City of Dover, NH

Community Development Block Grant

Action Plan – FY20



Approved:

City of Dover, NH: 3/13/2019

HUD: Pending

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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

In 2015, the City adopted a 5-year Consolidated Plan as mandated by HUD requirements. The Con 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 Consolidated Plan includes the *Goal* and *Specific Objectives* provided below. Funded activities must meet the Goal and one of the Specific Objectives.

Goal Statement

The City of Dover has articulated a goal of creating a viable urban environment through the improvement of housing and employment opportunities for low and very low income people and through improving and/or expanding public facilities and services.

Specific Objectives:

- 1. To provide increased opportunities to residents of the City who require education, health, recreation, housing and related human services.
- 2. To weatherize and improve the older housing stock of the City, especially for persons of low and very low income.
- 3. To plan and construct public improvements in areas populated by or used predominately by low and very low income persons.
- 4. To provide increased employment opportunities for low and very low income persons, with a focus on access to transportation.
- 5. Removal of architectural barriers to allow increased handicapped accessibility.

<u>ACTION PLAN</u>

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 fifth and final Action Plan of the current 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 preforming environmental reviews for each recipient. There are two ADC categories in this year's Action Plan: Public Facility ADC and Weatherization ADC.

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 Sources, Funding Formulas & Proposed Funding by Category

FUNDING SOURCES City of Dover FY20 Action Plan

Category	Amount
FY20 Anticipated CDBG Entitlement Grant	\$290,000.00
FY19 PI: School St Parking Lot	4,260.00
FY19 PI: Welfare Deposits	1,000.00
FY19 PI: DELP	5,808.00
FY18 Total Available Program Income	\$139,979.00
Total	\$441,047.00

FUNDING FORMULAS City of Dover FY20 Action Plan

There are certain funding formula requirements that must be followed when allocating CDBG program funds. See the table below for the referenced sources listed in the following three formulas:

- 1. <u>General Administration & Planning</u>: The <u>maximum</u> amount of program funds that can be used for general administration and planning purposes equals twenty percent (20%) of the FY20 anticipated grant amount: \$58,000.00
- 2. <u>Public Services</u>: The <u>maximum</u> amount of program funds that can be used for public services equals fifteen percent (15%) of the anticipated FY20 grant amount plus fifteen percent (15%) of the anticipated FY19 total program income: **\$45,160.00**
- 3. <u>Return to Dover Economic Loan Program (DELP)</u>: The <u>minimum</u> amount of FY18 DELP program income that must be returned to the DELP Loan Pool: \$2,392.00

Provided below are the fund sources for use in FY20 funding formulas identified above:

Row#	Category	Amount
1	FY20 Anticipated CDBG Entitlement Grant	\$290,000.00
2	FY19 Anticipated Program Income	\$11,068.00
3	FY18 DELP Program Income to Return to Loan Pool	\$2,392.00

PROPOSED FUNDING BY CATEGORY City of Dover FY20 Action Plan

General Administration and Planning: \$58,000.00

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 and citizen participation.

Public Services: \$44,000.00

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

Public Facilities and Activity Delivery Charges: \$299,047.00

Public Facilities Projects: \$291,833.00

Allocations to projects under the Public Facilities category include Weatherization, Economic Development, Land Acquisition, Construction and Barrier Removal/ADA Compliance

Public Facilities Activity Delivery Charges: 2,214.00

Separate from general administration 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.

Weatherization Activity Delivery Costs: \$5,000.00

Separate from general administration 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.

Economic Development: \$42,392.00

• Economic Development Pilot Program: \$25,000.00

Funding for a pilot program that will consist of two elements. First, business counseling services to qualifying applicants. Second, micro grants provided to those who complete the business counseling portion of the program.

Return to DELP Loan Pool: \$2,392.00

Return of FY18 DELP loan payments received (principal and interest) that must be returned to the DELP Loan Pool.

• Additional Funds to DELP Loan Pool:

Funds not utilized for the proposed Economic Development Pilot Program will be added to the DELP loan pool.

Service Delivery - Dover Economic Loan Program (DELP) & Pilot Program: \$15,000.00

Delivery of DELP and Pilot Program Services including activities such as meeting with prospective applicants, marketing of the programs, development of materials, project evaluation, loan underwriting, performance monitoring and technical assistance.

Section 3

Funding Requests - Summary

FUNDING REQUESTS - SUMMARY

Public Services and Public Facilities Projects

Following are the names of applicants with the amount requested and a very brief description of proposed use of funds. See applications from organizations and activities for a description of the program and expanded discussion regarding use of funds.

PUBLIC SERVICES

1. Aids Response Seacoast: \$15,000.00

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

2. Community Partners: \$9,000.00

Funding to provide security deposits and/or first month's rent to homeless individuals and families in Dover with mental illness or a developmental disability.

3. Cross Roads House: \$12,000.00

Funding to provide emergency shelter and supportive services to homeless families and individuals.

4. Dover Welfare: \$10,000.00

Funding to help people move into apartments that they can afford or to place them into motels until shelter space is available.

5. HAVEN: \$5,000.00

Funding to help domestic violence victims fleeing abuse with temporary shelter and services until they are ready to transition into safe, permanent housing.

6. Homeless Center for Strafford County: \$9,300.00

Funding to help support overall operations, including case management services and administrative oversight, of an emergency shelter for homeless women and families.

7. My Friend's Place: \$16,000.00

Funds will be used for overall operations of the year round emergency homeless shelter

PUBLIC FACILITIES PROJECTS

1. Community Action Partnership of Strafford County: \$25,000.00

Funding to support the Weatherization Program that provides weatherization measures intended to conserve energy for low-income residents.

2. City of Dover - Bus Shelter, Sidewalk & Pedestrian Improvements: \$20,000.00

Eligible activities include new sidewalk, sidewalk tip-downs, bus stop/shelter improvements, etc. Note, See Staff Memo for background.

3. City of Dover - Economic Development Activities: \$25,000.00

Staff is recommending that funds be allocated to an Economic Development pilot program. The funds would be used to provide business counseling related services and "start-up" grants to qualifying individuals. In the event that a suitable organization/agency cannot be hired to provide the services, the funds would then be added to the DELP loan pool.

4. Homeless Center for Strafford County – Land Acquisition: \$75,000.00

Funding for the acquisition of land that would be used for a new homeless shelter.

5. My Friend' Place - Kitchen Project: \$80,000.00

Funding for expansion of the existing kitchen facility located at the at 368 Washington Street location.

6. My Friend' Place – Generator Project: \$13,750.00

Funding for installation of a generator.

7. Strand Ballroom: \$25,000.00

Funding for ADA compliant egress improvements to the Facility.

8. Woodman Institute: \$2,360.00

Funding for design of ADA compliant accessibility to Keefe Carriage House.

Section 4

Funding Allocations,
Contingency Funding Plan
& Applications

CDBG Fund Allocation

 PROGRAM FUNDING
 Amount

 FY20 Federal Grant
 \$290,000.00

 FY19 PI: School St Parking Lot
 \$4,260.00

 FY19 PI: Welfare Deposits
 \$1,000.00

 FY19 PI: DELP
 \$5,808.00

 FY18: PI
 \$139,979.00

 Total Program Funding Pool
 \$441,047.00

Organization	Specific Objective (1)	FY20 Amount Requested	Current Year Funding	Approved FY20 Funding	
Administration	Objective (1)	Requesteu	runung	runung	\$58,000.00
General Administration	1 - 5	\$58,000.00	\$58,000.00	\$58,000.00	430,000.00
total	1 3	\$58,000.00	\$58,000.00	\$58,000.00	
totar		φ30,000.00	φ30,000.00	\$30,000.00	
Public Services					\$44,000.00
15% of FY20 Grant and FY19 PI					
Organization					
AIDS Response	1	\$15,000.00	\$7,660.00	\$6,000.00	
Community Partners	1	\$9,000.00	\$6,660.00	\$5,000.00	
Cross Roads House	1	\$12,000.00	\$9,170.00	\$7,300.00	
Dover Welfare Sec Deposit	1	\$10,000.00	\$7,459.00	\$5,500.00	
HAVEN (A Safe Place)	1	\$5,000.00	\$4,158.00	\$4,200.00	
Homeless Cntr for St Cty	1	\$9,300.00	\$7,360.00	\$6,000.00	
My Friends Place (MFP)	1	\$16,000.00	\$11,260.00	\$10,000.00	
total		\$76,300.00	\$53,727.00	\$44,000.00	
			. ,		
Economic Development					\$40,000.00
Servicing	4	\$15,000.00	\$30,000.00	\$15,000.00	
Business Counseling & Grant Program	4	\$25,000.00	\$0.00	\$25,000.00	
Additional Economic Loan Funds	4	\$0.00	\$0.00	\$0.00	
total		\$42,392.00	\$30,000.00	\$40,000.00	
Public Facilities					\$299,047.00
Organization/Activity					
CAP Weatherization	2	\$25,000.00	\$25,000.00	\$29,333.00	
Woodman Museum	5	\$2,360.00	(2)	\$2,500.00	
MFP Kitchen Project	1	\$80,000.00	(3)	\$100,000.00	
MFP Generator Project	1	\$13,750.00	(3)	\$15,000.00	
Strand Ballroom	5	\$25,000.00	\$0.00	\$25,000.00	
Homeless Shelter Improvements and Property Acquisition	1	\$75,000.00	\$0.00	\$100,000.00	
Bus Shelter, Sidewalk & Pedestrian Improvements	3,5	\$20,000.00	\$0.00	\$20,000.00	
PF ADCs	1, 2, 3, 5	\$2,214.00	\$5,690.00	\$2,214.00	
Weatherization ADCs	2	\$5,000.00	\$5,000.00	\$5,000.00	
total		\$248,324.00		\$299,047.00	
Grand Total		\$425,016.00		. ,	\$441,047.00

Total Request of CDBG Funds: \$425,016.00
Total Allocation of CDBG Funds: \$441,047.00

^{(1) =} Per Strategic Plan Chapter of the Consolidated Plan. See page 1 of Section 1 of this Action Plan

^{(2) =} Woodman received \$30,000.00 to complete Barrier Removal activities.

^{(3) =} MFP received \$40,000.00 for a Security System and Emergency Egress alterations

CONTINGENCY FUNDING ALLOCATIONS PLAN - FY20

The FY20 Action Plan identifies allocation amounts based largely on anticipated grant and program income amounts. This Contingency Funding Allocations Plan (CFAP) indicates how adjustments will be made to funding and allocation amount in the event that any of the following instances occur:

- 1. The actual Dover CDBG Grant amount is different than anticipated in this Action Plan.
- 2. The actual Program Income received for FY19 is different than anticipated in this Action Plan.
- 3. A recipient of funds approved in the FY20 AP, or a prior approved Action Plan, does not utilize all of the funds allocated.

Funding Sources

Row #	Source	Amount
1	Anticipated Federal Grant	\$290,000.00 (1)
2	Anticipated Economic Loan P/I	\$5,808.00 (1a)
3	Anticipated Welfare Deposits	\$1,000.00 (1b)
4	Anticipated School St Parking Lot P/I	\$4,260.00 (1c)
5	PI FY18	\$142,371.00
Total Program Funding		(2)

Allocations

Organization	Adjustment
Administration	,
General Administration	(3)
Public Services	
AIDS Response	(4)
Community Partners	(4)
Cross Roads House	(4)
Dover Welfare Sec Deposit	(4)
HAVEN (A Safe Place)	(4)
Homeless Center for Strafford County (HCSC)	(4)
My Friends Place (MFP)	(4)
total	(5)
Economic Development	
Servicing	\$15,000.00
Business Counseling & Grant Program	(6) \$25,000.00
Additional to Economic Loan Funds	(7)
total	(8)
Public Facilities	
(A) CAP Weatherization	\$29,333.00
(B) Woodman Museum	\$2,500.00
(C) MFP Kitchen Project	\$100,000.00
(D) MFP Generator Project	\$15,000.00
(E) Strand Ballroom	\$25,000.00
(F) Homeless Shelter Improvements and Property Acquisition	\$100,000.00
(G) Bus Shelter, Sidewalk & Pedestrian Improvements	(9) \$20,000.00
(H) Public Facility ADC	\$2,214.00
(I) Weatherization ADC	\$5,000.00

Adjustments to Funding and Allocations

- (1) Becomes actual Dover FY20 CDBG Grant Amount awarded by HUD.
- (1a) Becomes actual Economic Loan PI received in FY19.
- (1b) Becomes actual Welfare Deposits received in FY19.
- (1c) Becomes actual School St Parking Lot P/I received in FY19.
- (2) The total of Rows 1 through 5.
- (3) The allocation will be 20% of the FY20 Grant amount as indicated in (1) above.
- (4) In the event that the final amounts calculated for (1), (1a), (1b) and (1c) are other than what is listed, the allocations for these activities will be adjusted proportionally from the locally approved allocation amounts to assure the total of all Public Service allocations does not exceed 15% of (1) above plus 15% of (1a), (1b) and (1c) above.
- (5) Total of all Public Service Allocations.
- (6) In the event that the an organization/agency is not hired to implement the Business Counseling & Grant Program, these funds will be added to the DELP loan pool.
- (7) See (6) above.
- (8) Total of Servicing, Business Counseling & Grant Program and Additional to Economic Loan Funds.
- (9) This amount shall become the amount remaining in the fund pool after accounting for (1) (8), (A) (F) and (H) (I) above.

Adjustment #2

After adjustments made pursuant to the FY20 CFAP, and in the event that a recipient of funding approved in the FY20 AP or a prior approved Action Plan does not utilize all of the funds allocated for the Activity, the funds can be made available to the following: Activities (A) - (G) listed above, other previously approved Public Facilities projects, DELP pool, Administration and Servicing.

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM CONSOLIDATED PLAN GOAL STATEMENT

The City of Dover has articulated a goal of creating a viable urban environment through the improvement of housing and employment opportunities for low and very low income people and through improving and/or expanding public facilities and services.

Specific Objectives:

- 1. To provide increased opportunities to residents of the City who require education, health, recreation, housing and related human services.
- 2. To weatherize and improve the older housing stock of the City, especially for persons of low and very low income.
- 3. To plan and construct public improvements in areas populated by or used predominately by low and very low income persons.
- 4. To provide increased employment opportunities for low and very low income persons, with a focus on access to transportation.
- 5. Removal of architectural barriers to allow increased handicapped accessibility.



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT INFORMATION				
Organization AIDS Response Seacoast	Tax ID 22-2884488			
Name of Program or Project Medical Case Management				
Name of Executive Director Richard B. Wagner				
Mailing Address 7 Junkins Avenue, Portsmouth, NH 03801 Physical Address Same				
Contact Person Richard B. Wagner	Phone 603-433-5377			
E-Mail rwagner@aidsresponse.org	Website www.aidsresponse.org			
Please Identify the Type of Organization Applying for Funds (Note:	More than one may apply)			
Sol(c)(3) For-profit authorized	d under 570.201(o)			
Faith-based Organization Institution of Higher Education				
Other (Explain):				
Tax ID # 22-2884488				
*DUNS # 78-013-3013				

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$15,000
Provide a <u>very brief</u> 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-4 th grade students. Repair of homeless shelter roof.)
Funding will be utilized to partially support the salaries and benefits of the Case Management Department staff, consisting of a Program Manager, Medical Case Managers, and a Financial Administrator
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring")
Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility)
To provide increased opportunities to residents of Dover who require education, health, housing and related human services.
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made.
7 Junkins Avenue, Portsmouth, NH 03801
Beneficiaries
Beneficiaries:
For FY2020 (7/1/19 – 6/30/20) 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): 18
For FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 15
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): Yes If so, how much? \$7,660
Beneficiary type: Elderly Family Disabled Homeless Persons living with AIDS Other (specify):

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NARRATIVE - PUBLIC SERVICE ACTIVITY ONLY

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.

The Department of Client Services provides client-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 his/her 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 abuse counseling, Medicaid, Medicare, fuel assistance, Section 8 Housing and the AIDS Drug Assistance Programs (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 87% are at low or very low incomes, receive the medical care necessary for them to maintain their health and obtain HIV viral suppression.

Please indicate who prepared the overall cost estimate for the activity or project. Executive Director and Director of Finance

NARRATIVE - PUBLIC FACILITY PROJECT ONLY

Please provide the following information for the proposed <u>Project</u>....not the Organization:

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low-moderate income individuals:

Proposed project starting date:

Proposed project completion date:

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

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.

PERFORMANCE OUTCOME MEASURES				
Provide the outcomes proposed and the method of measurement	t. You may list multiple outcomes.			
Outcome	Measurement			
Ex. Decrease in number of "latch-key kids"	Ex. # of children who participate in afterschool program			
Ex. Decreased dependence on emergency care facilities for non- emergency care of low/mod adults	Ex. Increase in number of low/mod income residents that see care from health program.			
1) 95% of clients maintain stable and satisfactory housing	Number of clients in stable and satisfactory housing divided by total number of clients			
2) 90% of clients have HIV medical visit in last 6 months	2) Number of clients with medical visit in last 6 months divided by total number of clients			



ORGANIZATION

DESCRIPTION OF ORGANIZATION

Please provide a description for the <u>Organization</u> that is undertaking the activity/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 in New Hampshire as well as providing educational programs throughout New Hampshire. 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 practices and education for local and regional communities.

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit? Yes

If yes, please submit most recent Audit.

Is your organization evaluated by outside agencies or programs? Yes

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

- New Hampshire Department of Health and Human Services, Bureau of Infectious Disease Control Program and fiscal audit done 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 audit annually

BOARD OF DIRECTORS			
Name	Residence (city/town)		
Raymond Ouellette	Rollinsford		
Betsy J. Melanson	Portsmouth		
Kathy Jerram	Hampton		
David Steady	Portsmouth		
Art Nicholson	Portsmouth		

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BUDGET – PLEASE SEE ATTACHED

Use box A <u>or</u> B below to provide a budget. Include all proposed expenses.

A. Public Services (Non-Construction Projects)							
	A	В	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:							

	Α	В	A + B
_	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Hard Costs Note: Federal wage rates may rates estimates.	apply for some projects. App	licants are encouraged to ob	tain estimates that reflect wag
Construction		•	
Other (list)			
Total Hard Costs		· · · · · · · · · · · · · · · · · · ·	
Soft Costs			
Acquisition			
Appraisals		<u>-</u>	
Design/Engineering			
Other(list):			
Total Soft Costs			-
TOTAL PROPOSED BUDGET:			

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AIDS Response Seacoast Client Services Department - Program Budget FY 2020

LINE ITEM DESCRIPTION:	DOVER FUNDS REQUESTED			OTHER FUNDING		TOTAL
Client Services Dept. Staff Salaries Program Manager Medical Case Manager 1	\$	10,650.00	\$	157,350.00	\$	168,000.00
Medical Case Manager 2 Financial Administrator						
Payroll Taxes & Fringe Benefits	\$	2,987.00	\$	44,013.00	\$	47,000.00
Clinical Supervision	\$	-	\$	3,600.00	\$	3,600.00
Direct Financial Assistance to Clients						
Shelter Assistance	\$	-	\$	32,500.00	\$	32,500.00
Food & Nutrition	\$	-	\$	33,000.00	\$	33,000.00
Client Transportation	\$	-	\$	6,000.00	\$	6,000.00
Other Client Support	\$	-	\$	18,000.00	\$	18,000.00
Supplies - Office and PC	\$	- .	\$	3,800.00	\$	3,800.00
Copying & Printing	\$	-	\$	2,000.00	\$	2,000.00
Postage	\$	-	\$	700.00	\$	700.00
Audit & Professional Fees	\$	_	\$	7,100.00	\$	7,100.00
Insurance	\$	-	\$	3,500.00	\$	3,500.00
Telephone & Internet	\$	-	\$	2,700.00	\$	2,700.00
Equipment Maintenance & Repairs	\$	-	\$	800.00	\$	800.00
Training and Conferences	\$	_	\$	600.00	\$	600.00
Case Managers Travel - Home Visits	\$	-	\$	1,600.00	\$	1,600.00
Rent	\$	-	\$	17,200.00	\$	17,200.00
Direct Department Overhead	\$	1,363.00	\$	20,537.00	\$	21,900.00
Total	\$	15,000.00	\$	355,000.00	\$	370,000.00

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 \$69,000 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 5 of Audited Financials)

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FUNDING SOURCES - PLEASE SEE ATTACHED

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

Funding Source: (Name(s) of funding source(s))	Total Amount (\$):	Committed, Pending or Proposed Amount (\$):
		Committed
Federal:		Pending
		Proposed
		Committed
State:		Pending
		Proposed
		Committed
Local:		Pending
		Proposed
		Committed
Private:		Pending
		Proposed
		Committed
Portsmouth CDBG:		Pending
		Proposed
		Committed
Rochester CDBG:		Pending
		Proposed
		Committed
Other:		Pending
		Proposed
		Committed
Total:		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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)		
		Committed		
Total:		Proposed		

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AIDS RESPONSE SEACOAST PROJECTED OTHER FUNDING SOURCES - CLIENT SERVICES DEPARTMENT PROGRAM FOR FISCAL YEAR ENDING JUNE 30, 2020 All Pending

FEDERAL GRANTS Boston Public Health Ryan White Funding UW EFSP - Rockingham UW EFSP - Strafford HOPWA - Housing Opportunities for People With AIDS Portsmouth CDBG Porstmouth Social Services Dover CDBG (Not Included)	***	127,947 1,200 1,500 23,000 10,000 5,000	
			\$ 168,647
STATE GRANTS & MUNICIPALITIES Taskforce - NH DHHS Client Services Local Municipalities	\$ <u>\$</u>	89,832 20,000	\$ 109,832
FOUNDATIONS: Broadway Cares Hospitals - Bretton Woods Tele Co. PhRMA Other - Rotary, etc.	\$ \$ \$ \$ \$ \$	7,500 7,500 3,000 3,000 500	\$ 21,500
DONATIONS -Restricted In Kind Donation Food In Kind - Other Client Support	\$	20,000 5,000	\$ 25,000
OTHER RESTRICTED FUNDS AVAILABLE			\$ 30,021
TOTALS			\$ 355,000

