public Housing resident needs and coordinate available resources in the community to meet those needs. This program depends on partnerships with public and private agencies for supportive services and resident empowerment, which enables older adults improve their living conditions and continue to age-in-place.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

N/A

Discussion

AP-65 Homeless and Other Special Needs Activities – 91.220(i)

Introduction

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

Addressing the emergency shelter and transitional housing needs of homeless persons

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

Discussion

AP-75 Barriers to affordable housing – 91.220(j)

Introduction:

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

Discussion:

AP-85 Other Actions – 91.220(k)

Introduction:

Actions planned to address obstacles to meeting underserved needs

Actions planned to foster and maintain affordable housing

Actions planned to reduce lead-based paint hazards

Actions planned to reduce the number of poverty-level families

Actions planned to develop institutional structure

Actions planned to enhance coordination between public and private housing and social service agencies

Discussion:

Program Specific Requirements

AP-90 Program Specific Requirements – 91.220(I)(1,2,4)

Introduction:

Community Development Block Grant Program (CDBG)

Reference 24 CFR 91.220(I)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed
2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan
3. The amount of surplus funds from urban renewal settlements
4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan.
5. The amount of income from float-funded activities

Total Program Income

Other CDBG Requirements

1. The amount of urgent need activities

1. If applicable to a planned HOME TBRA activity, a description of the preference for persons with special needs or disabilities. (See 24 CFR 92.209(c)(2)(i) and CFR 91.220(I)(2)(vii)). <TYPE=[text]
REPORT_GUID=[A0BBB986408D8C25582AC4BE59FA99C5]>

Appendix - Alternate/Local Data Sources

| | |
|---|---|
| 1 | Data Source Name Local data |
| | List the name of the organization or individual who originated the data set. Dave Carpenter, City of Dover, NH |
| | Provide a brief summary of the data set. Data is based on local market data and New Hampshire Housing Finance Authority Data |
| | What was the purpose for developing this data set? To better understand the local, regional and stewart housing market. |
| | How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population? Data is for Dover, Portsmouth, Rochester area, Strafford County and State of NH. |
| | What time period (provide the year, and optionally month, or month and day) is covered by this data set? 2019 |
| | What is the status of the data set (complete, in progress, or planned)? in progress |
| 2 | Data Source Name DHA NA-35 |
| | List the name of the organization or individual who originated the data set. Dover Housing Authority (DHA) |
| | Provide a brief summary of the data set. The data set is generated by the Dover Housing Authority (DHA) to account for data specific to the Public Housing (NA-35) portion of the Con Plan |

| | |
|---|--|
| | <p>What was the purpose for developing this data set?</p> <p>As the Public Housing Authority, DHA was best suited to provide the most current and accurate data</p> <hr/> <p>How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population?</p> <p>This data source accounts for all properties or household that rare managed by DHA or receive DHA assistance.</p> <hr/> <p>What time period (provide the year, and optionally month, or month and day) is covered by this data set?</p> <p>Spring of 2020</p> <hr/> <p>What is the status of the data set (complete, in progress, or planned)?</p> <p>The data set is continually managed/revised</p> |
| 3 | <p>Data Source Name</p> <p>DHA MA-25</p> <hr/> <p>List the name of the organization or individual who originated the data set.</p> <p>Dover Housing Authority (DHA)</p> <hr/> <p>Provide a brief summary of the data set.</p> <p>The data set is generated by the Dover Housing Authority (DHA) to account for data specific to the Public and Assisted Housing (MA-25) portion of the Con Plan</p> <hr/> <p>What was the purpose for developing this data set?</p> <p>As the Public Housing Authority, DHA was best suited to provide the most current and accurate data.</p> <hr/> <p>How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population?</p> <p>This data source accounts for all properties or household that rare managed by DHA or receive DHA assistance.</p> |

| | |
|---|--|
| | <p>What time period (provide the year, and optionally month, or month and day) is covered by this data set?</p> <p>Spring of 2020.</p> |
| | <p>What is the status of the data set (complete, in progress, or planned)?</p> <p>The data set is continually managed/revised.</p> |
| 4 | <p>Data Source Name</p> <p>FY2020 Fair Market Rent Documentation System</p> |
| | <p>List the name of the organization or individual who originated the data set.</p> <p>HUD</p> |
| | <p>Provide a brief summary of the data set.</p> <p>Fair market rent data for the Portsmouth-Rochester NH HUD Metro FMR Area</p> |
| | <p>What was the purpose for developing this data set?</p> <p>The data is generated to determine fair market rent data for the Portsmouth-Rochester NH HUD Metro FMR Area</p> |
| | <p>How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population?</p> <p>To identify the fair market rents for the Portsmouth-Rochester NH HUD Metro FMR Area</p> |
| | <p>What time period (provide the year, and optionally month, or month and day) is covered by this data set?</p> <p>Created annually and released late spring</p> |
| | <p>What is the status of the data set (complete, in progress, or planned)?</p> <p>Complete</p> |
| 5 | <p>Data Source Name</p> <p>DHA - Total Number of Units</p> |
| | <p>List the name of the organization or individual who originated the data set.</p> <p>Dover Housing Authority</p> |

| | |
|--|---|
| | <p>Provide a brief summary of the data set.</p> <p>Provides the number of voucher units available and number of accessible units.</p> |
| | <p>What was the purpose for developing this data set?</p> <p>Purpose is to provide an accurate count for the data categories.</p> |
| | <p>How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population?</p> <p>The data is for the Dover Housing Authority population.</p> |
| | <p>What time period (provide the year, and optionally month, or month and day) is covered by this data set?</p> <p>FY2025</p> |
| | <p>What is the status of the data set (complete, in progress, or planned)?</p> <p>Complete</p> |