

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: _____ Your Name: CHRISTOPHER JAYE

DATE of Meeting: 5/9/19 Municipality You Reside in: MADISON

Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

☐ Wish to Speak in Support

☒ Wish to Speak in Opposition

☐ Wish to Register in Support

☒ Wish to Register in Opposition

☒ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☒ YES ☒ NO

(If you checked "NO" **STOP**; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)

Name, address and telephone number of each person or organization you are representing:

COMMONWEALTH DEVELOPMENT CORP.

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☐ YES ☒ NO

(If you checked "NO" to the question, **STOP**; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)

3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ YES ☐ NO

(If you checked "NO" to the question, **STOP**; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)

4. Has or will the person or organization you represent spend more than \$500 on county lobbying activities during the current reporting period? ☐ YES ☐ NO

(A reporting period is January to June, or July to December.)

5. Do you anticipate making more than two contacts with the County Board supervisors other than at public hearings or meetings? ☐ YES ☐ NO

(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

(If you checked "NO" to questions 4 and 5 above, **STOP**; you do not need to complete the rest of this form. However, if you do make more than 2 contacts at a later date, you must then contact the County Clerk's office to file a form indicating such activity. If you checked "YES" to either question, please continue to the question below. You must also sign this form.)

6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement

with the County Clerk? ☐ YES ☐ NO

(If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: 5/9/19 Signature: [Signature]

Printed Name: CHRISTOPHER JAYE

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Aff. Housing Staff Your Name: Megan Schuetz
DATE of Meeting: 5/9/19 Municipality You Reside in: Oregon / Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: Affordable Housing Fund

☒ Wish to Speak in Support

☐ Wish to Speak in Opposition

☐ Wish to Register in Support

☐ Wish to Register in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☒ YES

☐ NO

(If you checked "NO" **STOP**; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)

Name, address and telephone number of each person or organization you are representing:

Main Out
902 Ruston

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☒ YES ☐ NO

(If you checked "NO" to the question, **STOP**; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)

3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ YES ☒ NO

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with the County Clerk? ☒ YES ☐ NO

(If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: 5-9-19 Signature: Megan Schuetz

Printed Name: Megan Schuetz

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: HHS Hy Del Staff Your Name: Dave Pontefice
DATE of Meeting: 5/9 Municipality You Reside in: Mason

Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

☒ Wish to Speak in Support

☐ Wish to Speak in Opposition

☐ Wish to Register in Support

☐ Wish to Register in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☒ YES ☐ NO

(If you checked "NO" **STOP**; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)

Name, address and telephone number of each person or organization you are representing:

Moon Out, Inc

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☒ YES ☐ NO

(If you checked "NO" to the question, **STOP**; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)

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with the County Clerk? ☐ YES ☐ NO

(If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A, for more information.)

Date: 5/9/19 Signature: [Signature]

Printed Name: Dave Pontefice

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: Herb Wegler Your Name: Herb Wegler
DATE of Meeting: 5/9/19 Municipality You Reside in: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: REP Draft

☐ Wish to Speak in Support

☐ Wish to Speak in Opposition

☒ Wish to Register in Support + Available for

☐ Wish to Register in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☐ YES

☒ NO

(If you checked "NO" **STOP**; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)

Name, address and telephone number of each person or organization you are representing:

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☐ YES ☐ NO

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(Do not count contacts with the County Board supervisor who represents the district in which you reside.)

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(If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: _____ Signature: _____

Printed Name: _____

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: AHDF Staff Your Name: Jacob T. Klein
DATE of Meeting: 5/9/19 Municipality You Reside in: Madison
Petition/CUP #/Resolution/Ordinance Amendment/Subject: 2019 ACT-002

☐ Wish to Speak in Support

☒ Wish to Speak in Opposition

☐ Wish to Register in Support

☐ Wish to Register in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☒ YES ☐ NO

(If you checked "NO" **STOP**; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)

Name, address and telephone number of each person or organization you are representing:

JT Klein Company, Inc.
818. S. Park Madison, WI 53715

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☐ YES ☒ NO

(If you checked "NO" to the question, **STOP**; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)

3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ YES ☒ NO

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with the County Clerk? ☐ YES ☐ NO

(If you checked "NO" please call the County Clerk at 266-4127 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: 5/9/19 Signature: 

Printed Name: Jacob T. Klein

REGISTRATION BEFORE COUNTY COMMITTEE

Committee Name: AHDF Your Name: Jenna Schmitt
DATE of Meeting: 5/9/18 Municipality You Reside in: Oregon, WI
Petition/CUP #/Resolution/Ordinance Amendment/Subject: _____

☒ Wish to Speak in Support

☐ Wish to Speak in Opposition

☒ Wish to Register in Support

☐ Wish to Register in Opposition

☐ Available for Information Only

1. On this occasion, are you officially representing an organization or a person other than yourself?

☒ YES ☐ NO

(If you checked "NO" **STOP**; you do not need to complete the rest of the form. If you checked "YES" go to the next question.)