NOTE:

Does not include funds that would be requested from Dover CDBG

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AGENCY BUDGET - PLEASE SEE ATTACHED

Please provide a breakdown of your <u>organization's</u> 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)		

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AIDS RESPONSE SEACOAST ANNUAL BUDGET PERIOD JULY 1 TO JUNE 30

Revenue Sources		CURRENT YEAR ENDING June 30, 2019		PROJECTED ENDING June 30, 2020	
Federal Grants State Grants & Municipalities Foundations	\$ \$ \$ \$ \$	174,115 109,832 23,750	\$ \$ \$ 6	175,100 109,832 23,800	
Special Events Charitable Donations Restricted Funds Available Interest Income	\$ \$ \$ \$ \$ \$	30,500 48,500 28,290 13	\$ \$ \$ \$ \$	30,000 51,230 30,021 17	
Tota	\$	415,000	\$	420,000	

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Evenes.		I 20 2040 1			luma 20, 2040
Expenses Salaries	-	June 30, 2018	H		June 30, 2019
	\$	214,640	11	\$	216,227
Payroll Taxes & Fringe Benefits	\$	55,360	H	\$ \$	55,973
Clinical Supervision	\$	3,600		⊅ ∷∷∷	3,600
Direct Financial Assistance		20.000			00.500
Shelter Assistance	\$	30,000	Н	\$	32,500
Food and Nutritional Suppliments	\$	31,000	Ш	\$	33,000
Client Transportation	\$	6,000	П	\$	6,000
Other Client Support	\$	16,500	[]	\$	18,000
Speaker Honorariums/ Educ.Programing	\$	1,400	П	\$	800
Supplies - Office	\$	4,200		\$	4,000
Copying and Printing	\$	2,300	IJ	\$	2,300
Telephone and Internet	\$	3,000	П	\$	3,000
Training and Conferences	\$	800	IJ	\$	800
Travel	\$ \$	2,000	П	\$	1,800
Insurance	\$	4,300	П	\$	4,400
Equipment Expense					
Equipment Rentals	\$	200		\$	200
Equipment Purchase and Repairs - Office	\$	1,300	П	\$	1,000
Postage	\$	1,200	П	\$	1,200
Rent	\$	21,500	Н	\$	21,500
Advertising	\$	200	П	\$	100
Dues and Subscriptions	\$	1,000	Н	\$	800
Professional Fees/Consultants	\$	8,800	$\ \ $	\$	8,200
Bank Charges	\$	100	$\ \ $	\$	100
Miscellaneous	\$	1,000	H	\$	500
Fundraising Event Costs	\$	4,600	$\ \ $	\$	4,000
Agency Overhead	\$	_	Ш	\$	-
Total \$ 415,000					420,000

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activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed

Richard B. Wagner
Print Name

Print Title

Executive Director

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AIDS Response Seacoast

Performance Outcomes Measure

90% of clients have HIV medical visits in the last 6 months

Primary Medical Care Engagement

	#:	%
HIV Medical Visit in the Last 6 Months	70	92.11 %
Last HIV Medical more than 6 Months Ago	6	7.89 %
Missing	0	0.00 %

AIDS Response Seacoast

Performance Outcomes Measure

95% of clients maintain stable and satisfactory housing

Housing / Living Arrangement

	Male	Female	Transgender	# Clients	%
Permanent housing	50	22	2	76	96.2%
Transitional housing	0	0	0	0	0
Emergency shelter	0	0	0	0	0%
Substance abuse treatment facility	0	0	0	0	0%
Psychiatric facility	0	0	0	0	0%
Incarcerated	0	0	0	0	0%
Temporarily staying at a family/friend's residence	2	0	0	. 2	2.5%
Place not meant for human habitation	1	0	0	1	1.3%
Other	0	0	0	0	0%
Total	55	22	2	79	100%

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CDBG APPLICATION.

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

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	APPLICANT I	NFORMATION	
Organization Behavioral Health & Devel Strafford County, Inc., d/b/a Community	•	Tax ID 020366120	· ·
Name of Program or Project Security D Health Illness or Developmental Disabili		Assistance for homeless indi	viduals and Families with Mental
Name of Executive Director Brian Collin	ns		
Mailing Address 113 Crosby Road Dove Physical Address 113 Crosby Road Dove		St Dover, NH 03820, 25 Old D	over Road Rochestér, NH 03867
Contact Person Pamela Becker		Phone 603-516-9636	
E-Mail pbecker@communitypartnersnh	n.org	Website www.communi	typartnersinh.org
Please Identify the Type of Organization	n Applying for Funds (Note	e: More than one may apply)	V
S01(c)(3)	For-profit authoriz	ed under 570.201(o)	☐ Unit of Government
Faith-based Organization	Institution of High	er Education	
Other (Explain):			
Tax ID # 020366120			
*DUNS # 149406691		*SAM Expiration Date	3/12/19

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 9,000
Provide a <u>very brief</u> 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-4 th grade students. Repair of homeless shelter roof.) Community Partners is requesting CDBG funds to provide security deposits and/or first month's rent to homeless individuals and families in Dover with mental illness or a developmental disability. The goal of this program is to aid the target population in obtaining, and maintaining, permanent housing in Dover.
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring")
Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility) Community Partners' CDBG program will enable homeless individuals and those at risk of homelessness who have a mental illness and/or developmental disability to achieve stability and remain in permanent housing. This will reduce the number of requests to the City of Dover Welfare Department and will eliminate the number of homeless individuals who cycle through the system and return to the overburdened shelters.
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Dover and Rochester, NH offices of Community Partners
BENEFICIARIES
Beneficiaries:
For <u>FY2020</u> (7/1/19 – 6/30/20) 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 FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 12
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): Yes
If so, how much? As of 11/8/2018 we have spent \$1,130 helping 8 people.
Beneficiary type: Elderly Family Disabled Homeless Persons living with AIDS Other (specify):

NARRATIVE - PUBLIC SERVICE ACTIVITY ONLY

Please provide a detailed description for the proposed <u>Activity.....not</u> 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. Community Partners' CDBG program will enable homeless individuals and those at risk of homelessness who have a mental illness and/or developmental disability to achieve stability and remain in permanent housing. After a client has received CDBG funds to help them obtain housing, Community Partners will continue to provide supportive services and/or case management, helping them to remain in permanent housing. This will reduce the number of requests to the City of Dover Welfare Department and will eliminate the number of homeless individuals who cycle through the system and return to the overburdened shelters.

CDBG funds will be administered through the 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 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.

Community Partners is a grantee for one HUD-funded permanent supportive housing programs. 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.

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 15 years, our Dover CDBG program has impacted nearly 393 individuals, aiding them in securing permanent and affordable housing. We hope that we will be able to continue this important work in FY2020 with CDBG support.

Description of Need: CDBG dollars are critical in financing Community Partners' rental assistance services. 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. The 2018 New Hampshire Housing Finance Authority Residential Rental Cost Survey found that the median rent for a two-bedroom apartment, necessary for a family, was \$1,296, an increase of 19% in the last 5 years. According to the Cost Survey data, this is the fifth year there has been an increase in the median gross rent for a two-bedroom apartment in Strafford County. Increased rental rates, coupled with only a 1.96% vacancy rate, have converged to make affordable housing nearly impossible for vulnerable populations in our community. A vacancy rate of 4 to 5% is considered a balanced market for supply and demand.

When affordable housing is not available, many are forced into homelessness. According to the 2017 New Hampshire Coalition to End Homelessness Strafford County report, the overall number of homeless people in Strafford County has increased 44.7% since 2015. This increase 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. While family homelessness dropped by 20% the number of unsheltered

homeless has doubled.

Even in a better economic climate, the affordability of permanent housing is a constant struggle for the clients served by Community Partners. The vast majority of these individuals are reliant on Social Security Disability benefits as many are unable to work due to their disability. In 2018, the average monthly disability benefit was \$1,197; this is barely enough to keep an individual above the poverty level (Social Security Administration) and not enough to cover only the rent portion of their expenses. 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.

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

Please indicate who prepared the overall cost estimate for the activity or project. Suzanne Bagdasarian

NARRATIVE - PUBLIC FACILITY 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:

Proposed project starting date:

Proposed project completion date:

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

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.

Performance O	UTCOME MEASURES		
Provide the outcomes proposed and the method of measurement. You may list multiple outcomes.			
Outcome Measurement			
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that seek care from health program.		
Provide rental and security deposit assistance for people at risk for homelessness.	Assistance will be provided to approximately 6 units for a range of 10-30 people.		

ORGANIZATION

	 ·	
Decomposition of Operations		
DESCRIPTION OF ORGANIZATION		

Please provide a description for the <u>Organization</u> that is undertaking the activity/project. Mission: Community Partners mission is to connect our clients and their families to the opportunities and possibilities for full participation in their communities.

Vision: We serve those who experience emotional distress, mental illnesses, substance use disorders, developmental disabilities, chronic health needs, acquired brain disorder, as well as those who are 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 will 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. We will invest in our staff to further professional development and foster an environment of innovation.

Community Partners is designated by the State of New Hampshire as the Community Mental Health Center and Area Agency for Developmental Services (DS) in Strafford County and the ServiceLink location for Strafford County. In 2018 we began providing case management for the Choices for Independence waiver program.

Behavioral Health (BH) 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 mental illness, psychiatry, and medication monitoring.

Developmental Services (DS) include case management, adult residential and day programs, community support services, 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. Partners in Health is available for children with a chronic health condition.

Community Partners served over 4,700 individuals and families in Fiscal Year 2018; of this total, 1,081 (23%) were Dover residents. The agency's mission is to promote respect, wellness, full inclusion, and empowerment of individuals and their families who experience mental illness, emotional distress, developmental disability, chronic health need, or acquired brain disorder. Community Partners' strategic goals are to ensure responsive and effective services to consumers and families, evolve as a teaching and learning organization, and demonstrate continuous quality improvement and compliance.

Community Partners in overseen by the Board of Directors and executive officers with directors and managers in each department. The agency is now one year into a five year strategic plan with the intention of increasing the efficient delivery and quality of its programming. This agency wide examination has already proved to be valuable in developing innovative programming to our clients and their families.

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit? Yes

If yes, please submit most recent Audit. 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. 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, completed and approved for 2017. 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)				
Kathleen Boisclair	E. Rochester, NH			
Anthony Demers	Newfields, NH			
Ann Landry	Dover, NH			
Ken Muske	Portsmouth, NH			
Phillip Vancelette	Rochester, NH			
Kristine Baber	Dover, NH			
Daniel Cappiello	Barrington, NH			
Wayne Goss	Dover, NH			
Kerri Larkin	Dover, NH			
Bryant Hardwick	Dover, NH			
Tracy Hayes	Dover, NH			
Sharon Reynolds	Dover, NH			
Christopher Roundy	Dover, NH (on leave of absence)			
Gary Gletow	Dover, NH			

Use box $A \underline{\text{or }} B$ below to provide a budget. Include all proposed expenses.

,	Α	В	A + B	
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget	
Office Supplies				
Utilities				
Repairs/Maintenance				
Travel				
Salaries (List relevant positions)				
	ť			
Other: Rental and Security Deposits	9,000	10,000	19,000	
Administrative Overhead- Staff time to work with Clients, Accounting staff to keeping records and budget submissions. (12%)	1,080		1,080	
TOTAL PROPOSED BUDGET:	10,080	10,000	20,080	

	. A .	В	A + B	
	Dover CDBG Funds Requested	- Other Funding	Total Proposed Budget	
Hard Costs Note: Federal wage rates may a rates estimates.	apply for some projects. App	licants are encouraged to ob	tain estimates that reflect wag	
Construction	•			
Other (list)				
-		,		
Total Hard Costs				
Soft Costs				
Acquisition				
Appraisals	`			
Design/Engineering				
Other(list):		:		
Total Soft Costs				
TOTAL PROPOSED BUDGET:			***************************************	

FUNDING SOURCES

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

Funding Source: (Name(s) of funding source(s))	Total Amount (\$):	Committed, Pending or Pro	pposed Amount (\$):
		Committed	
Federal:	0	Pending	
		Proposed	
		Committed	
State:	0	Pending	
		Proposed	
		Committed	
Local:	0	Pending	
		Proposed	
		Committed	
Private:	0	Pending	
		Proposed	
		Committed	
Portsmouth CDBG:	0	Pending	
		Proposed	
		Committed	
Rochester CDBG:	0	Pending	10,000
	,	Proposed	
		Committed	
Other:	0	Pending	·
		Proposed	
		Committed	
Total:	0	Pending	10,000
		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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)
		Committed Proposed
Total:		

AGENCY BUDGET

Please provide a breakdown of your <u>organization's</u> 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 07/01/2018 to 06/30/2019	Current Year	Next Year (projected)
REVENUES		
Federal Funds	160,784	160,784
State Funds	29,697,963	29,697,963
Foundations/Private Contributions	254,852	254,852
United Way	7,500	7,500
Fundraising or other income	5,000	5,000
Other (describe) local govt, program fees, Part C/DCYF	4,574,813	4,574,813
Community Dev. Block Grant (include anticipated request)	6,482	10,080
TOTAL REVENUE	34,707,394	34,710,992
EXPENSES		
Salaries	14,307,315	14,307,315
Fringe Benefits	4,657,181	4,657,181
Supplies (include printing/copying)	127,874	127,874
Travel	516,436	516,436
Training	116,132	116,132
Communications	175,000	175,000
Audit	76,000	76,000
Property Maintenance	132,004	132,004
Service Contracts	6,738,012	6,738,012
Construction Supplies/Materials	60,000	60,000
Other (describe) Legal, Professional, Occupancy, Insurance, Client Treatment Services, Rental and security deposit assistance	7,801,440	7,805,038
Total Expenses	34,707,394	34,710,9 <u>9</u> 2
NET (Income - Expenses)	0	0

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

	"Da Chim	11/19/2018	
Submitted by:	Authorized Official - signature	Date	
	Brian Collins Print Name		
	Executive Director Print Title		

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:	Bru (Dh	11-19-18		
Judimition by:	Authorized Official - signature	Date	=	
	Brian Collins			
	Print Name			
	Executive Director			
	Print Title			

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CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT INFORMATION					
Organization Cross Roads House, Inc.	Tax ID 22-2549963				
Name of Program or Project Cross Roads House					
Name of Executive Director Martha Stone					
Mailing Address 600 Lafayette Road, Portsmouth, NH 03801 Physical Address 600 Lafayette Road, Portsmouth, NH 03801					
Contact Person Jessica Parker	Phone 603-436-2218 ext. 112				
E-Mail j.parker@crossroadshouse.org	Website www.crossroadshouse.org				
Please Identify the Type of Organization Applying for Funds (Note	: More than one may apply)				
	ed under 570.201(o) Unit of Government				
Faith-based Organization Institution of Higher	r Education				
Other (Explain):					
Tax ID # 22-2549963					
*DUNS # 171774979	*SAM Expiration Date October 11, 2019				

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

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 activity or project 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.) To provide emergency shelter and supportive services to homeless families and individuals.
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring") Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility) To provide increased opportunities to residents of the City who require education, health, recreation, housing and related human services.
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 600 Lafayette Road, Portsmouth, NH 03801
BENEFICIARIES
Beneficiaries: For FY2020 (7/1/19 – 6/30/20) 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): 65
For FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 63
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): Yes If so, how much? \$9,000
Beneficiary type: ☐ Elderly ☐ Family ☐ Disabled ☒ Homeless ☐ Persons living with AIDS ☐ Other (specify):

NARRATIVE - PUBLIC SERVICE ACTIVITY ONLY

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.

Cross Roads House is seeking funding to support the delivery of our emergency and transitional shelter programs accomplished in part by the Direct Care Staff who work 27/7/365 at our shelter and in conjunction with our Social Work Team. Cross Roads House is funded by a patchwork of public and private sources, and

other funds come from a variety of fundraising activities. Roughly 17% of our revenue is federal funds, via HUD, EFSP, USDA and CDBG. The State of NH provides funding through State-Grant-in-Aid, and municipalities in the region who make annual grants along with town warrant appropriations total 13%. Income from our permanent affordable housing project provides 5% of our revenue. Fundraising events, private grants and donations from local individuals, businesses, foundations, and civic groups cover the remainder of our costs representing 60%. Given the substantial amount that we need to raise from private fundraising efforts, CDBG funds from the City of Dover (and other cities) remain a valuable source of revenue.

Magnitude of Need: Last year we provided 38,167 bed nights of shelter (7% increase from previous year) to 527 people (2% increase from previous year), including 31 families with 58 children. Among those, 63 were residents of Dover who stayed for 3,945 bed nights.

The homeless have always been a difficult population to quantify, but our shelter operating at or over capacity virtually year-round speaks to the demand for services. Last year our emergency shelter program for single adults operated over capacity 84% of the year (2% increase from the previous year). This meant that all of our emergency shelter beds for single adults were full. To accommodate the increased demand, last year we purchased bunkbeds and cots for our emergency shelter dorms for single adults. Those who needed emergency shelter were placed in these emergency overflow spaces. Last winter, we experienced a great surge in demand for shelter and had "overflow" counts (above our capacity) of between 20-30 people per night in our emergency shelter for single adults.

Dover low-moderate income individuals will benefit from CDBG funds granted to Cross Roads House through the availability of the programs described below. If shelter beds were not available to meet the needs of Dover residents experiencing homelessness, the City Welfare office could end up needing to place city residents in motel rooms. While this may serve as a temporary housing solution, it can be very expensive, and families in motels are typically not receiving the multitude of supportive services and assistance finding permanent housing that are offered at Cross Roads House.

The overall goals of our programs are to provide emergency and transitional shelter and assist our residents in learning to make choices that lessen the likelihood of them becoming homeless in the future.

Our **Emergency Shelter program** is accessible 24 hours per day, seven days a week. Residents are provided with a place to sleep, store their belongings, use a telephone, laundry facilities, etc. Each resident has a comprehensive needs assessment performed by a case manager. This assessment focuses on basic survival needs and then addresses long-range goals. Topics covered in the assessment include:

- 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 in the emergency shelter who has an income and is living drug & alcohol free is eligible to apply to our **Transitional Shelter Program.** Participants in the Transitional Shelter Program stay in more private quarters and

receive intensive case management support. The staff helps individuals and families to identify the patterns and choices which may have contributed to their becoming homeless, assists them in identifying their strengths, and provides guidance to make choices that will 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 residents by our Social Work Team, made up of a Shelter Social Worker, Shelter Case Managers, UNH graduate and undergraduate interns, and supervised by our Program Director. The team, working closely with direct care staff and other providers, 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 action plans which provide the level of intensity of service needed by each individual or family.

Residents in both our Emergency and Transitional Shelter Programs participate in "Rent Ready", a day-long class that prepares individuals and families to move from the shelter to stable housing by providing the financial and legal guidance and tools they need. Topics such as budgeting, credit repair, conflict resolution, and tenant's rights are presented by a team of professionals including our MSW Case Managers, and representatives from local banks, Rockingham Community Action Partnership, Portsmouth Housing Authority, and NH Legal Assistance.

In addition, residents attend "Ready to Work," a three-session course focused on seeking out and securing employment. Topics such as barriers to employment, determination of skills, resume writing, and interview techniques are presented by a team of professionals including our MSW Case Managers, a bank representative, and a financial advisor.

In addition to the social work team's work in the shelter, we have two Housing Stability Case Managers (HSCM) and a Permanent Supportive Housing Case Manager, who facilitate programs with clients in their own homes.

The HSCM works with families and individuals, 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 in our shelter. The HSCM also serves as a resource to landlords so that any issues that arise can be dealt with promptly and avoid escalation that may 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. The 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 health care, dental care, mental health care, and transportation.

Highlights from our last fiscal year (ending 6/30/18), are illustrated in the following outcomes:

- Our emergency shelter for single adults was over capacity 84% of nights, and 100% of nights November 4, 2017-May 18, 2018.
- Our average length of stay was 72 days
- Of residents who stayed 90 days or longer, 90% overall moved to permanent housing, including 100% of families.
- Our volunteers provided more than 23,000 dinner meals to residents

Please indicate who prepared the overall cost estimate for the activity or project. Susan Duchesney, Finance Director

NARRATIVE - PUBLIC FACILITY 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:

Proposed project starting date:

Proposed project completion date:

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

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.

PERFORMANCE O	JTCOME MEASURES			
Provide the outcomes proposed and the method of measurement	. You may list multiple outcomes.			
Outcome Measurement				
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non- emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that s care from health program.			
Decrease in amount of time individuals and families remain in homelessness	Decrease in average length of stay at shelter and increase in percentage of residents who exit to permanent housing			

ORGANIZATION

DESCRIPTION OF ORGANIZATION

Please provide a description for the Organization that is undertaking the activity/project.

Agency Mission:

At Cross Roads House:

- -We protect men, women, and children of the Greater Seacoast area experiencing homelessness from exposure and hunger.
- -We provide secure, transitional shelter for those seeking to break the cycle of homelessness.
- -We support individuals and families by providing them with the opportunity to move with dignity and purpose to stable and decent housing.

Agency Background:

History: In response to the growing problems facing the homeless of the Seacoast area, a group of citizens established Cross Roads House in the winter of 1982 to provide emergency shelter. As recognition of the difficulties facing the homeless has grown, Cross Roads House and the services offered have also grown. In 1987, the program was restructured to offer both emergency and transitional shelter for individuals and families. In 2009, a newly designed and constructed main shelter building was opened, followed by the renovation of the family shelter building in 2011. In 2015 we repurposed one of our two Men's Transitional units to create a "Recovery

Support" Transitional Program for our male residents who are working to maintain their sobriety. In 2017 we implemented Housing Stability Case Managers to provide post-shelter case management, as well as a Permanent Supportive Housing Program. In 2018, we purchased a 12 unit rental property in Portsmouth to provide permanent affordable housing for individuals who have experienced homelessness.

