

DANE COUNTY APPLICATION FOR 2024 FAIR CHANCE HOUSING FUND

This application should be used for project seeking Dane County FCHF funds. Applications must be submitted electronically to DCDHS Division of Housing Access by. Upload application materials to the [Dane County AHDF Dropbox](#).

APPLICATION SUMMARY

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

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

PROJECT NAME	PROJECT CONTACT PERSON	PHONE NUMBER	E-MAIL

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

TOTAL PROJECT COST	AMOUNT OF FCHF FUNDS REQUESTED	PERCENT OF FCHF FUNDS TO TOTAL PROJECT COST
\$	\$	

Signature of Chief Elected Official/Organization Head

Title

Printed Name

Date

PROJECT DESCRIPTION

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

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

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

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

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

- E. TARGETED POPULATIONS:** Will the project serve any of the listed targeted populations outside of criminal justice involved or accompanied by criminal justice involved? Requirement to serve households where at least one individual has been involved in the criminal justice system.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	

		Chronically homeless, meaning those who are either: 1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, or 2) an unaccompanied individual with a disabling who has had at least four episodes of homelessness the past three years. Disabling conditions include mental illness and alcohol and drug conditions
<input type="checkbox"/>	<input type="checkbox"/>	Veterans experiencing homelessness
<input type="checkbox"/>	<input type="checkbox"/>	Very low-income families and/or families experiencing homelessness.
<input type="checkbox"/>	<input type="checkbox"/>	Female head of household
<input type="checkbox"/>	<input type="checkbox"/>	Individuals who are older adults (i.e. Senior Living age 55+)
<input type="checkbox"/>	<input type="checkbox"/>	Individuals with disabilities

F. TENANT SELECTION: Will the project adopt the Housing First Model for immediate access to affordable and supportive housing without tenant screening criteria? Provide a detailed description related to recommended program practices.

If the project does not agree to adopt the Housing First Model indicate how the three tenant selection criteria will be incorporated into the project's tenant selection criteria and select any other tenant selection criteria below that apply:

General Screening Process – will not deny applicants based on the following:

	Yes	No	
Required for funding	<input type="checkbox"/>	<input type="checkbox"/>	Inability to meet a minimum income requirement if the applicant can demonstrate the ability to comply with the rent obligation based on a rental history of paying at an equivalent rent to income ratio for 24 months
	<input type="checkbox"/>	<input type="checkbox"/>	Lack of housing history
	<input type="checkbox"/>	<input type="checkbox"/>	Membership in a class protected by Dane County fair housing ordinances and non-discrimination ordinances in the municipality where the project is located.
	<input type="checkbox"/>	<input type="checkbox"/>	Credit score
	<input type="checkbox"/>	<input type="checkbox"/>	Information on credit report that is disputed, in repayment, or unrelated to a past housing or utility (gas, electric, and water only) obligations.
	<input type="checkbox"/>	<input type="checkbox"/>	Inability to meet financial obligations other than housing and utilities necessary for housing (gas, electric, water).
	<input type="checkbox"/>	<input type="checkbox"/>	Owing money to a prior landlord or negative rent payment history if the tenant's housing and utility costs were more than 50% of their monthly income.
	<input type="checkbox"/>	<input type="checkbox"/>	Owing money to a prior landlord or negative rent or utility payment history if applicant does one of the following: (1) establishes a regular record of repayment of the obligation; 2) signs up for automatic payment of rent to the housing provider; or (3) obtains a representative payee.
	<input type="checkbox"/>	<input type="checkbox"/>	Wisconsin Circuit Court Access records;
	<input type="checkbox"/>	<input type="checkbox"/>	Criminal activity, except: (i) a criminal conviction within the last two years for violent criminal activity or drug related criminal activity resulting in a criminal conviction, and (ii) if the program or project is federally assisted, criminal activity for which federal law currently requires denial. (<i>Violent criminal activity</i> is defined in 24 C.F.R § 5.100 and means any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage. "Drug related criminal activity" is defined in Wis. Stat. s. 704.17(3m)(a)(2). "Drug-related criminal activity" means criminal activity that involves the manufacture or distribution of a controlled substance. "Drug-related criminal activity" does not include the manufacture, possession, or use of a controlled substance that is prescribed by a physician for the use of by a disabled person, as defined in s. 100.264(1)(a), and manufactured by, used, by or in the possession of the disabled person or in the possession of the disabled person's personal care worker or other caregiver.)

Will the project incorporate the denial process detailed below?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