Name, address and telephone number of each person or organization you are representing:

HSC Dane County Homeless.org

COMMENTS:

2. Are you being paid for your representation or appearing incidental to your other paid duties for this person or organization? ☐ YES ☒ NO

(If you checked "NO" to the question, **STOP**; you do not need to complete the rest of this form. If you checked "YES", go to the next question.)

3. Are you an elected official who is appearing solely on behalf of your office or for your municipality or other governmental body? ☐ YES ☒ NO

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(A reporting period is January to June, or July to December.)

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6. If you answered "YES" to question 5, do you understand that if the person or organization you represent spends more than \$500 during the current reporting period, you must file a financial disclosure statement with the County Clerk? ☐ YES ☐ NO

(If you checked "NO" please call the County Clerk at 266-4121 or go to the Clerk's office at 210 Martin Luther King Jr., Blvd., Room 106A for more information.)

Date: 5/9/19 Signature: [Signature]

Printed Name: Jenna Schmitt

May 7, 2019

Dear Dane County Affordable Housing Task Fund Staff Team,

In response to the feedback regarding the draft of RFP 119037, after reading some written input from a developer, our committee has some concerns about their suggestions. As our committee is made up of social service providers who provide services and programming to individuals experiencing homelessness or who have experienced homelessness, we can speak to some of the real life implications and consequences of making changes based on the feedback noted in the minutes. Those concerns are as follows:

- The rent to income ratios in Dane County for fair market rate apartments are implemented under the guise of ensuring persons can afford to pay their rent. The problematic aspect of this is that rental prices are so high in Madison that it is not feasible for a single income household making less than \$20.50 per hour to income qualify for a two bedroom market rate apartment in Dane County. A single income household that requires a three bedroom apartment will not income qualify if they make less than \$28.50 per hour. Requiring three times the amount of the rent creates barriers to getting single parent families into housing and is a major contributing factor for the rate of homelessness of families in Dane county. So when we consider the implications of income requirements of three times the rent, we find that developers and landlords are indirectly contributing to child housing instability in our county. This results in high costs for the County down the road when we have to treat children for trauma (juvenile justice system, mental health, etc...) due to housing instability they have experienced.
- The screening process for violent criminal convictions (not behaviors, as someone may be charged and found not guilty for a number of different reasons and this stipulation at CDA has lead to many adolescents being forced out of their homes so their entire family would not be terminated, contributing to our problems with youth homelessness in Dane County) should be kept at one year because the data suggests that stable housing reduces recidivism rates exponentially. Homelessness creates a sense of crisis and level of stress that impedes prefrontal cortex processing which is the part of the brain in charge of making decisions and impulse control. Once a person gets into housing, they are able to regain and improve decision making and impulse control functions especially with the support of effective social services.
- An appeal process for denials is absolutely necessary to ensure that there are not extenuating circumstances for the denial (i.e. domestic violence, an untreated mental health or substance use disorder, etc...). If a developer sees this as an undue hardship, they could potentially reach out to other affordable housing projects that have appeal processes such as Meridian, Northport Apartments, Packers Townhomes, CDA, DCHA, etc... In our experience, an appeals process can be as simple as allowing someone to write a letter asking for an appeal and stating the reason they believe their denial should be appealed. We cannot see how this would cause undue hardship or cost for developers. The benefit of allowing people to explain, for example a

domestic disturbance or problem on their credit report, far outweighs the cost when we are talking about something as vital to a person's livelihood as housing.

- Our committee supports expanding eviction prevention funds as suggested by a developer's written feedback. In addition, to that we would recommend that options such as payment plans and payees be proposed as alternatives to evictions. Capella Realty has a fantastic system going where they contract with a private payee. When tenants are at risk of eviction, Capella offers the option of securing a payee as an alternative to losing housing for non-payment of rent.

Our committee would like to thank the county board and county employees who have been so supportive in helping us work toward our goal of ending homelessness in our community. Your collaboration and support has been and will continue to be invaluable in our quest to ensure that everyone in Dane County has a place to call home.

Regards,

HSC Education and Advocacy Committee