Cross Roads House, open 24/7/365, is one of the largest shelters in New Hampshire. Last year alone, Cross Roads House sheltered 527 people. Virtually all persons served by Cross Roads House have either very low or no income. The primary criteria for admission to the emergency shelter are that the individual adult or family have an immediate need for shelter, and no other options.

Beyond providing for the immediate needs of shelter and food, we assist people in linking with community based resources such as employment, benefits, substance use disorders treatment, mental health counseling, and housing. Services are available to anyone in need and include men, women and children. Our primary service area is Eastern Rockingham County, Strafford County and Southern York County

Those experiencing homelessness typically have needs beyond shelter. If they are to successfully find and remain in permanent housing, they will likely need new skills or supportive services. In addition to food and shelter, Cross Roads House's greatest value to those we serve is connecting them with resources available from other providers and partner agencies.

Provided on-site:

-Dental care (Health Care for the Homeless/Families First)

-Mental health counseling (Seacoast Mental Health Center)

-Substance use disorders counseling (Health Care for the Homeless/Families First)

-Primary and preventive medical care (Health Care for the Homeless/Families First)

-Veteran's Administration Outreach (VA)

-Substance abuse support groups (AA & NA)

-Transportation (COAST)

-Social work interns (UNH)

Our staff is also well-versed in the following programs, and we work closely with them to connect our residents to services:

-Municipal welfare

- -Public Housing / Housing Choice Vouchers
- -TANF/Food stamps
- -WIC
- -Social Security/SSDI
- -DCYF, Adult & Elderly Services

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit? Yes

If yes, please submit most recent Audit.

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 Dept. of Health and Human Services, audits our program for regulatory and financial compliance. The United Way of the Greater Seacoast conducts organizational and financial reviews during each grant cycle. 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)			
Michael Adams	Greenland, NH			
Richard Ade	Portsmouth, NH			
Tim Allison	Portsmouth, NH			
Suzanne Bresette	North Hampton, NH			
Bob Brown	North Hampton, NH			
Eric Campbell	York, ME			
Denis Cloutier	New Castle, NH			
Ken Cohen	Kensington, NH			
Denis Dillon	Rye, NH			
Kathryn Drew	Rye, NH			
Vivan Martindale	Hampton, NH			
Vanda Moore	Rye, NH			
Lex Scourby	Portsmouth, NH			
Chuck Silva	Portsmouth, NH			
Ben St. Jean	Portsmouth, NH			
Joe St. Martin	Exeter, NH			
Mary Lee Worboys	Durham, NH			

BUDGET

Use box $A \underline{\text{or }} B$ below to provide a budget. Include all proposed expenses.

	A	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies		47,579	47,579
Utilities		101,596	101,596
Repairs/Maintenance		49,279	49,279
Travel		9,750	9,750
Salaries (List relevant positions)			
Direct Service	12,000	456,716	468,716
Other Salaries		444,897	444,897
Other: Occupancy Audit, Insurance, Taxes, Resident Services, Other Staff and Board Costs, Fundraising, Depreciation		838,576	838,576
TOTAL PROPOSED BUDGET:	12,000	1,948,393	1,960,393

B. Public Facilities: (Project)				
	A	В	A + B	
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget	
Hard Costs Note: Federal wage rates may rates estimates.	apply for some projects. App	licants are encouraged to ob	otain estimates that reflect wag	
Construction				
Other (list)				
Total Hard Costs				
Soft Costs				
Acquisition				
Appraisals				
Design/Engineering				
Other(list):				
Total Soft Costs				
TOTAL PROPOSED BUDGET:		7		

FUNDING SOURCES

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

Funding Source: (Name(s) of funding source(s))		Total Amount (\$):	Committed, Pending or Proposed Amount (\$):	
	HUD Permanent		Committed	364,656
Federal:	Supportive Housing First	364,656	Pending	
rederal.	Program, USDA, EFSP	304,030	Proposed	
	West took found in a		Committed	178,598
State:	State Grant in Aid	178,598	Pending	
	7110		Proposed	
	Municipal		Committed	
Local:	welfare from	55,000	Pending	
	various towns		<u>Proposed</u>	55,000
	Hundreds of		Committed	
	private individual and		Pending	
Private:	business	674,425	<u>Proposed</u>	674,425
	/corporate donations and grants			
			Committed	
Portsmouth CDBG:		17,000	Pending	
			<u>Proposed</u>	17,000
			Committed	
Rochester CDBG:		12,000	Pending	
			Proposed	12,000
	Fundraising		Committed	
Other:	Events, United	519,489	Pending	
	Way		<u>Proposed</u>	519,489
			Committed	543,254
Total:		1,821,168	Pending	
			<u>Proposed</u>	1,277,914

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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)	
		Committed Proposed	
Total:			

AGENCY BUDGET

Please provide a breakdown of your <u>organization's</u> 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	364,656	364,656
State Funds	178,598	178,598
Foundations/Private Contributions	641,425	674,425
United Way	12,476	12,476
Fundraising or other income	380,000	380,000
Other (describe) Municipal, Rental Income	172,011	172,013
Community Dev. Block Grant (include anticipated request)	37,000	39,000
TOTAL REVENUE	1,786,166	1,821,168
EXPENSES		
Salaries	891,189	913,613
Fringe Benefits	157,269	134,846
Supplies (include printing/copying)	41,600	47,579
Travel	9,500	9,750
Training	5,200	5,000
Communications	8,800	8,600
Audit	12,100	12,000
Property Maintenance	47,279	49,279
Service Contracts		
Construction Supplies/Materials	30,000	33,500
Other (describe) Occupancy, Fundraising, Resident Services, Depreciation, Utilities, Volunteer, Insurance	740,122	746,226
TOTAL EXPENSES	1,943,059	1,960,393
NET (Income - Expenses)	-156,893	-139,225

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:

Authorized Official - signature

Date

Print Name

Executive Director

Print Title



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT INF	ORMATION
Organization Dover Welfare	Tax ID 026000230
Name of Program or Project Security Deposit and Homeless I	lousing
Name of Executive Director Lena C Nichols	
Mailing Address 61 Locust Street, Suite 334, Dover, NH 03820 Physical Address Same)
Contact Person Lena C Nichols	Phone 603-516-6500
E-Mail i.nichols@dover.nh.gov	Website
Please Identify the Type of Organization Applying for Funds (Note:	More than one may apply)
501(c)(3) For-profit authorized	under 570.201(o) x Unit of Government
☐ Faith-based Organization ☐ Institution of Higher	Education
Other (Explain):	
Tax ID# 626000230	
	SAM Expiration Date ///09/2019

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 10000
Provide a <u>very brief</u> 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-4 th grade students. Repair of homeless shelter roof.) To help people move into apartments they can afford or to place them in motels until shelter space is available.
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring") Specific OBJECTIVE #1 Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility)
PROJECT, LOCATION +
Location(s) where services will be provided or physical improvements will be made. Apartments within Dover or motel space where available in the Greater Dover area.
BENEFICIARIES
Beneficiaries:
For FY2020 (7/1/19 – 6/30/20) 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): 25 for security deposits and motel rooms
For FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 2
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): Only half If so, how much?
Beneficiary type: Elderly x Family Disabled x Homeless Persons living with AIDS Other (specify):
NARRATIVE — PUBLIC SERVICE ACTIVITY ONLY
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.
Please indicate who prepared the overall cost estimate for the activity or project. This money would allow us to help people move into apartments in Dover that they can afford in the future. This is often into Section 8 apartments or into Dover Housing. We will also be using the money to help people that find themselves homeless with no shelter space available. These people often do not have income and cannot move into a room or apartment.

NARRATIVE - PUBLIC FACILITY PROJECT ONLY

Please provide the following information for the proposed <u>Project</u>....not the Organization:

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low-moderate income

individuals:

Proposed project starting date:

Proposed project completion date:

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

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.

PERFORMANCE OUTCOME MEASURES Provide the outcomes proposed and the method of measurement. You may list multiple outcomes.				
Outcome	Measurement			
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that seek care from health program.			
Decrease the number of people in shelters or couch surfing because they cannot afford both the first month's rent and a security deposit.	Number of shelter spaces that open up.			
Decrease the number of people and families that are living in their cars or unsafe places.	See the number of people that are getting services move into shelters or permanent housing.			

ORGANIZATION

Please provide a description for the Organization that is undertaking the activity/project.

Dover City Welfare

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit? Yes

If yes, please submit most recent Audit.

Is your organization evaluated by outside agencies or programs? Yes

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

D'OF DIRECTORS
Residence (city/town)
·
f

BUDGET

Use box A or B below to provide a budget. Include all proposed expenses.

	Α	В	A+B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies	. 0	City of Dover	
Utilities	0	City of Dover	
Repairs/Maintenance	0	City of Dover	
Travel	0	City of Dover	
Salaries (List relevant positions)	0	City of Dover	
	· · · · · · · · · · · · · · · · · · ·		
Other:			
TOTAL PROPOSED BUDGET:	o	City of Dover	,

	Α	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Hard Costs Note: Federal Wage rates may	apply for some projects. Ap	plicants are encouraged to obt	ain estimates that reflect wage
Construction			
Other (list)			
Soft Costs Acquisition	ACCOUNT OF THE LABOR.	2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
Appraisals	'		
Design/Engineering			
Other(list):			
,			
Total Soft Costs	•		
TOTAL PROPOSED BUDGET:			

FUNDING SOURCES

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

any. Do not include Dover CDBG amount request	ea.		
Funding Source (Name(s) of funding source(s))	Total Amount (\$)	Committed, Pending	of Broposed Amount (\$)
		Committed	
Federal:		Pending	
	`	Proposed	
		Committed	
State:		Pending	
		Proposed	
		Committed	_
Local:	,	Pending	
, , , , , , , , , , , , , , , , , , ,		Proposed	
		Committed	
Private:		Pending	
		Proposed	
	,	Committed	
Portsmouth CDBG:		Pending	
		Proposed	
·		Committed	
Rochester CDBG:		Pending	
		Proposed	•
		Committed	
Other:		Pending	
		Proposed	
		Committed	
Total:		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)	Total Amount (\$):to:be Contributed by Parent & Organization	Committed of P	roposed Amount (\$)
		Committed	
		Proposed	

Total:		
<u> </u>	 	<u> </u>

AGENCY BUDGET

Please provide a breakdown of your <u>organization's</u> 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		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)	8500	10000
TOTAL REVENUE	8500	10000
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)	A STATE OF THE STA	

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:

Authorized Official - signature

Date

Date



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

	APPLICANT INFORMATIO	N	
Organization HAVEN	Tax II	0 02-03377620	
Name of Program or Project Emergency Sho	elter Services for Domestic Viole	ence Victims	
Name of Executive Director Kathy Beebe			
Mailing Address 20 International Drive, Suit Physical Address Same	e 300, Portsmouth, NH 03801		
Contact Person Kathy Beebe	Phone	e 603-436-4107	
E-Mail kbeebe@havennh.org	Webs	ite www.havennh.or	rg
Please Identify the Type of Organization Ap	olying for Funds (Note: More th	an one may apply)	
X 501(c)(3)	For-profit authorized under 570.201(o) Unit of Government		☐ Unit of Government
Faith-based Organization	Institution of Higher Educati	on	
Other (Explain):			
Tax ID # 02-0337620			
*DUNS # 070801589	*SAM E	opiration Date 2/20/	/2019

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 5000
Provide a <u>very brief</u> 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-4 th grade students. Repair of homeless shelter roof.) Provide temporary shelter and support services to assist domestic violence victims who are fleeing abuse, until they are ready to transition into safe, permanent housing
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring")
Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility) To provide increased opportunities to residents of the City who require education, health, recreation, housing and related human services.
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. HAVEN's confidential emergency shelter and office in Portsmouth (20 International Drive at Pease Tradeport) and Rochester (150 Wakefield Street)
Beneficiaries
Beneficiaries:
For <u>FY2020</u> (7/1/19 – 6/30/20) 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): 40 Dover residents will benefit from our emergency shelter and safety planning services for victims fleeing from abuse.
For FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 363 (but these included Dover domestic violence victims accessing shelter and/or all of HAVEN's 24 hour support services including safety planning, assistance obtaining restraining orders and hospital and police accompaniments.)
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): Yes If so, how much? \$3,980
Beneficiary type: Elderly Family Disabled Homeless Persons living with AIDS XX Other (specify): domestic violence victims

NARRATIVE - PUBLIC SERVICE ACTIVITY ONLY

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.

Funding is being requested to assist HAVEN in providing emergency shelter and support services for Dover residents who are fleeing from domestic violence. HAVEN would utilize Dover CDBG funding for a portion (2.5%) of the total costs associated with our emergency shelter and support program that HAVEN provides to individuals and families seeking safety from domestic abuse. 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. HAVEN does not place any restrictions on how long a survivor can stay with us, 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 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.

Dover residents make up a large group of the clients HAVEN serves, representing approximately 11% of the clientele served in our client services program throughout Rockingham and Strafford Counties. HAVEN responds immediately to requests for hotline, safety planning and crisis services 24 hours a day, 365 days a year and there is no waiting list and no charge for services. The shelter is almost always full and it is rare that there is an open room for more than a day. If there is no availability in our shelter, HAVEN works with clients to find other available space through one of the other domestic violence shelters in New Hampshire. Because domestic and sexual violence are serious public health issues, the services HAVEN provides are critical to Dover low-moderate income individuals as they seek safety and self-sufficiency in the aftermath of domestic abuse.

Please indicate who prepared the overall cost estimate for the activity or project.

The Executive Director and Business Administrative Director prepared the shelter budget. Please note that the budget is for shelter services only and does not include the other 24-hour client services that are also provided to Dover residents seeking help and safety from domestic and sexual violence

Performance O	UTCOME MEASURES	
Provide the outcomes proposed and the method of measuremen	t. You may list multiple outcomes.	
Outcome	Measurement	
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that 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. Increase number of Dover domestic violence victims who are safe and free from abuse 	 Number of Dover domestic violence victims that seek assistance from HAVEN 24-hour services or stay in our emergency shelter. Number of Individuals leaving the shelter into safe and permanent housing. 	

ORGANIZATION

DESCRIPTION OF ORGANIZATION

Please provide a description for the <u>Organization</u> that is undertaking the activity/project. For more than 35 years, A Safe Place provided services to individuals impacted by domestic violence and Sexual Assault Support Services (SASS) assisting those impacted by sexual violence. On July 1, 2015, these two nonprofit organizations officially and legally merged into HAVEN whose mission is to prevent sexual assault and domestic violence and to empower women, men, youth and families to heal from abuse and rebuild their lives. HAVEN is the largest domestic and sexual violence support and prevention agency in NH providing services to 48 cities and towns throughout Southeastern New Hampshire. In the first year as a merged organization, HAVEN provided crisis intervention to 3500 individuals and families (up more than 400 from prior to the merger). In addition, HAVEN reached over 11,000 children and youth with our Safe Kids Strong Teens violence prevention program that aims to prevent sexual abuse, bullying and teen dating violence. Preventing domestic violence and sexual abuse and providing support for those impacted can lead to healthier and more secure children and adults.

HAVEN provides the following services and programs:

- Emergency shelter
- 24-hour confidential crisis and support hotline 1-603-994-SAFE (7233)
- 24-hour accompaniment to police stations and hospital emergency rooms
- Accompaniment to courts and assistance obtaining restraining orders
- Safety planning
- Support and accompaniment for families at the Rockingham and Strafford County Child Advocacy Centers
- Support groups for survivors of domestic violence, sexual assault, and parents.
- K-12 Safe Kids Strong Teens violence prevention education program

The shelter program at HAVEN provides temporary emergency housing until a domestic violence victim is ready to transition into safe permanent housing. Survivors work with the shelter 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. HAVEN staff work with other community agencies in order to respond to the array of identified needs. The amount of additional support, resources and the coping skills that each shelter guest has determines the pace at which they are able to attain their personal goals. While staying at the shelter, survivors meet with the shelter staff for daily check-ins and additional support as they work on their goals for safety and self-sufficiency.

HAVEN has a strong history of producing positive results with programs and services as seen in the following excerpts:

"HAVEN is the reason I was able to get out of the situation I was in. If it weren't for the caring shelter staff, who knows where my kids and I would be today. Thank you, I will never forget everything you did to help me through one of the worst times in my life."

~ Bea, Shelter Resident

"This is the first place where I really felt someone believed me."

~HAVEN male client

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit? Yes

If yes, please submit most recent Audit.

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 for compliance with member program standards and federal grants that are administered through NHCADSV to HAVEN.

	BOARD OF DIRECTORS
Name	Residence (city/town)
Mary Downes, Chair	Durham
Kim Gibson, Vice Chair	Barrington
Leslie Pasternak, Secretary	Durham
Bill McQuillen, Treasurer	Portsmouth
Taraneh Azar	Rye
Deb Iwanicki	Newburyport
Susan Gold	Portsmouth
Kristina Goumas	Portsmouth
Vanessa McElroy	Portsmouth
Wendy Rayno	Hampton
Tammy Strain	Greenland
David Terlemezian	Dover

 $\frac{\textbf{BUDGET}}{\textbf{Use box } A \text{ } \underline{\textbf{or}} \text{ } B \text{ below to provide a budget.} \quad \textbf{Include all proposed expenses.}$

	Α	B	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies		2824	2824
Utilities/Telephone		10576	10576
Repairs/Maintenance		11683	11683
Travel			
Salaries (List relevant positions)			
Shelter Manager	\$5,000	39000	44000
Shelter Advocate		34320	34320
Per diem wknd shelter advocates, Prog Dir (15%)		23880	23880
Employee Benefits		20958	20958
Other: Insurance, Prof fees, Misc		8298	8298
Shelter AmeriCorps Match		6500	6500
Emergency Funds/In-Kind Client Funds		7000	7000
TOTAL PROPOSED BUDGET:	5000	165039	170039

B. Public Facilities: (Project)			
	A	В	A+B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Hard Costs Note: Federal war rates estimates.	ge rates may apply for some projects. App	licants are encouraged to o	btain estimates that reflect wage
Construction	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10		
Other (list)			

Total Hard Costs	
Soft Costs	
Acquisition	
Appraisals	
Design/Engineering	
Other(list):	
Total Soft Costs	
TOTAL PROPOSED BUDGET:	
INDING COURCES	

FUNDING SOURCES

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

Funding Source: (Name(s) of funding source(s))		Total Amount (\$):	Committed, Pending or Proposed Amount (\$):	
Federal:	Victims of Crime Assistance (VOCA)	42629	Committed Pending Proposed	42629
State:	State Grant in Aid (SGIA/HUD) Domestic Violence Prevention Program (DVPP)	69193	Committed Pending Proposed	69193
Local:	Municipalities	11000	Committed Pending Proposed	11000
Private:	Individual, Corporate, Churches/Civic, Fundraising	25717	Committed Pending Proposed	25717
Portsmouth CDBG:		11500	Committed Pending Proposed	11500
Rochester CDBG:	Rochester provides in-kind client service office space, so we do not apply	0	Committed Pending Proposed	0
Other:	In-kind gift cards for gas, food & other client needs	5000	Committed Pending Proposed	5000
Total:		165039	Committed Pending Proposed	134322 30717

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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)
	O'Ballization	Committed
		Proposed
Total:		

AGENCY BUDGET

Please provide a breakdown of your <u>organization's</u> 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 7/1/2018 to 6/30/2019	Current Year	Next Year (projected)
REVENUES		
Federal Funds	610353	635000
State Funds	236855	237000
Foundations/Private Contributions/Fundraising	526568	530000
United Way	0	(
Municipalities	113000	113000
Other (describe) Program Honoraria	35200	40000
Community Dev. Block Grant (include anticipated request)	16500	18500
TOTAL REVENUE	1538476	1573500
EXPENSES		
Salaries	983157	1023157
Fringe Benefits	204924	205654
Supplies (include printing/copying)	26690	25000
Travel	35000	30000
Training	12000	12000
Communications	0	0
Audit	13000	13000
Property and Equipment Maintenance, Rent	107604	108000
Service Contracts	47900	45000
Construction Supplies/Materials	0	0
Other (describe) Telephone, Answering Service, Utilities, Insurance	108201	111689
Total Expenses	1538476	1573500
NET (Income - Expenses)	0	0

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:

Print Name

Executive Director

Print Title



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT IN	IFORMATION
Organization Homeless Center for Straffo	O2-0519859
Name of Program or Project Public Services	- Shelter Operating Expenses
Name of Executive Director Tray S. Hard	ekopt
Name of Executive Director Tray S. Hard Mailing Address P.O. Box 7306 Rocheste	~ NH 03839
Physical Address 9 Isinglas Drive Ro	chester NH 03839
contact Person Exec. Dir. Tray Hardekop	Phone 603-332-3065
E-Mail Execdirshelter @ Gmail	website www. Homeless center for
Please Identify the Type of Organization Applying for Funds (Note	: More than one may apply)
∑ 501(c)(3)	ed under 570.201(o) Unit of Government
Faith-based Organization Institution of Higher	er Education
Other (Explain):	
Tax ID# 02-0519859	
*DUNS# 961601346	*SAM Expiration Date Pending * Notarized Forms Mailed
	11)15/2018

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 9,300.00
Provide a <u>very brief</u> 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.) Overall operations of an Emergency Shelter for woman & Families from Strafford County and Rock ingham County operations finis year 10/15/2018 - 5/15/2019 Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring")
Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility) To provide increased
specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility) To provide increased exportunities for residents of the City who require education, health, recreation housing and related human services.
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 9 Ising las Dr. Rochester NH 03839
Beneficiaries
Beneficiaries:
For $\underline{FY2020}$ (7/1/19 – 6/30/20) 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): 20 – 35 adwWS and Children
For FY2018 (7/1/17 - 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 15 people (4 family Units) Comprised of Hadults and 11 children; From 10-2-2011 to 5-7-2018 and 1 Single adult
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19):
If so, how much? Yes \$7,36000 (to be disbursed) 10/15/2018 to 5/15/201
Beneficiary type: Description Disabled Disabled Decovery Other (specify): Persons in active opiod Recovery
NARRATIVE - PUBLIC SERVICE ACTIVITY ONLY
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.
Please indicate who prepared the overall cost estimate for the activity or project. Tray Hardelopf, Exec. Dir. In Conjunction with Brian Therrian, Treasurer MS, MPP

Activity/Project Narrative:

Provision of safe, emergency shelter for homeless women and families from Strafford County & Eastern Rockingham county. In addition to shelter, the Homeless Center provides case management services to meet health, mental health, transportation, housing and employment needs of the residents that enter our programming. In addition we provide a variety of classes on topics including, nutritious shopping and meal preparation, nurturing parenting, job obtainment skills and resume writing, enrichment activities and homework club for school age children and literacy programming.

The requested funds will be used to pay for line items listed (in section: Budget A) in support of the operation of the shelter.

In FY 2017-2018, The Homeless Center served 15 Dover Residents comprised of four family units and one single female. With increases in the cost of rental units in the Seacoast Area we expect to serve more Dover Residents in our 2018-2019 season and beyond. All individuals served are defined as low income individuals. Funds requested will assist Dover residents by providing much needed support to keep the Shelter operating.

Organization Description:

The Homeless Center for Strafford County has been operating since 1998 in Rochester, New Hampshire. The organization started out by offering shelter in the Salvation Army Building. In 2001, Waste Management of New Hampshire donated the use of a ranch style home on its property, formerly used as offices for use as an emergency shelter. The organization has operated its shelter at that location since 2001. This year our service season will run from 10/15/2018 to 05/15/2019. The operation employs a Full Time Director, A full time case manager and various evening and overnight per diem employees. We also utilize 42 volunteers to provide comprehensive programming to the residents of the shelter.

NARRATIVE - PUBLIC FACILITY PROJECT ONLY

See Attached 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:

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (i.e. 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. NIA

PERFORMANCE OUTCOME MEASURES		
Provide the outcomes proposed and the method of measuremen	t. You may list multiple outcomes.	
Outcome	Measurement	
Ex. Decrease in number of "latch-key kids"	Ex. # of children who participate in afterschool program	
Ex. Decreased dependence on emergency care facilities for non-	Ex. Increase in number of low/mod income residents that seek	
emergency care of low/mod adults) Provide Shelter and related Services) Number of Doven Residents Served	
provide shelter and related services	Fy 2018-2019	
to 85 Dover Kesidents a) Assist Kesidents in	(a) Average length of Shelter Stay for Dover Residents during Py	
being ready for their next steps within	frame hesidents during PV	
to 85 Dover Residents a) Assist Residents in being ready for their next steps within 4 Months of Shelter Entry.	2018-2019	

ORGANIZATION

DESCRIPTION OF ORGANIZATION		
Please provide a description for the <u>Organization</u> that is undertaking the activity/project. The HISC organization offers, Shelter & comprehensive Programming	1	
See Attached for Further Explaination))	

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit?

If yes, please submit most recent Audit.

Is your organization evaluated by outside agencies or programs? yes

If yes, please note the agency/program and how often the evaluation occurs. United way + Various

Grantors (as required)

BOARD OF DIRECTORS		
Name	Residence (city/town)	
Jon Atwood	Barrington, NH	
Brant Dolleman	Dover, NH	
Rachel Gilman	New Durham, NH	
Mike Hagan	Somers worth, NH	
Dee Hunt	Rochester, NH	
Brian Kunkel	Stratham, NH	
Kathleen Levesoue	Rochester, NH	
Sharon Sewell	Lebanon, ME	
James Shannon	Rochester, NH	
Brian Therrien	Dover, NH	

BUDGET

Use box $A \underline{\text{or }} B$ below to provide a budget. Include all proposed expenses.

A. Public Services (Non-Construction Project	A	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies	300.00		300.00
Utilities	2600.00		2600.00
Repairs/Maintenance	875.00		875.00
Travel	1125.00		11 25.00
Salaries (List relevant positions)	, , , , , ,		
NIA			
Other: State Background Checks	UAA 00		1800.00
	900.00		700.00
Operational Supplies Resident Transportation	1500.00		1500.00
Computer Swely Repair	500.00		500.00
TOTAL PROPOSED BUDGET:	9,300 0		9,3000

	Α	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
<i>Hard Costs</i> <u>Note</u> : Federal wage rates marates estimates.	ay apply for some projects. App	licants are encouraged to ob	tain estimates that reflect wag
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
			

FUNDING SOURCES

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

Funding Source: (Name(s) of funding source(s))	Total Amount (\$):	Committed, Pending or Proposed Amount (\$):
		Committed
Federal:		Pending
		Proposed
		Committed
State:		Pending
		Proposed
		Committed
Local:		Pending
		Proposed
		Committed
Private:		Pending
		Proposed
		Committed
Portsmouth CDBG:		Pending
		Proposed
		Committed
Rochester CDBG:		Pending
		Proposed
		Committed
Other:		Pending
		Proposed
		Committed
Total:		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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)
		Committed
		Proposed
Total:		

AGENCY BUDGET

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

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by: Stacy S. Hardeloef Date

Tracy S. Hardelopf, MS, MPP, Shrm-SCP

Print Name

Executive Director

Print Title

The Homeless Center for Strafford County Budget	FY 18/2019 Budget
INCOME:	
CDBG Income	
Dover	7,182.00
Rochester	7,102.00
Rochester Grant-Neck Rd Roof	_
Rochester-Grant Generator	_
	7 400 00
Total CDBG Income	7,182.00
Foundation and Trust Grants	8,000.00
Direct Public Support	
Capital Campaign - Restricted	-
Annual Appeal	8,000.00
Corporate Contributions	35,000.00
Waste Mgmt - Capital Grant	-
Faith Based Org Donations	7,000.00
Indiv Contributions	7,000.00
Municipality - Rochester	16,000.00
Municipality - Other Grants	1,000.00
Total Direct Support	74,000.00
Fundraising -Board	
Appreciation Dinner	
Spring Fling	27,500.00
Total Fundraising Board	27,500.00
United Way	
EFSP Funding	4,200.00
Grants	15,000.00
Individual Contributions	2,000.00
Total Grants	21,200.00
Interest Income	125.00
Holiday Gifts	-
Rental Income	
Forfeited Security Deposites	500.00
Individuals	2,000.00
Municipalities	1,000.00
Pleasant St. Unit #1	800.00
Pleasant St. Unit #2	-
Rochester Neck Road	
Total Rental Income	4,300.00
Misc. Income	
TOTAL INCOME	142,307.00
EXPENSES:	
Common Expenses	
Accounting	4,221.00
Outside Contract Services	-
Legal	250.00
Depreciation	11,742.00
Alarm	10.00
Grounds Maintenance	500.00
Insurance - Property	-
Janitorial & Pest Control	500.00

The Hameless Contactor	EV 40/0040
The Homeless Center for	FY 18/2019
Strafford County Budget	Budget
Water & Sewer	-
Repairs & Maint Shelter	1,000.00
Repairs & Maint Transitional	2,000.00
Supples - General	300.00
Cable/Internet	858.00
Heat & Gas	1,410.00
Total Common Expenses	22,791.00
Transitional Unit Expenses	
Snow Removal	-
Electric	225.00
Gas - Pleasant St	300.00
Water & Sewer - Pleasant	500.00
Heat - Rochester Neck	-
Total Trans. Unit Expenses	1,025.00
Operational Expenses	
Advertising	150.00
Books & Subscriptions	500.00
Computer Supples & Repair	300.00
Dues	715.00
Food	100.00
Holiday Gifts	
Parenting Class	
Volunteer Appreciation	2,000.00
	100.00
Other Gifts	
Licenses & Fees	250.00
Lunches - Rotary Club	200.00
Office Supples & Expense	500.00
Paypal Fees	100.00
Postage	1,000.00
Printing	300.00
Resident - Child Care	
Resident - Transportation	
Bank Service Charges	50.00
Supplies - Operations	500.00
Telephone - Cell	600.00
1 diophone - deli	000.00
Telephone - Office/Resident	1,780.00
Website Maint	250.00
Business Registration Fees	75.00
Criminal Background Checks	1,000.00
Insurance - Employee Health	3,000.00
Insurance - D&O & W.C.	10,500.00
Resident Expenses	10,000.00
	00.070.00
Total Operational Expenses	23,970.00
Payroll Expenses	
Salaries	97,649.96
Employer FICA	7,470.22
SUTA/FUTA	750.00
Payroll Processing Fees	150.00
Total Payroll Expenses	106,020.18
Travel Tolls & Parking	250.00
TOIS & FAIRING	230.00

The Homeless Center for	FY 18/2019
Strafford County Budget	Budget
Conference Expenses	500.00
Mileage	1,500.00
Total Travel Expenses	2,250.00
Generator Expense	_
TOTAL EXPENSES	156,056.18



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT INFORMATION			
Organization My Friend's Place	Tax ID 02-0407497		
Name of Program or Project Emergency Shelter			
Name of Executive Director Susan M. Ford			
Mailing Address 368 Washington Street, Dover, NH 03820 Physical Address SAA			
Contact Person Susan M. 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)			
So1(c)(3)			
☐ Faith-based Organization ☐ Institution of Higher Education			
Other (Explain):			
Tax ID # 02-0407497			
*SAM Expiration Date <u>02/05/2018</u> 11/17/2019			

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 16,000
Provide a <u>very brief</u> 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-4 th grade students. Repair of homeless shelter roof.) Funds will be used for overall operations of My Friend's Place emergency homeless shelter. The shelter services single women, men and families year round.
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring")
Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility)
My Friend's Place Emergency Shelter addresses the needs of the homeless in Dover and surrounding communities, by providing shelter and basic necessities as well as case management. My Friend's Place Transitional Housing Program provides longer term shelter at a significantly lower rent than fair market to families (18 - 24 months) so that they may work on greater barriers to self-sufficiency that emergency shelter allows. The portion of the plan that this service applies to is "To provide opportunities for those who need access to services
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 368 Washington Street, Dover, NH 03820 (Emergency Shelter)
BENEFICIARIES
Beneficiaries:
For FY2020 (7/1/19 – 6/30/20) 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 This number has been decreased from 50 as last year we did not meet our goal. Our clients are referred to us by a Coordinated Entry program and it is hard to predict where they will be coming from year to year.
For FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:
38
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): Yes
If so, how much? \$11,082
Beneficiary type: ☐ Elderly ☐ Family ☐ Disabled ☒ Homeless ☐ Persons living with AIDS ☐ Other (specify):

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. 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 great number of Dover residents, the funding off sets monies that would typically be charged to the clients City Welfare office. Last year alone we served 5 families, 12 single females, 21 single males or 51 individuals.

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 emergency food 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 problems that have not been address or treatment has lapsed. 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.

For every client that City Welfare has to put up in a motel, not only does this cost the city more money than that of a 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 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 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 service as well, giving the client more time to work on larger barriers. In some cases, it may just be the wait time for pubic assisted housing, currently this is 16 months to 2 years.

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

NARRATIVE - PUBLIC FACILITY 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

Proposed project starting date:

Proposed project completion date:

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

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.

PERFORMANCE OUTCOME MEASURES				
Provide the outcomes proposed and the method of measurement. You may list multiple outcomes.				
Outcome	Measurement			
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non- emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. 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

ORGANIZATION

DESCRIPTION OF ORGANIZATION

Please provide a description for the <u>Organization</u> that is undertaking the activity/project. My Friend's Place provides short term emergency shelter for homeless individuals and families. The average stay for a single person is 45 days while family's stays are 60 to 120 days. 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? Yes

If yes, please submit most recent Audit.

Is your organization evaluated by outside agencies or programs? No

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

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	
Estelle Lewis, Member	Dover, NH	
Jennifer Stevens, Member	Rye, Nh	
Patrick Coleman, Member	Dover, NH	
Alicia McLaughlin, Member	Dover, NH	
John Lewis, Esq., Member	Durham, NH	

BUDGET

Use box A or B below to provide a budget. Include all proposed expenses.

A. Public Services (Non-Construction	n Projects)		
	Α	В	A + B

	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies	\$0	\$2,400	\$2,400
Utilities	\$3,000	\$12,000	\$15,000
Repairs/Maintenance	\$0	\$10,000	\$10,000
Travel	\$0	\$1,600	\$1,600
Salaries (List relevant positions)			
Program Assistant	\$2,334	\$23,106	\$25,440
Resident Managers	\$10,666	\$59,096	\$69,762
Case Manager	\$0	\$35,808	\$35,808
Other:			
TOTAL PROPOSED BUDGET:	\$16,000	\$144,010	\$160,010

B. Public Facilities: (Project)				
	Α	В	A + B	
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget	
<i>Hard Costs</i> Note: Federal wage rates may rates estimates.	apply for some projects. App	licants are encouraged to ol	otain estimates that reflect wage	
Construction				
Other (list)				
Total Hard Costs Soft Costs				
Acquisition				
Appraisals				
Design/Engineering				
Other(list):				
Total Soft Costs				
TOTAL PROPOSED BUDGET:				

FUNDING SOURCES

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

Funding Source:	Total Amount (\$):	Committed, Pending or Proposed Amount (\$):
(Name(s) of funding source(s))		

			Committed	
Federal:	HUD and FEMA-	\$5,000	Pending	\$5,000
			Proposed	
			Committed	
State:	SGIA	\$95,912	Pending	\$95,912
			Proposed	
	Cities and Town		Committed	
Local:	Funding outside of	\$3,000	Pending	\$3,000
	CDBG		Proposed	
	n (n(n)		Committed	\$24,700
Private:	Donations/Rent/Small Grants and Trusts	\$82,000	Pending	
			Proposed	\$57,300
			Committed	\$14,000
United Way	Supportive Services Grant	\$14,000	Pending	
			Proposed	
			Committed	\$7,000
Rochester CDBG:	Rochester CDBG	\$7,000	Pending	
	.0		Proposed	
	Fundraising efforts		Committed	
Other:	(bingo, Holiday Appeal, special	\$95,250	Pending	\$95,250
	events)		Proposed	
			Committed	\$45,700
Total:		\$302,162	Pending	\$199,162
			Proposed	\$57,300

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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)
		Committed
		Proposed
Total:		

AGENCY BUDGET

Please provide a breakdown of your <u>organization's</u> 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	\$5,000	\$5,000
State Funds	\$95,912	\$90,000
Foundations/Private Contributions	\$62,500	\$62,500
United Way	\$14,000	\$14,000
Fundraising or other income	\$117,750	\$120,450
Other (describe) City of Rochester CDBG	\$7,000	\$7,000
Community Dev. Block Grant (include anticipated request) Dover only	\$11,082	\$16,000
TOTAL REVENUE	313,244	\$314,950
EXPENSES		
Salaries	\$191,346	197,087
Fringe Benefits	22,129	25,000
Supplies (include printing/copying)	23,424	23,424
Travel	1,600	1,600
Training	300	300
Communications	8,320	8,320
Audit	Donated	Donated
Property Maintenance	13,000	13,000
Service Contracts	7,500	7,500
Construction Supplies/Materials	N/A	N/A
Other (describe) Resident Support Services, Utilities	35,500	35,500
TOTAL EXPENSES	303,119	311,231
NET (Income - Expenses)	\$10,125	\$3,719

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:

11/16/18 Date

Susan U. Ford
Print Name
Executive Director



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT INFORMATION				
Organization Community Action Partnership of Strafford County Tax ID 02-0268636				
Name of Program or Project Weatherization Assistance Program				
Name of Executive Director Betsey Andrews Parker, MPH				
Mailing Address 577 Central Avenue, Suite 10, Dover, NH 03820 Physical Address 577 Central Avenue, Suite 10, Dover, NH 03820				
Contact Person Bob Arnold, Weatherization Manager	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)			
∑ 501(c)(3) ☐ For-profit authorize	ed under 570.201(o) Unit of Government			
☐ Faith-based Organization ☐ Institution of Higher Education				
Other (Explain):				
Tax ID # 02-0268636				
*DUNS # 009356586	*SAM Expiration Date 10/26/2019			

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION Amount of Dover CDBG funds requested for activity/project: \$25,000 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.) Funds will be used to supplement the Weatherization Assistance Program for low to very low-income Dover residents. Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring") Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility) To weatherize and improve the older housing stock of the City, especially for persons of low and very low income. PROJECT LOCATION Location(s) where services will be provided or physical improvements will be made. Dover, NH BENEFICIARIES Beneficiaries: For FY2020 (7/1/19 - 6/30/20) 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): 22 For FY2018 (7/1/17 - 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 22 Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 - 6/30/19): If so, how much? \$0 as of 11/16/18

Beneficiary type: Elderly Family Disabled Homeless Persons living with AIDS

Other (specify): Persons with very low incomes; Children

NARRATIVE - PUBLIC SERVICE ACTIVITY ONLY

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.

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. The overall goal of WAP is to serve those low-income households in the City of Dover most vulnerable to high-energy costs and without the means of making 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.

The Weatherization process begins with an energy auditor inspecting and testing a 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 provides the insulation, air sealing, and mechanical improvements which will reduce household energy expenditures and increase the comfort, safety, and health of the occupants of the home.

Activities include using tests and procedures developed with or approved by Eversource and the U.S. Department of Energy to determine the combination of measures appropriate, such as blower door; combustion safety testing; CO testing; and/or ventilation and moisture testing of the building envelope. Weatherization and life and safety measures may include:

- Insulation
- · Furnace repair/replacement
- Storm window and door repair/replacement
- Low-flow faucets and shower heads
- · Water heater insulation blankets
- Caulking
- Weatherstripping
- Pipe insulation
- · Refrigerator replacement
- · Energy efficient lighting
- Mechanical ventilation as required by ASHRAE 62.2 (2013) standards
- Smoke and CO detectors
- Incidental repairs as outlined in the NH Weatherization Field Manual
- Other Health and Safety measures as outlined in the NH Weatherization Field Manual

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

- Allowing CAPSC to make improvements to building systems and structures (e.g. health and safety issues and incidental
 repairs) that cannot be repaired using other funding sources but must be repaired for the structure 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 \$2.50 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.

Please indicate who prepared the overall cost estimate for the activity or project. Costs of the project are determined based on the need of Dover residents and the type of job required. The estimate is prepared by the Weatherization Assistance Program Manager and approved in accordance with the funding sources used to complete the project.

NARRATIVE - PUBLIC FACILITY 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:

Proposed project starting date:

Proposed project completion date:

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

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.

PERFORMANCE OUTCOME MEASURES				
Provide the outcomes proposed and the method of measurement. You may list multiple outcomes.				
Outcome	Measurement Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that s care from health program.			
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non- emergency care of low/mod adults				
 Improve the financial position of clients by improving the energy efficiency of the home. Decrease the number of homes with safety concerns. Reduce carbon footprint in Strafford County. Increase the affordable housing stock in Dover. 	 Savings-to-investment ratios based on Department of Energy home energy modeling. # of homes audited and weatherized as funding allows. # of new, energy-efficient furnaces installed. # of individuals/families remaining in their homes. 			

ORGANIZATION

DESCRIPTION OF ORGANIZATION

Please provide a description for the Organization that is undertaking the activity/project. At Community Action Partnership of Strafford County (CAPSC), we strongly believe no one should go without having his or her basic needs met. As the leading anti-poverty agency in Strafford County since 1965, 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.

CAPSC is a 501(c)(3) private, nonprofit organization established under the provisions of the Equal Opportunity Act of 1964. In addition to the administrative office located in Dover, CAPSC maintains its outreach capacity by employing over 120 staff that provides services at program offices and Head Start Centers in Farmington, Milton, Rochester, Dover and Somersworth. The agency is governed by a tripartite Board of Directors composed of elected officials, community leaders from for-profit and non-profit organizations, and past or present clients. The Board is responsible for assuring CAPSC continues to assess and respond to the causes and conditions of poverty in the community, achieve anticipated family and community outcomes, and remain administratively and fiscally sound.

In accordance with its mission, CAPSC offers 64 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, seniors, and those experiencing low-incomes. Programs include nutrition, housing, fuel and electrical assistance, weatherization, parent and child education, childcare, transportation, and employment and job training, all of which are locally defined, planned, and managed in partnership

with 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.

Broad-based and community-focused, CAPSC is the sole provider in Strafford County offering a full suite of services that meet residents' basic needs while promoting self-sufficiency. Ultimately, CAPSC's vision is to eliminate poverty in Strafford County. By working with people experiencing low-incomes and collaborating with community partners across all sectors, CAPSC is successfully able to reduce the impact of poverty on at-risk children, working families, seniors, and the community at large.

In 2017-2018, CAPSC served nearly 10,000 households and provided \$10.3 million in goods and services in Strafford County, including:

- · Housing services to 241 homeless individuals and families
- 22,503 free summer meals and 40,515 after-school meals to children
- · 3,336 safe, accessible rides to seniors
- · Employment services to 124 individuals
- Over \$2.5M in utility assistance to 4,302 households
- 558 children and their families with early childhood education, home visiting, and child care
- \$146,900 in donated/commodity food

CAPSC is governed by a volunteer Board of Directors, one-third of whom are consumers of services. Our operating budget is nearly \$10 million, which includes federal, state and local funds in addition to foundation and United Way grants, fees for service, and individual and corporate donations.

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit? Yes

If yes, please submit most recent Audit. See enclosed/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 Energy and Planning (OEP); Eversource; Unitil; and United Way of the Greater Seacoast for program and financial performance. Evaluations occur annually at minimum. The Weatherization Assistance 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 November 2017.

BOARD OF DIRECTORS			
Name	Residence (city/town)		
Rebecca Sherburne, RN	Dover, NH		
Hope Morrow Flynn, JD	Portsmouth, NH		
Alan Brown	York, ME		
Jean Miccolo	Dover, NH		
Don Chick	East Rochester, NH		
Kristen Collins	Berwick, ME		
Bruce Connick	Somersworth, NH		
Allison Dorrow	Barrington, NH		
Terry Jarvis	New Durham, NH		
Petros Lazos	Dover, NH		
Thomas Levasseur	Dover, NH		
Vickie Routhier	Strafford, NH		
Jason Thomas	Rochester, NH		
Marci Theriault	Rochester, NH		
Kristin Yates, DO	Dover, NH		
Erin Zajicek	Milton, NH		

BUDGET

Use box $A \underline{\text{or } B}$ below to provide a budget. Include all proposed expenses.

	A	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies	\$0	\$3,786	\$3,786
Utilities	\$0	\$1,550	\$1,550
Repairs/Maintenance	\$0	\$420	\$420
Travel	\$0	\$1,190	\$1,190
Salaries (List relevant positions)			
WAP Program Manager & Administrative Assistant	\$0	\$74,240	\$74,240
Other:			
Direct Client Service	\$25,000	\$405,612	\$430,612
Vehicle Operation	\$0	\$2,173	\$2,173
Occupancy	\$0	\$8,912	\$8,912
HRRP Materials	\$0	\$149	\$149
Administration	\$0	\$5,192	\$5,192
TOTAL PROPOSED BUDGET:	\$25,000.00	\$503,224.00	\$528,224.00

B. Public Facilities: (Project)				
CLC LATER CALCULATIONS WOULD	A	В	A + B	
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget	
Hard Costs Note: Federal wage rates may a rates estimates.	pply for some projects. Appli	cants are encouraged to obt	ain estimates that reflect wage	
Construction				
Other (list)				
	SALE OF LOST HE			
Total Hard Costs				
Soft Costs				
Acquisition				
Appraisals	三国 出土公传。为自己有自己			
Design/Engineering				
Other(list):				
		tera contra le contra	A PROPERTY OF THE	
Total Soft Costs				
TOTAL PROPOSED BUDGET:				

FUNDING SOURCES

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

Funding Source: (Name(s) of funding source(s))	Total Amount (\$):	Committed, Pending or I	Proposed Amount (\$):
Federal:		Committed	\$181,713
Department of Energy (DOE)	\$121,483 (DOE)	Pending	
Low Income Home Energy Assistance Program (LIHEAP)	\$60 220 (LILIEAD)	Proposed	
State:	1	Committed	\$374,646
HEA	\$280,000 (HEA) \$94,646 (HRRP)	Pending	
HRRP	394,040 (HKKF)	Proposed	
		Committed	
Local:		Pending	
		Proposed	
		Committed	
Private:		Pending	
		Proposed	
		Committed	
Portsmouth CDBG:		Pending	
		Proposed	
		Committed	\$50,000
Rochester CDBG:	\$50,000	Pending	
		Proposed	
		Committed	
Other:		Pending	
		Proposed	
		Committed	\$269,177
Total:		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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)
		Committed
-		Proposed
Total:		

AGENCY BUDGET

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

*Note: CAPSC's budgets are presented in a different manner than requested in this application. We have attached the 2018 and 2019 budgets as Appendices A and B (respectively), which provide greater detail.

Budget Period: from January 1, 2018 to December 31, 2018	Current Year	Next Year (projected)
REVENUES	HMLLER FEARER	
Federal Funds	\$7,166,239.00	\$7,911,738
State Funds	\$453,174.00	\$310,975
Foundations/Private Contributions	\$81,698.00	\$96,304
United Way	\$56,817.00	\$93,000
Fundraising or other income	\$52,580.00	\$190,798
Other (describe):		
Donated Goods & Services	\$1,121,472.00	\$449,040
Non-Government Grants	\$169,426.00	\$194,346
Split-Interest Agreements	\$25,000.00	\$25,000
Program-Related Sales & Fees	\$187,012.00	\$284,463
Investment Income	\$37,206.00	\$0
Net Assets Released from Restriction	\$0	\$(
Community Dev. Block Grant	\$75,000	\$75,000
(include anticipated request)	Dover: \$25,000	Dover: \$25,000
	Rochester: \$50,000	Rochester: \$50,000
TOTAL REVENUE	\$9,425,624.00	\$9,630,662
EXPENSES		
Salaries	\$3,425,608.00	\$3,548,168.9
Fringe Benefits	\$722,740.00	\$841,300
Supplies (include printing/copying)	Breakdown in Attached	\$300,323
	Budget A, pgs. 12-16	
Travel	\$194,014.00	\$91,474.22
Training	Breakdown in Attached Budget A, pgs. 23-24	\$157,073.76
Communications	Breakdown in Attached Budget A, pgs. 14-15	\$66,41
Audit	Breakdown in Attached Budget A, pgs. 10-11	
Property Maintenance	Breakdown in Attached Budget A, pgs. 16-21	\$157,04
Service Contracts	\$573,133.00	\$306,72
Construction Supplies/Materials	\$0	

NET (Income - Expenses)	\$4,386.00	
TOTAL EXPENSES	\$9,421,238.00	\$9,404,951.00
Fixed Asset Purchases	\$12,797.00	\$0
Business Expenses	(\$35,398.00)	\$84,614
Other Expenses	\$143,906.00	\$54,102
Facilities & Equipment Expenses	\$631,340.00	\$870,301
Non-personnel Expenses	\$529,013.00	\$576,712
Grants, Contracts & Direct Assistance	\$3,234,085.00	\$2,857,359
Other (describe)		

activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:

Submitted by:

Befsey Andrews Parker

Print Name

CEO

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

	APPLICANT INFORMATION	
Organization Homeless Center for	Strafford Tax ID	02-0519859
Name of Program or Project Land Purc	hase Public F	acility
Name of Executive Director Tray S.	Hardekopt	
Name of Executive Director Tray S. Mailing Address P.O. Box 7306 Ro	chester NH 038	39
Physical Address 9 Isinglas Driv	ne Rochester NI	1 03839
Contact Person Exec. Dir. Tracy Har		
E-Mail Execdirshelter @ GW	nail Website www	. Homeless center for
Please Identify the Type of Organization Applying for	Funds (Note: More than one may	apply) Straffco.c
∑ 501(c)(3)	ofit authorized under 570.201(o)	Unit of Government
Faith-based Organization Institut	tion of Higher Education	
Other (Explain):		
Tax ID# 02-0519859		
*DUNS# 961601346	*SAM Expiration Da	te Pending * Notarized Forms Mailed
		11/15/2018

CDBG FY2020 Application

Page 1 of 8

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 75,000
Provide a <u>very brief</u> 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.) Land Acquisition for Community Infrastructure project - New Homeless Shelter B
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring") Homeless persons Oven night Shelter- Additional Be Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility) Added
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Location TBD - Rochester NH Current Address: 9 Ising lo Rochester NH 03839
BENEFICIARIES
Beneficiaries:
For $\underline{FY2020}$ (7/1/19 – 6/30/20) 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): 20 -35 Adults and Children from Dover, NH
For FY2018 (7/1/17 - 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 15 people from family Units plus 1 Single individual 10-2-17 to 5-7-18 Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 - 6/30/19):
If so, how much? Yes 47,3600 (to be disbursed)
Beneficiary type: Elderly Thamily Disabled Thomeless Persons living with AIDS
Other (specify): Persons in active opioid Recovery

NARRATIVE - PUBLIC SERVICE ACTIVITY ONLY

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.

Please indicate who prepared the overall cost estimate for the activity or project.

NARRATIVE - PUBLIC FACILITY 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:

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (i.e. 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 and the method of measurement. You may list multiple outcomes.				
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that seek care from health program.			
Homeless person overnight shelter	#of Individuals sheltered			
additional Beds Added	from Low/ Moderate income			
	levels			

ORGANIZATION

and the second s	organization			 	Proq	ramming
	S				7	
		Aui	DIT AND EVALUATION			Contract of the second

DESCRIPTION OF ORGANIZATION

However - a CPA firm does all our Accounting Book Keeping Does your organization have an annual CPA Audit? If yes, please submit most recent Audit. If yes, please note the agency/program and how often the evaluation occurs. United way + Various

Narrative-Public Facility Project

Nature of the Project:

Describe how the project will ultimately benefit Dover low-moderate income individuals: Acquisition of Land to build at a new location a Homeless Shelter that will provide additional beds for additional members of the Dover, New Hampshire community that are living at low income levels and experiencing homelessness.

Proposed project Start Date: 2019

Proposed project Completion Date: 2021

Provide a total project cost broken down by major phase of the project: \$300,000 Land Acquisition

Written Estimate: Land Acquisition Phase \$300,000

Scope of Community Facilities Project: Land Acquisition for community infrastructure project to take place in Strafford County and to be utilized for the purpose of building a new sheltering building for residents of Dover, New Hampshire and other Strafford County Towns and Cities living.

For purposes of this grant the community served includes lower income persons; defined as those with household incomes below 80% of the area median by the US Department of Housing and Urban Development (HUD). In the results of the Portsmouth-Rochester MSA, this equates to median income of \$65,700 for a family of 4 in 2016.

This facilities project is expected to increase the capacity to serve; sheltering 14 more clients (an increase of 35% over the capacity of the current facility.

Requested Grant Amount: \$75,000

Total Project Budget: \$300,000 funding for Land Acquisition located along public transportation routes and adjacent to public water/sewer sources.

Financial Feasibility and Leveraging Other Funding:

25% of the funding for this land acquisition or \$75,000 will be generated from funds currently held by the Homeless Center for Strafford County in earmarked accounts specific to the Capital Campaign.

December Application for CDBG facilties grant in the amount of \$150,000 from the City of Rochester, New Hampshire.

Any monies from the current 2018-2019 Annual Appeal exceeding \$20,000 will be moved to the Capital Campaign Fund for this Land Acquisition. Week one of appeal has provided approximately \$6,000 from 12 donors of the 750 appeal letters mailed.

By securing CDBG grant funding from the City of Dover, New Hampshire we increase our ability to obtain a "like CDBG grant" from the City of Rochester, New Hampshire.

With land acquisition in place we increase our ability to obtain future CDFA tax credit funding in the next application year.

Reason for Community Facilities Project: The current "free lease" of the building located on Waste Management property ends in May of 2021 and will not be renewed.

Increase and improvement of services for very low income community residents in order to reduce the occurrence of homelessness.

Timeline for Community Facilities Project:

2018-Applications for CDBG land acquisition through the facilities grant portion to the cities or Dover and Rochester, New Hampshire, continued capital campaign fund raising.

2019- Land environmental scan, enter into option with land owner, begin approvals with City/Town responsible for oversight of land location, meetings with authorities having jurisdiction, contractor procurement via bidding process (Design/Build-architectural/engineering/project construction), legal work, Insurance, grant administration/application for CDFA tax credit funding-New Hampshire

Securing of: hard line furnishings, in kind donations of materials and securing of donated trades work.

2020- New construction site work, foundational work, utilities work, begin build of 5300 sq. ft. facility to house up to 40 individuals.

2021-Completion of build, documentation of compliance with CDBG requirements

Community Clients Served: Women (single, parenting, and heads of households, Children, Men (as parents or heads of households), the elderly, LGBT, those living with disability (mental or physical), those living with HIV, individuals in current recovery from Opioid/Fentanyl Addiction (having completed 90 days of medical treatment and with negative drug testing at the time of entry and throughout housing)

Technical Feasibility: This community facilities project will be conducted in a Design Build format and will not be financed in a manner that would require adherence to the Davis Bacon Act. This approach is intentional in order to assure that the build can be conducted within the budget of less than \$1,000,000.00 including Land, Design, Site Work and Building Completion.

A Public Administration Construction Guide will be utilized as a guide throughout the entire project.

Project Funding Eligibility:

Benefits low and moderate income people

Adheres to the City of Dover, New Hampshire's current Community Development Plan and specifically addresses the Access to Services: Homeless person overnight shelter **additional beds added**.

Past Performance:

17-18 16 Individuals from Dover Sheltered during the October to May operations

16-17 31 Individuals from Dover Sheltered during the October to May operations

15-16 20 Individuals from Dover Sheltered during the October to May operations

14-15 15 Individuals from Dover Sheltered during the October to May operations

13-14 20 Individuals from Dover Sheltered during the October to May operations

Citizen Participation: Qualitative data was gathered in informal meetings with current year residents of the facility.

In Kind Commitments:

Networking of all Technology- Atlantic Broadband Engineer-Brian Kinsley (Estimate \$8,500)

Completion of Conceptual Drawings- 3D renderings, Costing of Build -Groen Construction (Estimate \$37,500)

Hard Line Furnishings: Living Room Furnishings and Additional Kitchen Furnishings-Bob's Furniture Charitable Foundation (\$2,500)

Bio Fuel: D F Richard Energy (estimate \$3,000 annually)

LED Lighting fixtures: William and Tracy Hardekopf (estimate \$2,000)

In Kind Requests:

Laundering Equipment: The Board of Director's - Homeless Center for Strafford County (estimate \$4,200)

20 Metal Bunk Beds with Mattresses: Ross Furniture (Estimate \$20,000)

Heating Equipment: Eastern Propane (Estimate \$10,000)

At Cost Commitments:

Electrical Supplies-Berry Electric (Estimate \$6,000)

Movement of Generator to new location-Berry Electric (Estimate \$4,000)

At Cost Requests:

Flooring: Kelly's Flooring (Estimate \$15,000)

Staffing Model Current and Future: The Homeless Shelter for Strafford County currently employs a full time salaried executive director, a part time case manager, a part time shelter manager and three weekend/overnight staff part time staff members. We expect our staffing model to remain consistent with the new location and will continue to use Interns from the UNH Social Work Program and volunteers to provided needed operations to the mission.

Current cost for paid staff are budgeted for \$93,000 annually. With another five months of sheltering providing for year round sheltering services we expect our staffing costs will increase by approximately \$39,286.00. The additional

funding for this will be made up of additional grant dollars from cities and towns as well as from portions of housing costs provided by residents themselves.

Why this facilities project is impactful to the community: By providing priority access to Strafford County Residents and keeping children close to the school systems they have been enrolled at; we are helping families and individuals navigate the experience of homelessness close the healthcare, families, friends, schooling and employment opportunities they are familiar with. This location based response alone have a positive impact on the next steps towards achieving housing obtainment.

Sheltering is the first needed step on the continuum of care model for low income residents. Sheltering first works to provided the environmental and elemental protection of individuals. Once sheltered the programming through case management works on the following: Life Skills, Parenting Skills, Housing obtainment Assistance, Safe and Functional housing selection, Landlord relations, Housing security interventions, access to direct rental assistance, Transportation obtainment, health care access, Resume creating, job interviewing skills and job search skills and selection, Family budgeting and budget creation skills along with money literacy training are taught at the Homeless Center for Strafford County. We conduct most sessions one on one with adult residents but also use enrichment and school skills coaching each night and homework and literacy support for children at our location. This is part of the two generation approach to eliminating homelessness.

Since many of our sheltered clients are working or in school we find one on one sessions allow us to reach adults at times that work around their income generating activities and learning.

BOARD	OF DIRECTORS
Name	Residence (city/town)
Jon Atwood	Barrington, NH
Brant Dolleman	Dover, NH
Rachel Gilman	New Durham, NH
Mike Hagan	Somers worth, NH
Dee Hunt	Rochester, NH
Brian Kunkel	Stratham, NH
Kathleren Levesaue	Rochester, NH
Sharon Sewell	Lebanon, ME
James Shannon	Rochester, NH
Brian Therrien	Dover, NH
9	

BUDGET

Use box A or B below to provide a budget. Include all proposed expenses.

A. Public Services (Non-Construction Projects)				
	A	В	A + B	
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget	
Office Supplies				
Utilities				
Repairs/Maintenance				
Travel				
Salaries (List relevant positions)				
Y 2		~		
6				
Other:				
TOTAL PROPOSED BUDGET:				

B. Public Facilities: (Project)			
	A	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
<i>Hard Costs</i> Note: Federal wage rates may rates estimates.	apply for some projects. Ap	oplicants are encouraged to ob	tain estimates that reflect wage
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition — Land	75,000		75,000
Appraisals Design/Engineering			
Other(list):			
Farmarked - Land		75,000 *	75.000*
CDBG Rochester		150,000	150:000
Total Soft Costs			, , ,
TOTAL PROPOSED BUDGET:	75,000	225,000	\$ 300,000.00

FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed for this project, if

Funding Source: (Name(s) of funding source(s))	Total Amount (\$):	Committed, Pending or Proposed Amount (\$):		
		Committed		
Federal:		Pending		
		Proposed		
		Committed		
State:		Pending		
		Proposed		
		Committed	~	
Local:		Pending		
		Proposed		
		Committed		
Private:		Pending		
		Proposed		
		Committed		
Portsmouth CDBG:		Pending		
		Proposed		
		Committed		
Rochester CDBG:	150,000	Pending	150,000	
		Proposed	57 A SA S	
Other: See Below		Committed		
Other:	75,000	Pending	75,000	
		Proposed		
		Committed		
Total:	225,000	Pending	225,000	
	ate /#55 #0000 #0	Proposed	2,5,5,5	

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)	Total Amount (\$) to be Contributed by Parent Organization	Committed o	r Proposed Amount (\$)
Homeless Center for Strafford County	75,000	Committed Proposed	75,000
Total:	75,000		75.000

AGENCY BUDGET

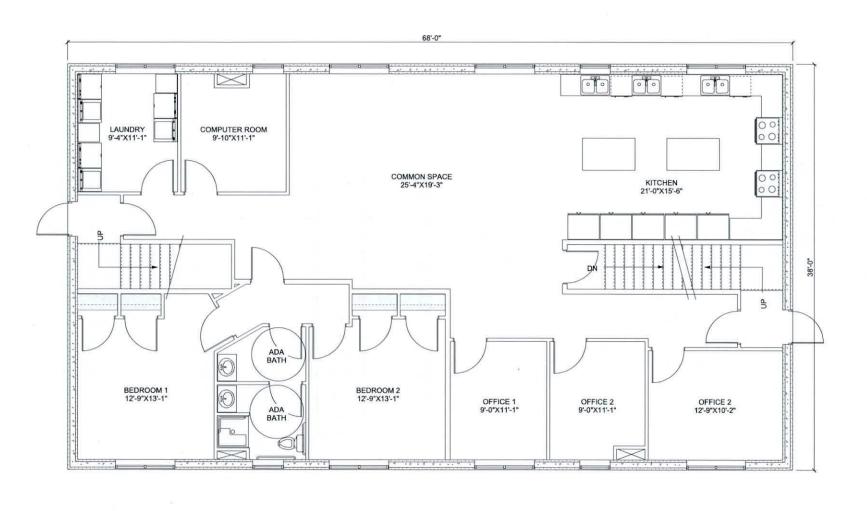
Please provide a breakdown of your <u>organization's</u> overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from 7/1/18 to 6/30/19	Current Year	Next Year (projected)
REVENUES		
Federal Funds		1
State Funds	S. S. Charles and J.	8
Foundations/Private Contributions		8 9
United Way		$\frac{1}{2}$
Fundraising or other income	7	(8 '-
Other (describe)	22	01 -
Community Dev. Block Grant (include anticipated request)	3	11 8
TOTAL REVENUE	3	. 12
EXPENSES	ポ	+ 1+
Salaries		ک
Fringe Benefits	7	8
Supplies (include printing/copying)		る ろ
Travel	2	3 6)
Training	2	2
Communications		
Audit	0	
Property Maintenance		
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES	156,056.18	
NET (Income - Expenses)	(13,749.18)*	

The Homeless Center for	FY 18/2019
Strafford County Budget	Budget
WOOME.	
INCOME:	
CDBG Income	
Dover	7,182.00
Rochester	-
Rochester Grant-Neck Rd Roof	-
Rochester-Grant Generator	-
Total CDBG Income	7,182.00
Foundation and Trust Grants	8,000.00
Direct Public Support	
Capital Campaign - Restricted	
Annual Appeal	8,000.00
	The same of the sa
Corporate Contributions	35,000.00
Waste Mgmt - Capital Grant	7 000 00
Faith Based Org Donations	7,000.00
Indiv Contributions	7,000.00
Municipality - Rochester	16,000.00
Municipality - Other Grants	1,000.00
Total Direct Support	74,000.00
Fundraising -Board	
Appreciation Dinner	
Spring Fling	27,500.00
Spring Filing	27,300.00
Total Fundraising Board	27,500.00
United Way	
EFSP Funding	4,200.00
Grants	15,000.00
Individual Contributions	2,000.00
Total Grants	21,200.00
Interest Income	125.00
Holiday Gifts	125.00
Holiday Olits	April 1 Page
Rental Income	The same
Forfeited Security Deposites	500.00
Individuals	2,000.00
Municipalities	1,000.00
Pleasant St. Unit #1	800.00
Pleasant St. Unit #2	-
Rochester Neck Road	-
Total Rental Income	4,300.00
Misc. Income	
	A Local Local
OTAL INCOME	142,307.00
XPENSES:	
Common Expenses	(to be a few of
Accounting	4,221.00
Outside Contract Services	
Legal	250.00
Depreciation	11,742.00
Alarm	10.00
Grounds Maintenance	500.00
Insurance - Property	
Janitorial & Pest Control	500.00

The Homeless Center for	FY 18/2019	_
Strafford County Budget	Budget	
Stranord County Budget	Dadget	-
Water & Sewer		
Repairs & Maint Shelter	1,000.00	
Repairs & Maint Transitional	2,000.00	
Supples - General	300.00	-
Cable/Internet	858.00	-
Heat & Gas	and the second second	
neal & Gas	1,410.00	
Total Common Expenses	22,791.00	
Transitional Unit Expenses		
Snow Removal	-	
Electric	225.00	
Gas - Pleasant St	300.00	
Water & Sewer - Pleasant	500.00	
Heat - Rochester Neck	-	
ricat - Nochester Neck		
Total Trans. Unit Expenses	1,025.00	
Operational Expenses		
Advertising	150.00	
Books & Subscriptions	500.00	
Computer Supples & Repair	300.00	
Dues	715.00	
Food	100.00	
	100.00	
Holiday Gifts		
Parenting Class	•	
Volunteer Appreciation	2,000.00	
Other Gifts	100.00	
Licenses & Fees	250.00	
Lunches - Rotary Club	200.00	
Office Supples & Expense	500.00	
Paypal Fees	100.00	
Postage	1,000.00	
Printing	300.00	
Resident - Child Care	_	
Resident - Transportation		
Bank Service Charges	50.00	
Supplies - Operations	500.00	-
	The State of the S	
Telephone - Cell	600.00	
Telephone - Office/Resident	1,780.00	P
	250.00	
Website Maint	Cartin Till Stellar Stellar	
Business Registration Fees	75.00	
Criminal Background Checks	1,000.00	
Insurance - Employee Health	3,000.00	
Insurance - D&O & W.C.	10,500.00	
Resident Expenses	•	
Total Operational Expenses	23,970.00	
	_5,0,0.00	
Payroll Expenses		
Salaries	97,649.96	
Employer FICA	7,470.22	
SUTA/FUTA	750.00	
Payroll Processing Fees	150.00	
	106 020 40	
Total Payroll Expenses	106,020.18	
Travel	050.05	
Tolls & Parking	250.00	

The Homeless Center for	FY 18/2019	
Strafford County Budget	Budget	
Conference Expenses	500.00	
Mileage	1,500.00	
Total Travel Expenses	2,250.00	
Generator Expense		
TOTAL EXPENSES	156,056.18	
NET INCOME/(LOSS)	\$ (13,749.18)	



SCALE: 348"=1' (2438)
SCALE: 346"=1' (12438)
SCALE: 346"=1' (12438)
DRAWN BY: JAR
DRAW

120 WASHINGTON STREET SUITE 302 ROCHESTER, NH 03867 ~ TEL: (603)332-6551

PROPOSED HOUSING HOMELESS CENTER FOR STRAFFORD COUNTY ROCHESTER, NH 03839

REV1 2018-11-13

REVISION

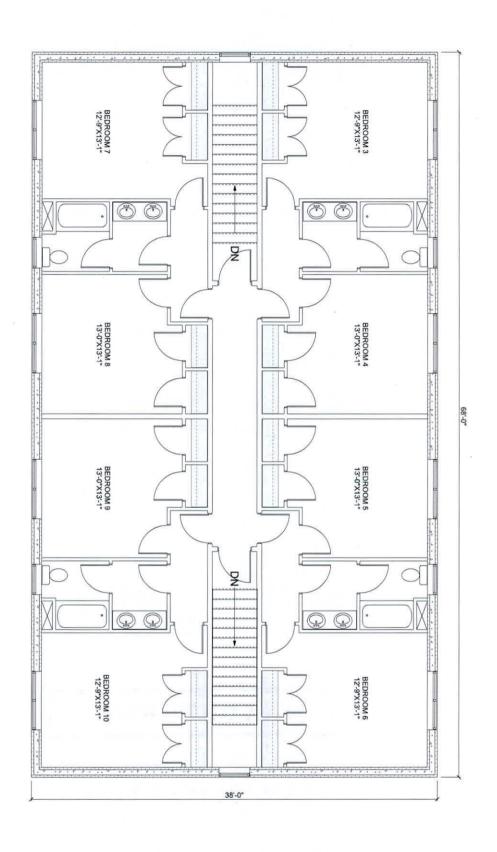
ionceptual Drawing 1

(A2)

MAIN LEVEL PLAN ~ 2584 SF

A3 UPPER LEVEL PLAN ~ 2584 SF

Conceptual Drawing 2





REVISION	REV1 2018-11-13	
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		$\Box \Delta \prec$
	REVISION	REVISION REV1 2018-11-13

PROPOSED HOUSING HOMELESS CENTER FOR STRAFFORD COUNTY ROCHESTER, NH 03839 Submitted by: Submitted by: Authorized Official - signature

Tracy S. Hardekopf, MS, MPP, 8hrm -SCP

Print Name

Executive Director

Print Title

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is

Additional Information:

Option for land purchase to be created after a full environmental scan by the City of Dover CDBG agent, Dave Carpenter

We have contacted Michelle Mears from the City of Rochester and asked her to identify all zoning areas that will allow for a shelter building to be constructed on properties for sale near bus routes and with city water and sewer. The meeting with this city official is taking place in the Month of December 2018.

We have identified four lots within the City of Rochester that are suitable for the Shelter Building.

Option Agreement:

Should the Homeless Center for Strafford County be awarded CDBG funding for this land acquisition. We are willing to enter into an OPTIONS AGREEMENT that would allow the city to reclaim the funds provided for land acquisition should the shelter not be completed by the end of 2022.

The structure of this options agreement would include resale of the land that was acquired with a percentage of the sale equivalent to the percentage of the original funding portions returned to the City of Dover, New Hampshire.



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT INFORMATION					
Organization My Friend's Place Tax ID 02-0407497					
Name of Program or Project Emergency Shelter					
Name of Executive Director Susan M. Ford					
Mailing Address 368 Washington Street, Dover, NH 03820					
Physical Address SAA					
Contact Person Susan M. 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)				
	ed under 570.201(o) Unit of Government				
☐ Faith-based Organization ☐ Institution of Higher Education					
Other (Explain):					
Tax ID # 02-0407497					
*DUNS # 017249801	*SAM Expiration Date 02/05/2018 11/17/19				

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ \$80,000
Provide a <u>very brief</u> 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-4 th grade students. Repair of homeless shelter roof.) Funds will be used for expansion of our current kitchen.
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring")
Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility)
My Friend's Place Emergency Shelter addresses the needs of the homeless in Dover and surrounding communities, by providing shelter and basic necessities as well as case management.
To provide opportunities for those who need access to services
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 368 Washington Street, Dover, NH 03820 (Emergency Shelter)
BENEFICIARIES
Beneficiaries:
For FY2020 (7/1/19 – 6/30/20) 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 This number has been decreased from 50 as last year we did not meet our goal. Our clients are referred to us by a Coordinated Entry program and it is hard to predict where they will be coming from year to year, however we do prioritize the Strafford County area.
For FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 38
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): Yes
If so, how much? \$11,082 for operations and \$40,000 for two facilities projects.
Beneficiary type: ☐ Elderly ☐ Family ☐ Disabled ☒ Homeless ☐ Persons living with AIDS ☐ Other (specify):

NARRATIVE - PUBLIC SERVICE ACTIVITY 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 used to expand our current kitchen facilities. MFP plans to combine the current kitchen area and the full season back porch, installing a second stove/oven and increase its overall food storage space for clients. We currently are housing upwards of 12 family units (22 to 26 people) with one four burner stove and one oven. We currently have only 9 food lockers that are roughly 6 square feet of storage space per family unit. This is smaller than 1 normal storage cabinet in a private residence by ½. This expansion would allow us to increase our food storage space for residents and allow residents to prepare and cook for their families in a more productive and less stressful way. Due to the lack of enough stove space we have to severely limit the amount of time a family/individual has to prep/cook for themselves and their children. Our current kitchen cabinets are over 20 years old and in disrepair or not functional at all and need replacing. We believe that not only would this improve the lives of the clients here it would move MFP closer to its goal of being able to increase the number of overall clients we are able to serve. This funding would allow us to make the most of the space available to us at the moment without actually expanding the current building footprint.

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

NARRATIVE - PUBLIC FACILITY 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

MFP place residents are currently severely limited in the amount of time and space they have available to them for. Food storage, prep space and cooking space and time. This expansion will allow for us to double the amount of cooking resources and space for both prep work and food storage. All residents at MFP are at or below 100% of poverty.

Proposed project starting date:

My Friend's Place will be ready to start the project as soon as funds are available the CDBG process and winning bidder's schedule allows.

Proposed project completion date:

My Friend's Place believes the project can be completed within three months of the scheduled start date. This will require three contractors working schedule to be combined, one for the construction, one for the necessary plumbing work and one for the necessary electrical work.

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

Construction work (including plumbing and electrical) \$38,000

Cabinetry/Countertops/Faucets/Sink \$40,000

Appliances (Stove and Dishwasher) \$2,000

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.

Performance O	UTCOME MEASURES		
Provide the outcomes proposed and the method of measurement	. You may list multiple outcomes.		
Outcome Measurement			
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non- emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that se care from health program.		
Increase the space provided for food storage/prep and consumption by residents at the shelter	Measurement of square footage gained in kitchen, individual food storage space, prep space and cooking space.		

ORGANIZATION

DESCRIPTION OF ORGANIZATION

Please provide a description for the <u>Organization</u> that is undertaking the activity/project. My Friend's Place provides short term emergency shelter for homeless individuals and families. The average stay for a single person is 60-90 days while family's stays are 90 to 120 days. 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? Yes

If yes, please submit most recent Audit.

See Attached

Is your organization evaluated by outside agencies or programs? No

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

BOARD OF DIRECTORS		
Residence (city/town)		
Dover, NH		
Barrington, NH		
Dover, NH		
Rye, NH		
Dover, NH		
Dover, NH		
Durham, NH		

BUDGET

Use box $A \underline{\text{or }} B$ below to provide a budget. Include all proposed expenses.

	Α	B Other Funding	A + B Total Proposed Budget
	Dover CDBG Funds Requested		
TOTAL PROPOSED BUDGET:			

	Α	В	A + B Total Proposed Budget	
	Dover CDBG Funds Requested	Other Funding		
<i>Hard Costs</i> Note: Federal wage rates may a rates estimates.	apply for some projects. Applic	cants are encouraged to obtai	n estimates that reflect wage	
Construction	\$38,000	\$0	\$38,000	
Other (list)				
Purchase/Installation of Cabinetry, Sink, Faucets.	\$40,000	\$0	\$40,000	
Purchase of Stove and Dishwasher	\$2,000	\$0	\$2,000	
Misc Supplies/Unforeseen Conditions	\$0	\$1,000	\$1,000	
Total Hard Costs	\$80,000	\$1,000	\$81,000	
Soft Costs				
Acquisition				
Appraisals				
Design/Engineering				
Other(list):				
Total Soft Costs				
TOTAL PROPOSED BUDGET:	\$80,000	\$1,000	\$81,000	

FUNDING SOURCES

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

Funding Source:	Total Amount (\$):	Committed, Pending or Proposed Amount (\$):
(Name(s) of funding source(s))		

			Committed	
Federal:	HUD and FEMA-	\$5,000	Pending	\$5,000
			Proposed	
			Committed	
State:	SGIA	\$95,912	Pending	\$95,912
			Proposed	
	Cities and Town		Committed	
Local:	Funding outside of	\$3,000	Pending	\$3,000
	CDBG		Proposed	
			Committed	\$24,700
Private:	Donations/Rent/Small Grants and Trusts	\$82,000	Pending	
	Grants and Trusts		Proposed	\$57,300
	6225 PRO HART 25		Committed	\$14,000
United Way	Supportive Services Grant	\$14,000	Pending	,
	Grant		Proposed	
			Committed	\$7,000
Rochester CDBG:	Rochester CDBG	\$7,000	Pending	
*			Proposed	
	Fundraising efforts		Committed	
Other:	(bingo, Holiday Appeal, special	\$95,250	Pending	\$95,250
	events)		Proposed	_
			Committed	\$45,700
Total:		\$302,162	Pending	\$199,162
			Proposed	\$57,300

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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)	
Fundraising	\$1,000	Committed Proposed	\$1,000
Total:	\$1,000		\$1,000

AGENCY BUDGET

Please provide a breakdown of your <u>organization's</u> 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	\$5,000	\$5,000
State Funds	\$95,912	\$90,000
Foundations/Private Contributions	\$62,500	\$62,500
United Way	\$14,000	\$14,000
Fundraising or other income	\$117,750	\$120,450
Other (describe) City of Rochester CDBG	\$7,000	\$7,000
Community Dev. Block Grant (include anticipated request) Dover only	\$11,082	\$16,000
TOTAL REVENUE	313,244	\$314,950
EXPENSES		
Salaries	\$191,346	197,087
Fringe Benefits	22,129	25,000
Supplies (include printing/copying)	23,424	23,424
Travel	1,600	1,600
Training	300	300
Communications	8,320	8,320
Audit	Donated	Donated
Property Maintenance	13,000	13,000
Service Contracts	7,500	7,500
Construction Supplies/Materials	N/A	N/A
Other (describe) Resident Support Services, Utilities	35,500	35,500
TOTAL EXPENSES	303,119	311,231
NET (Income - Expenses)	\$10,125	\$3,719

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:

Authorized Official signature

Date

Print Name

Crima Tialo



NAME:

627 US Route 1 York, ME 03909 Phone 207.363.3004 Fax 207.363.0983 www.atlanticdesignctr.com

Proposal

NAME:	Susan Ford for My Friend's Place	JOBSITE:	Same		
ADDRESS:	368 Washington Street	ACCOUNT:			
	Dover, NH 03820		•		
PHONE(S):	603-749-3017 x4				
JOB NAME:	Kitchen DATE: 3/7/2018				
Item	Description				
Cabinets:	Cabico Essence Cabinetry. Cartago raised panel square door style. Red oak with a standard				
	stain, Peru. Plywood Natural white birch construction, Veneer on finis	hed ends.			
	1-1/4" Full overlay doors with soft-close hinges. Slab drawer front wit	h dovetail full			
	extension undermount soft-close drawer glides. Cabinets have basic of	lesign features;	;		
	cabinets to be hung at 90" above finish floor, 36" ht and 13" in depth.				
	interior shelf with a drawer above. Corner cabinets have shelves in th	ALTONOMICS AND DESCRIPTION OF STREET			
	features 21" deep cabinets with a 5/8" thick finish panel to be field in	stalled. All filler	rs,		
	tall panels, toe kick cover and end panels to be field trimmed. No crow			\$19,500.00	
	tan pariety too mondorer and one pariety to be noted in mineral to de-			720,000.00	
Countertops:	Stainless Steel countertops. Sink bowls are not supplied by fabricator	and must be or	1		
	site at time of template. A 3/4" plywood subrtate is included on all co				
	countertops are made out of 11 Ga type 304 stainless. Welding of cus		ł		
	sinks are included. A full height splash of 30" wide by 36" height, for a				
	behind ranges is also inculded. Pricing includes template and installation				
	with a 3 -4 week lead time from template to delivery.	on by labricate	/1	\$17,000.00	
	with a 3 -4 week lead time nom template to delivery.			\$17,000.00	
Sinks :	Elkay stainless sinks 18 Guage 304 Stainless. Rear drain placement. Dr	ain not include	d.		
	Single Bowl Stainless			\$649.00	
	Double Bowl Stainless.			\$649.00	
				72.0.0	
Faucets:	Kohler Simplice Faucet with pulldown spray Vibrant stainless x2 x \$3	78.00=\$756.00		\$756.00	
Hardware:	Satin Nickel Pull Circus Pull 53702g10 qty 80 X \$6.45 each=516.00			\$516.00	
Labor:	No installation, plumbing, electrical, flooring, decorating or other of		ork is to be		
	provided unless specifically set forth hereir				
•	t to verification on approved design, final cabinet selection, appliances and plumb		total	\$39,070.00	
fixtures. All quot	tes, unless otherwise stated, are subject to change after thirty days. Sales tax wil	be Tax	5.5%		
	calculated based on the rate at the time of final payment.	To	otal	\$39,070.00	
	Customer Appliance Selection: Model Number & size (Appliances NOT supplied	by Atlantic Design	Center)		
Refrigerator	Warming Drawer	Hood			
Range	Microwave	Sink			
Cooktop Wall Oven	Dishwasher	Other Other			
vvali Overi	Compactor	Jotner	-		
	Thank you for the appartunity to earn your bus	inoss			
	Thank you for the opportunity to earn your bus	111622.			
	Cabrina I Minela Dual		Date	<u>.</u>	
	Sabrina L. Wimble-Ruel		Date		



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT INFORMATION				
Organization My Friend's Place Tax ID 02-0407497				
Name of Program or Project Emergency Shelter				
Name of Executive Director Susan M. Ford				
Mailing Address 368 Washington Street, Dover, NH 03820 Physical Address SAA				
Contact Person Susan M. 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)			
∑ 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				
*DUNS # 017249801				

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 13,750
Provide a <u>very brief</u> 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-4 th grade students. Repair of homeless shelter roof.) Funds will be used for installation of a backup generator that will supply the shelter with power for essential services such as heat, hot water, kitchen appliances and lights, should the power go out.
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring")
Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility)
My Friend's Place Emergency Shelter addresses the needs of the homeless in Dover and surrounding communities, by providing shelter and basic necessities as well as case management.
To provide opportunities for those who need access to services
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 368 Washington Street, Dover, NH 03820 (Emergency Shelter)
BENEFICIARIES
Beneficiaries:
For FY2020 (7/1/19 – 6/30/20) 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 This number has been decreased from 50 as last year we did not meet our goal. Our clients are referred to us by a Coordinated Entry program and it is hard to predict where they will be coming from year to year, however we do prioritize the Strafford County area.
For FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 38
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): Yes
If so, how much? \$11,082 for operations and \$40,000 for two facilities projects.
Beneficiary type: Elderly Family Disabled Homeless Persons living with AIDS Other (specify):

NARRATIVE - PUBLIC SERVICE ACTIVITY ONLY

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. Funds will be used to install a cement pad, backup generator and propane tank for the shelter to have power during an electricity outage.

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 emergency food pantry, bath/showers, etc. The services and activities MFP provides are crucial to the clients in order to successfully navigate the path to self-sufficiency. The most basic of these services require power, such as heat, hot water, power for other essential items such as the refrigerators, freezers, stove, etc. In the last decade My Friend's Place has seen power outages that have lasted more than 24 hours, and has required us to close our doors due to lack of heat. My Friend's Place board and staff agree that this is not acceptable, as you know all clients residing at MFP are here because they do not have alternative shelter even for one night, therefore we believe that it is crucial that we are able to offer these needed services 365 days a year, regardless of what Mother Nature may throw at us.

For every client that City Welfare has to put up in a motel, not only cost the city more money than that of a 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.

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

NARRATIVE - PUBLIC FACILITY 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

MFP hopes to install a backup generator to provide power to essential items during a power outage. This will allow MFP to remain open for clients who need it the most regardless of a power outage.

Proposed project starting date:

My Friend's Place will be ready to start the project as soon as funds are available the CDBG process and winning bidder's schedule allows.

Proposed project completion date:

My Friend's Place believes the project can be completed within one month of the scheduled start date. This will require three contractors working schedule to be combined, one for the concrete pad, one for the generator and electrical wiring and one for the propane take needed.

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

Cement Pad to accommodate Generator and Propane Tank \$1,000

Installation of Generator and Wiring needed \$12,000

Installation of Propane Tank \$*750.00 (rough estimate)

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.

Performance Outcome Measures Provide the outcomes proposed and the method of measurement. You may list multiple outcomes.			
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non- emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that seel care from health program.		
Eliminate the number of individuals/families displaced from our shelter due to a power failure.	# of Families/Individuals at the shelter during a power failure/need for the generator to kick on.		

ORGANIZATION

DESCRIPTION OF ORGANIZATION

Please provide a description for the <u>Organization</u> that is undertaking the activity/project. My Friend's Place provides short term emergency shelter for homeless individuals and families. The average stay for a single person is 60-90 days while family's stays are 90 to 120 days. 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? Yes

If yes, please submit most recent Audit.

See Attached

Is your organization evaluated by outside agencies or programs? No

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

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	
Estelle Lewis, Member	Dover, NH	
Jennifer Stevens, Member	Rye, NH	
Patrick Coleman, Member	Dover, NH	
Alicia McLaughlin, Member	Dover, NH	
John Lewis, Esq., Member	Durham, NH	

BUDGET

Use box $A \underline{\text{or }} B$ below to provide a budget. Include all proposed expenses.

	Α	В	A + B	
	Dover CDBG Funds Requested Other Funding		Total Proposed Budget	
Hard Costs Note: Federal wage rates may a rates estimates.	apply for some projects. Applie	cants are encouraged to obtain	n estimates that reflect wage	
Construction	N/A	N/A	N/A	
Other (list) Installation of Cement Pad	\$1,000	\$0	\$1,000	
Purchase/Installation of Generator	\$12,000	\$0	\$12,000	
Installation of Propane Tank	\$750	\$0	\$750	
Misc Supplies/Unforeseen Conditions	\$0	\$1,000	\$1,000	
Total Hard Costs	\$13,750	\$1,000	\$14,750	
Soft Costs				
Acquisition				
Appraisals				
Design/Engineering				
Other(list):				
Total Soft Costs				
TOTAL PROPOSED BUDGET:	\$13,750	\$1,000	\$14,750	

FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed for this project, if

any. Do not include Dover CDBG amount requested.

Funding Source: (Name(s) of funding source(s))		Total Amount (\$):	Committed, Pending or Proposed Amount (\$):	
			Committed	
Federal:	HUD and FEMA-	\$5,000	Pending	\$5,000
			Proposed	
			Committed	
State:	SGIA	\$95,912	Pending	\$95,912
			Proposed	
	Cities and Town		Committed	
Local:	Funding outside of	\$3,000	Pending	\$3,000
	CDBG		Proposed	
			Committed	\$24,700
Private:	Donations/Rent/Small Grants and Trusts	\$82,000	Pending	
	Grants and Trusts		Proposed	\$57,300
			Committed	\$14,000
United Way	Supportive Services Grant	\$14,000	Pending	
	Grant		Proposed	
			Committed	\$7,000
Rochester CDBG:	Rochester CDBG	\$7,000	Pending	
			Proposed	
	Fundraising efforts		Committed	
Other:	(bingo, Holiday Appeal, special	\$95,250	Pending	\$95,250
	events)		Proposed	
			Committed	\$45,700
Total:		\$302,162	Pending	\$199,162
			Proposed	\$57,300

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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed A	Amount (\$)
Fundraising	\$1,000	Committed Proposed	\$1,000
Total:	\$1,000		\$1,000

AGENCY BUDGET

Please provide a breakdown of your <u>organization's</u> 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	\$5,000	\$5,000
State Funds	\$95,912	\$90,000
Foundations/Private Contributions	\$62,500	\$62,500
United Way	\$14,000	\$14,000
Fundraising or other income	\$117,750	\$120,450
Other (describe) City of Rochester CDBG	\$7,000	\$7,000
Community Dev. Block Grant (include anticipated request) Dover only	\$11,082	\$16,000
TOTAL REVENUE	313,244	\$314,950
EXPENSES		
Salaries	\$191,346	197,087
Fringe Benefits	22,129	25,000
Supplies (include printing/copying)	23,424	23,424
Travel	1,600	1,600
Training	300	300
Communications	8,320	8,320
Audit	Donated	Donated
Property Maintenance	13,000	13,000
Service Contracts	7,500	7,500
Construction Supplies/Materials	N/A	N/A
Other (describe) Resident Support Services, Utilities	35,500	35,500
TOTAL EXPENSES	303,119	311,231
NET (Income - Expenses)	\$10,125	\$3,719

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:

Authorized Official - signature

Date

Print Name

Print Title

MARTINEAU ELECTRIC, INC.

INDUSTRIAL*COMMERCIAL*RESIDENTIAL
165 Industrial Park Drive
Dover, NH 03820
TEL 603/742-0677*FAX 603/742-5039
www.martineauelectric.com



11/14/2017

PROPOSAL #17-639

My Friends Place Susan Ford 368 Washington Street Dover NH 03820 Job Name / Location: 20KW Generator budget Dover, NH

Material and labor for the following:

- 1. Install (1) 20KW single phase generator on right side of house
- 2. Install (1) 200Amp NEMA 3R automatic transfer switch service entrance rated
- 3. Cut over existing power feed and panel feed to new transfer switch

INCLUSIONS:

- 1. Labor and material
- 2. Coordination
- 3. Permit

EXCLUSIONS:

- 1. Unforeseen conditions
- 2. Gas hook up by others
- 3. Trenching and stone pad by others
- 4. Any change in scope of work will be done at Time and Material

WE PROPOSE hereby to furnish material and labor complete in accordance with the above specifications for the sum of Eleven thousand one hundred seventy five dollars

Total

\$11,175.00

Payment to be made as follows: Net	30 Days.
Autho	or: John DeMatteo
This proposal may be withdrawn if not accepted with	
Da	e:
Acceptance of Proposal - Signature	e:
Printed Name & Tit	e:



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT INFORMATION			
Organization The Strand Ballroom Corporation	Tax ID 82-2613766		
Name of Program or Project Make enterance doors ADA cor	mpliant		
Name of Executive Director Daniel Demers			
Mailing Address 20 Third St Dover NH 03820			
Physical Address Same			
Contact Person Daniel Demers Phone 603 343-1899			
E-Mail Dan@thestranddover.com	Website www.thestranddover.com		
Please Identify the Type of Organization Applying for Funds (Note	: More than one may apply)		
∑ 501(c)(3) ☐ For-profit authorized under 570.201(o) ☐ Unit of Government			
☐ Faith-based Organization ☐ Institution of Higher Education			
Other (Explain):			
Tax ID #82-2613766			
*DUNS #83-716-4847	*SAM Expiration Date		

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

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 activity or project 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.) Funds for ADA compliance of front enterance doors from 32" to 36" opening
Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring") Removal of architectural barriers to allow increase handicapped accessibit Specific Objective (i.e. Removal of architectural barriers to allow increased handicapped accessibility)
specific objective (i.e. nemoval of architectural burners to allow increased natival appearances sibility)
PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made.
20 Third St Dover, NH 03820
BENEFICIARIES
Beneficiaries:
For <u>FY2020</u> (7/1/19 – 6/30/20) 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): NA
For FY2018 (7/1/17 – 6/30/18) 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 FY2019 (7/1/18 – 6/30/19): No If so, how much?
Beneficiary type: ☐ Elderly ☐ Family ☑ Disabled ☐ Homeless ☐ Persons living with AIDS
Other (specify): High school and anyone who would like to perform with no place to go
Narrative – Public Service Activity Only
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.
Please indicate who prepared the overall cost estimate for the activity or project.

NARRATIVE - PUBLIC FACILITY PROJECT ONLY

Please provide the following information for the proposed Project....not the Organization:

Describe the nature of the project: Install ADA compliant door with electric opener and button

Describe how the project will ultimately benefit Dover low-moderate income individuals: Will Benefit everyone

Proposed project starting date: May 2019

Proposed project completion date: June 2019

Provide a total project cost broken down by major phases of the project (i.e. 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 O	UTCOME MEASURES
Provide the outcomes proposed and the method of measurement	t. You may list multiple outcomes.
Outcome	Measurement
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non- emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that seel care from health program.

ORGANIZATION

DESCRIPTION OF ORGANIZATION

Please provide a description for the Organization that is undertaking the activity/project.

We are a venue for performing arts and entertainment

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit? no

If yes, please submit most recent Audit.

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)			
Daniel Demers	Greenland, NH			
Melissa Bigelow	Greenland, NH			
Aaron Vezeau	Milton, NH			
Eric Lewis	Freemont, NH			
<u> </u>				

BUDGET

Use box $A \underline{\text{or }} B$ below to provide a budget. Include all proposed expenses.

	A	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies			
Utilities	\$12,000	TW.	
Repairs/Maintenance		and the second	
Travel		13-1-12	
Salaries (List relevant positions)			
the seed			
4			
			12
Other: Rent/morgage	\$36,000	The second second	
		3	
TOTAL PROPOSED BUDGET:	\$48,000		

	A	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Hard Costs Note: Federal wage rates may	apply for some projects. App	licants are encouraged to ol	otain estimates that reflect wag
rates estimates.			
Construction			
Other (list)			
Table 17 Miles			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
777			
Total Soft Costs			
		· · · · · · · · · · · · · · · · · · ·	
TOTAL PROPOSED BUDGET:			

FUNDING SOURCES

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

Funding Source: (Name(s) of funding source(s))	Total Amount (\$):	Committed, Pending or Proposed Amount (\$):	
ration.		Committed	
Federal:		Pending Proposed	
Visit in the second of the second		Committed	
State:		Pending	
		Proposed	
		Committed	
Local:		Pending	
		Proposed	
		Committed	
Private:		Pending	
		Proposed	
		Committed	
Portsmouth CDBG:		Pending	
		Proposed	
		Committed	
Rochester CDBG:		Pending	
	3	Proposed	
		Committed	
Other:		Pending	
		Proposed	
		Committed	
Total:		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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)	
		Committed Proposed	
Total:			

AGENCY BUDGET

Please provide a breakdown of your <u>organization's</u> 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 Jan to Dec	Current Year	Next Year (projected)	
REVENUES	0	0	
Federal Funds	0	0	
State Funds	0	0	
Foundations/Private Contributions	28,000	30,000	
United Way	0	0	
Fundraising or other income	0	0	
Other (describe) Ticket sales and Rental	50,000	100,000	
Community Dev. Block Grant (include anticipated request)	0	0	
TOTAL REVENUE	78,000	130,000	
EXPENSES			
Salaries	0	0	
Fringe Benefits	0	0	
Supplies (include printing/copying)	2,400	3,500	
Travel	0	0	
Training	500	500	
Communications	0	0	
Audit	0	1,500	
Property Maintenance	1,200	2,000	
Service Contracts Dumpster	4,179	4,000	
Construction Supplies/Materials	1,478	1,000	
Other (describe) rent/morgage	18,000	27,000	
TOTAL EXPENSES	27,757	39,500	
NET (Income - Expenses)	50,243	90,500	

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

SI	hr	nitt	ha	hy

11/10/2018

Date

Daniel Denves

Print Name

President / owner

Print Title



186 South Main St. Rochester, NH 03867 (603) 332-1385 Phone (603) 332-1388 Fax

Proposal

Proposal Submitted To: The Strand Quote #: R9-11186 Job Name: The Strand

Date: 1/3/2019

We hereby submit specifications and estimates for:

Furnish and Install:

- One (1) EFCO 403 Storefront frame sized approximately 165" x 108" to include Two
 (2) EFCO 402 Door frames with a 6'0" x 7'0" EFCO T200 Narrow Stile Door w/ a
 Transom. See elevation 'SF1' for size and configuration. Door hardware as follows:
 - One and a half pair butt hinges (clear anodized)
 - Falcon 1690 CVR panic w/ exterior keyed cylinder at active leaf (black)
 - o Falcon 1690 CVR panic exit only at inactive leaf (black)
 - Ultraline 1" diameter offset pull (clear anodized)
 - Falcon SC60 surface mounted closer (aluminum)
 - o Bottom door sweep (clear anodized)
 - o 1/2" x 4" threshold (mill)
- · Door and frame finish to be EFCO Clear Anodized.
- Glazing to be 1" clear insulated units w/ Energy Advantage Low-E on the #3 surface, tempered where required.
- · Caulking to be Dow Corning CWS, color to match.

Exclusions:

Wood blocking at head and jambs
Finish, final cleaning
Breakage by others
Protection of materials once installed
Materials not noted herein
Lead paint abatement
Brake metal
Hook up of electrical hardware

For the Above Work:

Twelve Thousand Four Hundred Seventy-Five Dollars and 00/100 (\$12,475.00)

Payment to be made as follows: 50% down, remaining upon completion.

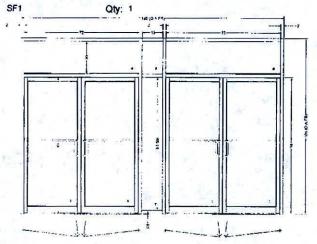
ADD ALTERNATE #1: (PER LEAF)
One Horton 7100 Automatic Operator w/ 2 wireless wall switches.

For the Above ADD ALTERNATE #1:

Two Thousand One Hundred Forty-Five Dollars and 00/100 (\$2,145.00/PER LEAF)

All material is guaranteed to be as specified. All work to be compractices. Any alteration or deviation from above specifications in orders, and will become an extra charge over and above the estimated accidents or delays beyond our control. Owner is responsible to workers are fully covered by Workman's Compensation Insurance.	involving extra costs will be executed only upon written imate. All agreements are contingent upon strikes, carry fire, tornado and other necessary insurance. Our
Authorized Signature Granite State Gl. Mike Sylvain - Man	
Note: This proposal may be withdrawn by us if not	accepted within <u>30</u> days.
Acceptance of Proposal - The above prices, speci are hereby accepted. You are authorized to do the outlined above.	fications and conditions are satisfactory and work as specified. Payment will be made as
Signature	Date of Acceptance

Project Name - R9-11186 The Strand



Date: 1/3/2019 3:00:38 PM

Report Provided Courtesy of Glazier Studio - 5.0.0.40

Page: 1 Of 1

Keefe Elec Tric 24 common 57. ROCHESTER NH 03867, 603-702-358695616
CUSTOMER'S ORDER NO. DEPARTMENT IDATE. DATE 1-5-19 Day at the STrund Theater ADDRESS # 20 Thirds T. CITY, STATE, ZIP DOVER NH. 03820 ON. ACCT. MDSE, RETD. PAID OUT QUANTITY DESCRIPTION PRICE AMOUNT PerPogall For Hundicap Door OPener Power and 3 Control Job. - 45:40 Front Power Panel - Coordinate with Door Canpay Bring Power to oPener Motor Ruy Push Button OPENEr Contral Wires Pan Permit - Schanninspection. Total 3,200.00 RECEIVED BY

A-5805 T-46320/46350

KEEP THIS SLIP FOR REFERENCE

N1-1



CDBG APPLICATION

CITY OF DOVER, NH COMMUNITY DEVELOPMENT BLOCK GRANT FY2020

APPLICANT INFORMATION					
Organization Annie E Woodman Institute, dba Woodman Museum Tax ID 02-223356					
Name of Program or Project ADA Accessibility Improvements to Ke					
Name of Executive Director Dave Tompkins					
Mailing Address PO Box 1916 Physical Address 182 Central Ave Dover, NH 03820					
Contact Person Dave Tompkins	Phone Office 603-742-1038				
E-Mail director@woodmanmuseum.org	Website www.woodmanmuseum.org				
Please Identify the Type of Organization Applying for Funds (Note:	More than one may apply)				
X 501(c)(3)					
☐ Faith-based Organization ☐ Institution of Higher	Education				
Other (Explain):					
Tax ID # 02-0223356					
*DUNS # 171674245	*SAM Expiration Date 12/12/19				

^{*} Important notice regarding new mandatory federal reporting requirements: The Federal Funding Accountability and Transparency Act requires sub-recipients receiving federal funds to register with Dunn and Bradstreet to obtain a DUNS number and complete or renew their registration in the System for Award Management (SAM). For information on how to obtain a DUNS number and register in SAM please visit https://fedgov.dnb.com/webform and https://www.sam.gov/portal/SAM/##11. Completing these registration processes is free, but may take up to 15 days to complete. The city will not commit funds without this information.

ACTIVITY or PROJECT INFORMATION

human services.

Activity or Project Information Amount of Dover CDBG funds requested for activity/project: \$ 2,360 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.) Design funding for ADA accessibility for Keefe Carriage House. Identify the Dover Consolidated Plan "Specific Objective" that will be met by the proposed activity/project (page 3 of "CDBG Application: Overview & Scoring") Specific Objective: Removal of architectural barriers to allow increased handicapped accessibility.

PROJECT LOCATION	
Location(s) where services will be provided or physical improvements will be made. Dover, NH 03820.	Keefe Carriage House, 15 Summer Street

Specific Objective: To provide increased opportunities to residents of the City who require education, health, recreation and related

BENEFICIARIES			
Beneficiaries:			
For FY2020 (7/1/19 – 6/30/20) 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): 5,000			
For FY2018 (7/1/17 – 6/30/18) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 3,600			
Were Dover CDBG funds used to fund this activity or project in FY2019 (7/1/18 – 6/30/19): The Woodman was awarded CDBG funds for ADA compliant bathroom and ramps to the Woodman House and ADA ramps to the Hale House rear door and the Dame Garrison.			
If so, how much? \$122,000			
Beneficiary type: Elderly Family Disabled Homeless Persons living with AIDS			
Other (specify):			

NARRATIVE - PUBLIC SERVICE ACTIVITY ONLY

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. The Woodman Museum proposes to develop the design for ADA accessibility to the Keefe Carriage House. This building is the final structure on the campus that requires ADA accessibility. The design will allow for cost estimates needed for future CDBG funding requests.

Once the projects are complete, all resents of Dover, including low-to-moderate income individuals, will benefit greatly from exposure to our shared material culture and history, whether they visit on the museum's 'Dover Free Days' or on other occasions such as exhibit openings, school trips, or other programmed opportunities. Studies demonstrate, as the Children's Museum of New Hampshire and other museums have shown, that cultural context can be a behavior modifier. If we make ourselves relevant to groups such as low-moderate income families, physically and mentally-challenged individuals, Alzheimer patients and their families, and underserved populations. Our physical setting, our volunteer docents, and our anticipated technology innovations can all be put in the service of underserved and/or marginalized individuals and families as well as general public.

Please indicate who prepared the overall cost estimate for the activity or project. Qualified individuals have prepared cost estimates: architects, engineers, museum staff and volunteers.

NARRATIVE - PUBLIC FACILITY 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:

Proposed project starting date:

Proposed project completion date:

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

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.

Performance Outcome Measures Provide the outcomes proposed and the method of measurement. You may list multiple outcomes.			
			Outcome Measurement
Ex. Decrease in number of "latch-key kids" Ex. Decreased dependence on emergency care facilities for non- emergency care of low/mod adults	Ex. # of children who participate in afterschool program Ex. Increase in number of low/mod income residents that seek care from health program.		
Full access to the first floor of the Keefe House and Keefe Carriage House.	Number of visitors who visit newly created access to facilities and exhibits.		

ORGANIZATION

Please provide a description for the <u>Organization</u> that is undertaking the activity/project. The Woodman Institute Museum was founded in 1916 by a Trust set up by Annie E. Woodman to "Engage minds. Ignite curiosity. Provoke thought. Educate, excite, and inspire current future generations about Dover, New Hampshire's role in a changing nation by preserving and exhibiting objects of historic significance, decorative and fine art, and natural science that connect Dover and its citizens to local, national, and world events."

The programs which will use the improvements are all of the visitor and outreach programs of the Museum. There are several thousand persons who visit the grounds each year (this year's attendance figures may well top 5,000- compared to last year's 3,600) to visit the displays and/or attend special programs for veterans, antique car lovers, history buds, art enthusiasts, decorative arts and natural science visitors. In addition, school groups from the surrounding communities routinely visit the museum as part of their history curricula; for instance, the Woodman hosts visits from every third-grader in Dover schools. Additionally, we are in our second year of interdisciplinary middle school project relating history, language arts, and art. All of these groups have the potential for including individuals with access limitations.

AUDIT AND EVALUATION

Does your organization have an annual CPA Audit? no

If yes, please submit most recent Audit.

Is your organization evaluated by outside agencies or programs? yes

If yes, please note the agency/program and how often the evaluation occurs. The Museum was created by a Trust from Annie E. Woodman. The Probate Court of Strafford County still administers the Trust and annually oversees and approves all major decisions of the Board.

BOARD OF DIRECTORS				
Name	Residence (city/town)			
David Dupont, Chair				
Mark Speidel				
Barbara Dunnington				
Grover Tasker				
John Burns				
Cathy Beaudion				
Douglas Steele II				
Periklis Karoutas				
Amanda Nelson				

BUDGET

Use box $A \underline{\text{or }} B$ below to provide a budget. Include all proposed expenses.

	Α	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies			0
Utilities	n/a		n/a
Repairs/Maintenance	n/a		n/a
Travel	n/a		n/a
Salaries (List relevant positions)			
	n/a		n/a
	_		
Other:			

B. Public Facilities: (Project)		The televenter	
	A	В	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
<i>Hard Costs</i> <u>Note</u> : Federal wage rates may rates estimates.	apply for some projects. Appli	cants are encouraged to ob	tain estimates that reflect wage
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering	\$2,360		
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:	\$2,360		

FUNDING SOURCES

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

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

	Proposed	
	Committed	
Portsmouth CDBG:	Pending	
	Proposed	
	Committed	
Rochester CDBG:	Pending	
	Proposed	
	Committed	
Other:	Pending	
	Proposed	
	Committed	
Total:	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)	Total Amount (\$) to be Contributed by Parent Organization	Committed or Proposed Amount (\$)
		Committed
		Proposed
Total:		

AGENCY BUDGET

Please provide a breakdown of your <u>organization's</u> 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 1st to December 31st	Current Year 2018	Next Year (projected) 2019
REVENUES		
Federal Funds LCHIP	\$3,000	\$3,000
State Funds		
Foundations/Private Contributions	\$6,000	\$6,000
United Way		
Fundraising or other income	\$67,669	\$120,000
Other (describe)	\$84,670	\$130,000
Community Dev. Block Grant		
(include anticipated request)	\$95,357	\$2,360
TOTAL REVENUE	\$256,969	\$261,360

EXPENSES		
Salaries	\$76,432	\$150,800
Fringe Benefits		
Supplies (include printing/copying)	\$9,556	\$10,000
Travel		
Training	\$1,506	\$1,500
Communications	\$8,027	\$15,000
Audit		
Property Maintenance	\$27,468	\$30,000
Service Contracts CDBG Expense	\$95,357	\$2,360
Construction Supplies/Materials		
Other (describe) Professional Exp/ Accountant, Gift Shop, Inventory. Artifact Display & Pres. Special Events/Programs, Non-		
personnel expenses, Other exp/insurance	\$66,213	\$50,000
TOTAL EXPENSES	\$284,559	\$259,660
NET (Income - Expenses)	-\$27,863	\$1,700

By signing below, the Authorized Official affirms: The organization's commitment to implement the proposed activity/project; that all information presented is true and accurate to the best of their knowledge; and he/she is authorized to submit this application;

Submitted by:

Authorized official – signature

1)/19/18 Date

Dave Tompkins

Print Name

Executive Director

Print Title

WALTER ROUS . DESIGNER MULDER . ADAMS POINT ROAD . DURHAM, NH 03824 David Thompkins, Executive Director 11/7/18 Woodman Institute 182 Contral avenue Dover, NH 03820 Proposal for design and construction drawings. for wheel chair access to the Rafe House Carriage Ban Basulous . research power actuated door aption. (sliding we swinging) which patisfy ADA, IBC, and NFFA code · Sketch new door for approval by owner · Construction drawings showing door frame; and closure dimension and detailing, and hardware specifications Site flam . measure local site features and devations 3/2 from Summer Street to the barn entrance · present schematic plan and parement options for approval by owner · construction drawings showing walkway plan and detailing, protection of landmark tree, and extent of level platform at doorway 8 Two meetings × \$80/hr. \$ 2,360 Billing will be at #80/home, with an upper limit of \$ 2,360. Thanks for the opportunity. haltos Cons

Section 5

Staff Memos & Adopting Resolution

To: Planning Board From: Dave Carpenter Date: January 15, 2019 Re: FY20 Action Plan

ISSUE:

FY20 Action Plan

INTENT:

This memo will provide an overview of the attached proposed FY20 Actin Plan.

GOAL:

Recommend approval of the FY20 Action Plan to the City Council.

ATTACTCHED:

Proposed FY20 Action Plan.

BACKGROUND

CONSOLIDATED PLAN

In 2015, the City adopted a 5-year Consolidated Plan as mandated by HUD requirements. This 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 Consolidated Plan includes the Goal and Specific Objectives provided below. Funded activities must meet the Goal and one of the Specific Objectives.

Goal Statement

The City of Dover has articulated a goal of creating a viable urban environment through the improvement of housing and employment opportunities for low and very low income people and through improving and/or expanding public facilities and services.

Specific Objectives:

- 1. To provide increased opportunities to residents of the City who require education, health, recreation, housing and related human services.
- 2. To weatherize and improve the older housing stock of the City, especially for persons of low and very low income.
- To plan and construct public improvements in areas populated by or used predominately by low and very low income persons.
- 4. To provide increased employment opportunities for low and very low income persons, with a focus on access to transportation.
- 5. Removal of architectural barriers to allow increased handicapped accessibility.

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 and that the proposed Activities comply with one of HUD's National Objectives.

National Objectives:

- Benefiting low- and moderate-income persons,
- Preventing or eliminating slums or blight, or
- Meeting 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.

FY 2020 ACTION PLAN

The attached Action Plan (Red Binder) provides the following:

- Section 1: CDBG Program Description
- Section 2: Funding Sources, Funding Formulas and Proposed Funding by Category
- Section 3: Funding Requests Summary
- Section 4: Funding Recommendations and Applications

FINAL ACTION PLAN

This is the fifth and final Action Plan of the current Consolidated Plan. Beginning this winter, Staff will begin the process of developing the FY21 – FY25 Consolidated Plan. This will be a public process that will seek input from agencies, organizations, individuals and the business community. The next Action Plan (FY21) will be adopted concurrent with the next Consolidated Plan.

CITY OF DOVER: PUBLIC FACILITY and ECONOMIC DEVELOPMENT ACTIVITIES

The City of Dover received numerous applications for Public Services and Public Facilities projects. Those applications, along with funding recommendations, are found in the FY20 Action Plan. The following Activities are proposed by the City of Dover and are also included in the FY20 Action Plan:

City Of Dover - Bus Shelter, Sidewalk & Pedestrian Improvements: \$100,000.00

The FY19 Action Plan included the Maglaras Park activity at \$100,000.00. Staff is recommending that this Activity be "closed" and the funds for that Activity be reallocated to a Bus Shelter, Sidewalk & Pedestrian Improvements Activity in the FY20 Action Plan. Eligible projects include new sidewalk, sidewalk tip-downs, bus stop/shelter improvements, and similar projects. Sidewalk projects could include the anticipated Whittier Street sidewalk, while other potential projects include end-of-sidewalk tip downs in locations where they do not currently exist and improvements to current and proposed bus stops such as the placement of ADA compliant Bus Shelters.

City Of Dover - Economic Development Activities: \$25,000.00

Staff is recommending that \$25,000.00 be allocated to an economic development pilot program. The funds would be used to provide business counseling related services and "start-up" grants to qualifying individuals. In the event that a suitable organization/agency cannot be hired to provide the services, the funds would then be added to the DELP loan pool.

COST ESTIMATES

We typically require three cost estimates for proposed Public Facility funded projects. Staff can confirm that applicants have sought to comply but have been unable to do so. As such, staff has worked with the applicants to do what we can to recommend an appropriate level of funding. In certain instances, staff is recommending an allocation that is greater than the amount proposed by the applicant. This is to assure that we have done our best to avoid a situation where we have underfunded a project resulting in both the project and its funding being placed on "hold".

In the event that a Activity is completed and does not use the entire allocation, the Contingency Funding Allocations Plan will allow the staff to utilize those funds for other approved projects as necessary.

CONTINGENCY FUNDING ALLOCATIONS PLAN (CFAP)

The CFAP is a tool recommended by HUD to allow for the timely processing of the Annual Action Plan. Without the CFAP, the City would have to wait until HUD has identified our actual FY20 grant amount before completing the local adoption process. Notification of actual grant amount is not likely to occur until late spring which makes it difficult for Dover to comply with other mandatory deadlines.

The CFAP identifies how the approved allocations will be adjusted in the likely event that the FY20 grant amount is greater or less than the estimated grant amount. Additionally, the CFAP identifies how unanticipated funds such as DELP loan lump sum payoffs, or unused allocations, can be utilized. Lastly, it will indicate how the Economic Development Pilot Program funds will be utilized in the event that this program does not materialize.

STAFF RECOMMENDATION - FY20 ACTION PLAN

Staff asks that the Planning Board:

- Review the proposed FY20 Action Plan and conduct a public hearing to receive input on the Plan.
- Find that the Plan is consistent with both the City of Dover Consolidated Plan & HUD National Objectives.
- Recommend approval of the FY20 Action Plan to the City Council.

To: Planning Board From: Dave Carpenter Date: February 7, 2019 Re: FY20 Action Plan

ISSUE:

FY20 Action Plan – Public Service Allocations

INTENT:

This memo will provide an update to proposed Public Service allocations for the proposed FY20 Actin Plan.

GOAL:

Recommend approval of the FY20 Action Plan to the City Council.

ATTACTCHED:

CDBG Fund Allocation & Contingency Funding Allocations Plan FY20

BACKGROUND

The total amount of funding that can be allocated for Public Services (PS) is set by HUD at 15% of the anticipated grant amount for the next year (FY20) and 15% of the known Program Income (PI) for the prior year (FY18). These amounts are:

- \$290,000.00 (Anticipated)
- \$142,371.00 (Actual FY18 PI)

However, when FY20 is completed, the 15% figure will be based on the actual FY20 grant amount and the actual FY19 PI. Staff anticipates that the FY19 PI will be significantly less than what was received in FY18. See the following:

Actual FY18 PI: \$142,371.00
 Anticipated FY19 PI: \$11,068.00

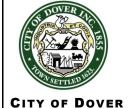
As such, we have revised the PS allocations in the "CDBG Fund Allocation" sheet to account for the significant difference in PI from FY18 to FY19. The "Contingency Funding Allocations Plan" has also been modified to allow the final PS allocations to be adjusted upward if the FY20 Grant and/or the FY19 PI turns out to be greater than currently anticipated.

Lastly, the only other change to proposed allocations is to the "City of Dover - Bus Shelter, Sidewalk & Pedestrian Improvements" project from \$100.000.00 to \$120,000.00 as a result of changes above.

STAFF RECOMMENDATION - FY20 ACTION PLAN

Staff asks that the Planning Board:

- Review the proposed FY20 Action Plan.
- Find that the Plan is consistent with both the City of Dover Consolidated Plan & HUD National Objectives.
- Recommend approval of the FY20 Action Plan to the City Council.



Agenda Item#: 12.C.2.

Resolution Number: R - 2019.02.27 - 029

Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

WHEREAS: The City of Dover will have available funds for appropriation from the FY2020 CDBG

Entitlement year, including program income; and

WHEREAS: The Planning Department is required by HUD to prepare, and the Governing Body adopt

the "Action Plan" which is a needs assessment and detailed expenditure plan for the use of Community Development funds in meeting the needs of 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: 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;

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

The Action Plan is adopted and the City Manager is authorized to enter into sub-recipient contracts as part of this Annual Plan for expenditure of FY2020 Community Development

Block Grant funds.

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

Should Congress adopt a budget that results in a grant amount that is different than anticipated in the Action Plan, or should the return to fund pool amounts be different than anticipated 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.

Note: To be referred to public hearing and vote on March 13, 2019.

Financing		
Estimated Revenue		
Account	Description	Appropriation
2100.1.180.46311.3311.06311.19.000.000.R30	Federal Grant	\$290,000.00
2100.1.180.46311.3421.06311.19.000.000.R40	School Street Parking Income	\$4,260.00
2100.1.180.46348.3592.06360.19.000.000.R50	Welfare Deposit Returns	\$1,000.00
2125.1.180.46525.3933.00000.00.000.000.R90	DELP FY2019 Revolving Loan Income	\$5,808.00
2125.1.180.46525.3933.00000.00.000.000.R90	DELP FY2018 Revolving Loan Income	\$139,979.00
TOTAL		\$ <mark>441,047.00</mark>

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Resolution Number: R - 2019.02.27 - 029

Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

Financing Appropriations		
Account	Description	Appropriation
2100.1.180.46348.4835.06367.19.000.000.800	AIDS Response	\$6,000.00
2100.1.180.46348.4835.06333.19.000.000.800	Community Partners	\$5,000.00
2100.1.180.46348.4835.06377.19.000.000.800	Cross Roads House	\$7,300.00
2100.1.180.46348.4835.06360.19.000.000.800	Dover Welfare	\$5,500.00
2100.1.180.46348.4835.06361.19.000.000.800	HAVEN (A Safe Place)	\$4,200.00
2100.1.180.46348.4835.06380.19.000.000.800	Homeless Center for Strafford County	\$6,000.00
2100.1.180.46348.4835.06342.19.000.000.800	My Friend's Place	\$10,000.00
2100.1.180.46341.4835.063xx.19.000.000.800	Business Counseling & Grant Program	\$25,000.00
2100.1.180.46323.4835.06335.19.000.000.800	CAP (Weatherization)	\$29,333.00
2100.1.180.46341.4835.063xx.19.000.000.800	Woodman Museum	\$2,500.00
2100.1.180.46341.4835.063xx.19.000.000.800	MFP Kitchen Project	\$100,000.00
2100.1.180.46341.4835.063xx.19.000.000.800	MFP Generator Project	\$15,000.00
2100.1.180.46341.4835.063xx.19.000.000.800	Strand Ballroom	\$25,000.00
2100.1.180.46341.4835.063xx.19.000.000.800	Homeless Shelter Improvements and Property Acquisition	\$100,000.00
2100.1.180.46341.4835.063xx.19.000.000.800	Bus Shelter, Sidewalk & Pedestrian Improvements	\$20,000.00
2100.1.180.46311.4110.06311.19.000.000.800	CDBG Administration	\$58,000.00
2100.1.180.46525.4110.06621.19.000.000.800	DELP Servicing	\$15,000.00
2100.1.180.46341.4110.06314.19.000.000.100	Public Facilities ADC	\$2,214.00
2100.1.180.46323.4110.06314.19.000.000.100	Weatherization ADC	\$5,000.00
TOTAL		\$ <mark>441,047.00</mark>

AUTHORIZATION

Approved as to Funding: Daniel R. Lynch Sponsored by: Mayor Karen Weston

Finance Director By Request

Approved as to Legal Anthony Blenkinsop Form and Compliance: City Attorney

Recorded by: Sue Mistretta

City Clerk

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Agenda Item#: 12.C.2.

Resolution Number: R - 2019.02.27 - 029

Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

DOCUMENT HISTORY:

First Reading Date: 02/27/2019 Public Hearing Date: 03/13/2019
Approved Date: 03/13/2019 Effective Date:

DOCUMENT ACTIONS:

Deputy Mayor Carrier moved for its adoption; seconded by Councilor Shanahan. Roll Call Vote: 8/0.

VOTING RECORD		
Date of Vote: 03/13/2019	YES	NO
Mayor Karen Weston	X	
Deputy Mayor Robert Carrier, At Large	X	
Councilor Michelle Muffett-Lipinski, Ward 1	X	
Councilor Dennis Ciotti, Ward 2	X	
Councilor Deborah Thibodeaux, Ward 3	X	
Councilor Marcia Gasses, Ward 4	X	
Councilor Dennis Shanahan, Ward 5	X	
Councilor Matthew Keane, Ward 6	Absent	
Councilor Lindsey Williams, At Large	X	
Total Votes:	8	0
Resolution does pass.		



Agenda Item#: 12.C.2.

Resolution Number: **R - 2019.02.27 – 029**

Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

RESOLUTION BACKGROUND MATERIAL:

Following is a brief synopsis of Dover's Community Development Block Grant Program, the Goal and Objectives of the Community Development Program, the available funds for this year's Action Plan and description of the agencies, organizations and Planning Department's use of requested funds.

The City of Dover is an Entitlement Community. As such, the City receives CDBG funds directly from HUD rather than applying through the State. To help determine how the funds should be allocated, the City developed a 5-year Consolidated Plan. The Plan was built with guidance from the community and serves as a road map for CDBG funding allocations. The Plan includes a ranking (low, medium, high) of the objectives listed in the Plan. Dover is entering year 5 of the Plan.

To be eligible for CDBG funding, proposed activities must comply with the Goal, and at least one of the five Objectives, found in Dover's Consolidated Plan. Additionally, the activities must achieve one of HUD's 3 National Objectives: 1) Low income benefit, 2) Elimination of slums or blight, 3) Urgent need. The Planning Board acts in a citizens' advisory capacity in reviewing proposals to be included in the Action Plan (one year use of funds) and how the funds should be allocated. Their review process includes a public hearing and a recommendation to the City Council.

The City Council's review of the Action Plan includes a public hearing which provides applicants, and others, an opportunity to comment on the proposed expenditures before the Council votes on the Final Action Plan. Once approved by the Council, there is a 30-day comment period during which time anyone can submit comments on the Action Plan. At the end of that time frame, all comments received are included with the Action Plan and forwarded to HUD for their review and approval. HUD has 45 days to perform their review.

Dover's anticipated FY2020 CDBG grant amount is \$290,000.00. There is also \$11,068.00 in anticipated FY2019 program. The City received \$142,371.00 in FY2018 DELP income of which \$2,392.00 must be returned to the economic loan pool. This results in \$139,979.00 being available to the CDBG Fund Pool.

Under the Public Services category, Dover received seven applications totaling \$76,300.00. Pursuant to a HUD required funding formula, this year's maximum funding amount allowed for this category is \$44,000.00. The Planning Board has recommended that the funds be disbursed among the seven applications.

After accounting for the General Administration, Public Services, and Economic Development categories, there is \$299,047.00 remaining for Public Facilities related funding. Dover received applications from CAP, the Woodman Museum, My Friend's Place, the Strand Ballroom Corporation and the Homeless Shelter for Strafford County (HCSC). Additionally, the Action Plan includes funding for Bus Shelter, Sidewalk & Pedestrian Improvements, Weatherization Activity Delivery Costs and Public Facility Activity Delivery Costs.

Staff is recommending that the request from HCSC for acquisition of property be modified to "Homeless Shelter Improvements and Property Acquisition" so that in the event HCSC does not use the funding, the funding can be used for public facility improvements or property acquisition by other homeless shelters. HUD has indicated that this is compliant with applicable Action Plan requirements.

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Resolution Number: R - 2019.02.27 - 029

Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

As in prior years, the funding pool is largely based upon an anticipated grant amount and anticipated program income. This is necessary as the City is unlikely to know the actual FY2020 grant and FY2019 program income amounts in time to adopt an Action Plan in compliance with federally mandated deadlines and public hearing requirements. To account for this situation, the Action Plan includes a Contingency Funding Allocation Plan (CFAP) as recommended by HUD. The CFAP dictates how the final allocations will be determined in the event that the grant amount and/or program income amounts are greater or less than anticipated. The allocation amounts approved by the City Council serve as the baseline from which the final amounts will be determined. For example, should the FY2020 grant amount or the FY2019 program income amount be greater than anticipated, the Public Service allocations would increase because the Public Service allocations are based upon these two sources of funding.

FY20 CDBG PROGRAM DESCRIPTION

Applicant/Requested Funding Amount/Planning Board Recommended Funding Amount

Public Services

Aids Response Seacoast

Requested Funding: \$15,000

Planning Board Recommended Funding: \$6,000

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

Community Partners

Requested Funding: \$9,000

Planning Board Recommended Funding: \$5,000

Funding to provide security deposits and/or first month's rent to homeless individuals and families in Dover with mental illness or a developmental disability.

Cross Roads House

Requested Funding: \$12,000

Planning Board Recommended Funding: \$7,300

Funding to provide emergency shelter and supportive services to homeless families and individuals.

Dover Welfare

Requested Funding: \$10,000

Planning Board Recommended Funding: \$5,500

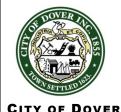
Funding to help people move into apartments that they can afford or to place them into motels until shelter space is available.

HAVEN (A Safe Place)

Requested Funding: \$5,000

Planning Board Recommended Funding: \$4,200

Funding to help domestic violence victims fleeing abuse with temporary shelter and services until they are ready to transition into safe, permanent housing.



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Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

Homeless Center for Strafford County

Requested Funding: \$9,300

Planning Board Recommended Funding: \$6,000

Funding to help support overall operations, including case management services and administrative oversight, of an emergency shelter for homeless women and families.

My Friend's Place

Requested Funding: \$16,000

Planning Board Recommended Funding: \$10,000

Funds will be used for overall operations of the year round emergency homeless shelter.

Economic Development

City of Dover - Business Counseling and Grant Program:

Requested Funding: \$25,000

Planning Board Recommended Funding: \$25,000

Funding to support an economic development pilot program. The funds will be used to provide business counseling related services and "start-up" grants to qualifying individuals. In the event that a suitable organization/agency cannot be hired to provide the services, the funds would then be added to the DELP loan pool.

Public Facilities

Community Action Partnership of Strafford County

Requested Funding: \$25,000

Planning Board Recommended Funding: \$29,333

Funding to support the Weatherization Program that provides weatherization measures intended to conserve energy for low-income residents.

Annie E Woodman Institute

Requested Funding: \$2,360

Planning Department Recommended Funding: \$2,500

Funding for design of ADA compliant accessibility to the Keefe Carriage House.

My Friend's Place - Kitchen Project

Requested Funding: \$80,000

Planning Board Recommended Funding: \$100,000

Funding for expansion of the existing kitchen at the 368 Washington Street location.

My Friend's Place – Generator Project

Requested Funding: \$13,750

Planning Board Recommended Funding: \$15,000

Funding for expansion of the existing kitchen at the 368 Washington Street location.

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Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

Strand Ballroom Corp

Requested Funding: \$25,000

Planning Board Recommended Funding: \$25,000

Funding for ADA compliant egress improvements to the Facility.

City of Dover - Homeless Shelter Improvements and Property Acquisition:

Requested Funding: \$75,000

Planning Board Recommended Funding: \$100,000

Funding for the Homeless Shelter of Strafford County (HCSC) to acquire land for the location of a new shelter that would serve as a replacement for their existing shelter. In the event HCSC does not use the funding for this purpose, the funding can be used for public facility improvements or property acquisition by other homeless shelters.

City of Dover - Bus Shelter, Sidewalk & Pedestrian Improvements:

Requested Funding: \$20,000

Planning Board Recommended Funding: \$20,000

Eligible activities include new sidewalk, sidewalk tip-downs and bus stop/shelter improvements.



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Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

CONTINGENCY FUNDING ALLOCATIONS PLAN - FY20

The FY20 Action Plan identifies allocation amounts based largely on anticipated grant and program income amounts. This Contingency Funding Allocations Plan (CFAP) indicates how adjustments will be made to funding and allocation amount in the event that any of the following instances occur:

- 1. The actual Dover CDBG Grant amount is different than anticipated in this Action Plan.
- 2. The actual Program Income received for FY19 is different than anticipated in this Action Plan.
- 3. A recipient of funds approved in the FY20 AP, or a prior approved Action Plan, does not utilize all of the funds allocated.

Funding Sources

Row #	Source Source	<mark>Amount</mark>
1	Anticipated Federal Grant	\$290,000.00 (1)
<mark>2</mark>	Anticipated Economic Loan P/I	\$5,808.00 (1a)
3	Anticipated Welfare Deposits	\$1,000.00 (1b)
<mark>4</mark>	Anticipated School St Parking Lot P/I	\$4,260.00 (1c)
<mark>5</mark>	PI FY18	\$142,371. 00
Total Program Funding		(2)

Allocations

<u>Organization</u>	Adjustment
Administration	
General Administration	(3)
Public Services	
AIDS Response	(4)
Community Partners	<u>(4)</u>
Cross Roads House	(4)
Dover Welfare Sec Deposit	<u>(4)</u>
HAVEN (A Safe Place)	<u>(4)</u>
Homeless Center for Strafford County (HCSC)	<u>(4)</u>
My Friends Place (MFP)	<u>(4)</u>
total	(5)
Economic Development	
Servicing	\$15,000.00
Business Counseling & Grant Program	(6) \$25,000.00
Additional to Economic Loan Funds	(7)
total	(8)

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Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

Public Facilities	
(A) CAP Weatherization	\$29,333.00
(B) Woodman Museum	\$2,5 00.00
(C) MFP Kitchen Project	\$100,000.00
(D) MFP Generator Project	\$15,000.00
(E) Strand Ballroom	\$25,000.00
(F) Homeless Shelter Improvements and Property Acquisition	\$100,000.00
(G) Bus Shelter, Sidewalk & Pedestrian Improvements	(9) \$20,000.00
(H) Public Facility ADC	\$2,214. 00
(I) Weatherization ADC	\$5,000.00

Adjustments to Funding and Allocations

- (1) Becomes actual Dover FY20 CDBG Grant Amount awarded by HUD.
- (1a) Becomes actual Economic Loan PI received in FY19.
- (1b) Becomes actual Welfare Deposits received in FY19.
- (1c) Becomes actual School St Parking Lot P/I received in FY19.
- (2) The total of Rows 1 through 5.
- (3) The allocation will be 20% of the FY20 Grant amount as indicated in (1) above.
- (4) In the event that the final amounts calculated for (1), (1a), (1b) and (1c) are other than what is listed, the allocations for these activities will be adjusted proportionally from the locally approved allocation amounts to assure the total of all Public Service allocations does not exceed 15% of (1) above plus 15% of (1a), (1b) and (1c) above.
- (5) Total of all Public Service Allocations.
- (6) In the event that the an organization/agency is not hired to implement the Business Counseling & Grant Program, these funds will be added to the DELP loan pool.
- (7) See (6) above.
- (8) Total of Servicing, Business Counseling & Grant Program and Additional to Economic Loan Funds.
- (9) This amount shall become the amount remaining in the fund pool after accounting for (1) (8), (A) (F) and (H) (I) above.



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Resolution Re: CDBG Acceptance of Action Plan and Entitlement Funds

Adjustment #2

After adjustments made pursuant to the FY20 CFAP, and in the event that a recipient of funding approved in the FY20 AP or a prior approved Action Plan does not utilize all of the funds allocated for the Activity, the funds can be made available to the following: Activities (A) – (G) listed above, other previously approved Public Facilities projects, DELP pool, Administration and Servicing.

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM CONSOLIDATED PLAN GOAL STATEMENT

The City of Dover has articulated a goal of creating a viable urban environment through the improvement of housing and employment opportunities for low and very low income people and through improving and/or expanding public facilities and services.

Specific Objectives:

- 1. To provide increased opportunities to residents of the City who require education, health, recreation, housing and related human services.
- 2. To weatherize and improve the older housing stock of the City, especially for persons of low and very low income.
- 3. To plan and construct public improvements in areas populated by or used predominately by low and very low income persons.
- 4. To provide increased employment opportunities for low and very low income persons, with a focus on access to transportation.
- 5. Removal of architectural barriers to allow increased handicapped accessibility.