1.	Prior to a denial based on a criminal record, the housing provider shall provide the applicant access to a copy of the criminal record at least five days prior to the in-person appeal meeting and an opportunity to dispute the accuracy and relevance of the report, which is already required of HUD assisted housing providers. See 24 C.F.R. § 982.553(d), which applies to public housing agencies administering the section 8 rent assistance program.
2.	Prior to a denial based on a criminal record, the housing provider shall provide the applicant the opportunity to exclude the culpable family member as a condition of admission of the remaining family members.
3.	Prior to a denial decision, the housing provider is encouraged to meet with the applicant to review their application and make an individualized determination of their eligibility, considering: (a) factors identified in the provider's own screening policies, (b) if applicable, federal regulations, and (c) whether the applicant has a disability that relates to concerns with their eligibility and an exception to the admissions rules, policies, practices, and services is necessary as a reasonable accommodation of the applicant's disability. In making a denial decision, the housing provider shall consider all relevant circumstances such as the seriousness of the case, the extent of participation or culpability of individual family members, mitigating circumstances related to the disability of a family member, and the effects of denial on other family members who were not involved in the action or failure.
4.	The property manager will base any denial on sufficient evidence. An arrest record or police incident report is not sufficient evidence. Uncorroborated hearsay is not sufficient evidence.
5.	Denial notices shall include the following: a) The reason for denial with details sufficient for the applicant to prepare a defense, including: i) The action or inaction forming the basis for the denial, ii) Who participated in the action or inaction, iii) When the action or inaction was committed, and iv) The source(s) of information relied upon for the action or inaction. b) Notice of the applicant's right to a copy of their application file, which shall include all evidence upon which the denial decision was based. c) Notice of the applicant's right to copies of the property manager's screening criteria. d) Notice of the right to request an in-person appeal meeting on the denial decision by making a written request for a hearing within 45 days. The housing provider is not required to hold the unit open while the appeal is pending. e) Notice of the right to have an advocate present at the in-person appeal meeting and of the right to be represented by an attorney or other representative. f) Notice of the right to present evidence in support of their application, including, but not limited to evidence related to the applicant's completion or participation in a rehabilitation program, behavioral health treatment, or other supportive services.
6.	If the applicant requests an in-person appeal meeting, the hearing will be conducted by a person who was not involved in or consulted in making the

	decision to deny the application nor a subordinate of such a person so involved.
7.	The in-person appeal meeting shall be scheduled within ten working days of the request, unless the applicant requests a later date.
8.	A written decision on the application shall be provided to the applicant within ten working days after the in-person appeal meeting.

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

<input type="checkbox"/>	2020 Enterprise Green Communities Certification
<input type="checkbox"/>	ENERGY STAR Multifamily New Construction and EPA Indoor airPLUS
<input type="checkbox"/>	2020 Enterprise Green Communities Certification Plus
<input type="checkbox"/>	Passive House (PHIUS)

H. WORK PLAN WITH TIMELINE AND MILESTONES: In the space below, provide a work plan for how the project will be organized, implemented, and administered. Include a timeline and accomplishments from initiation through project completion. Add in extra quarters as needed. Examples of milestones are: acquisition, bid packages released, bids awarded, site preparation, excavation, construction begins, substantial completion, certificate of occupancy, lease-up begins, etc.

ON OR BEFORE	MILESTONES

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

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

Total Units								Notes:	
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*40% = 31 to 40% CMI, 50%=41%-50% CMI, 60%=51-60% CMI, 80%=61-80% CMI, Market = ≥81%

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

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

J. SITE AMENITIES: Check all that apply.

<input type="checkbox"/>	Community Building, square feet:
<input type="checkbox"/>	Community Room, square feet:
<input type="checkbox"/>	Garages, number: _____ and monthly rent: _____
<input type="checkbox"/>	Surface parking, number: _____ and monthly rent: _____
<input type="checkbox"/>	Underground parking, number _____ and monthly rent: _____

K. OTHER SITE AMENITIES: In the following space, describe the other site amenities available for tenants and/or their guests if guests are welcome.

LOCATION

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

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

Type of Amenities & Services	Name of Facility	Distance from Site
Full Service Grocery Store		
Public Elementary School		
Public Middle School		
Public High School		
Job-Training Facility, Community College, or Continuing Education Programs		

Childcare		
Public Library		
Neighborhood or Community Center		
Full Service Medical Clinic or Hospital		
Pharmacy		
Public Park or Hiking/Biking Trails		
Banking		
Retail		
Other (list the amenities)		

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

PROJECT APPROACH

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

EXPERIENCE AND QUALIFICATIONS

- O. EXPERIENCE AND QUALIFICATIONS:** Describe the experience and qualifications of your organization related to the development of multifamily housing for low-income households.

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

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

PROJECT FINANCING

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

SOURCE	AMOUNT
TOTAL	

USES	AMOUNT
TOTAL	

- R.** Which of the identified sources have been secured?

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

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

USES	SOURCES					
	Total Budget	Dane County	Source:	Source:	Source:	Source:
Acquisition						
Land						
Purchase of Buildings						
Demolition						
Other Acquisition Costs						
Subtotal						
Site Work						
Site Work						
Off Site Work						
Landscaping						
Other Site Work						
Subtotal						
Construction						
Construction – Residential						
Accessory Buildings (Garage, storage, etc.)						
Personal Property						
Other New Construction:						
Subtotal						
Fees						
Accounting						
Appraisal						
Architect						
Title and Recording						
Zoning						
Other Fees:						
Subtotal						
Other						
Participant Services ¹						

USES	SOURCES					
	Total Budget	Dane County	Source:	Source:	Source:	Source:
TOTAL						

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

OPERATING BUDGET

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

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

SUPPORTIVE SERVICES – Service dollars are available to be awarded to selected project(s)

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

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

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

Y. Experience: Describe the experience and qualifications of the Supportive Services Partner. Include how services to provided fit into already existing programing structure and capacity, if applicable.

Z. SCOPE OF SERVICES: Describe the scope of the services provided to tenants and how services will incorporate trauma-informed care principals. Include the frequency and location of services provided and/or a proposed schedule of when services are available to tenants.

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

BB. PARTNERSHIP: Detail how the supportive services partner and applicant will work together to ensure the best outcomes for tenants, such as housing retention.

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

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

- Column 1) each individual staff position by title.
- Column 2) indicate the full time equivalent (FTE) of each position in the noted year.

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

1) POSITION TITLE	2024 ESTIMATED		County-FUNDED	
	2) FTE	3) TOTAL SALARY	4) ESTIMATED HOURS ON THIS PROJECT	5) County – FUNDED AMOUNT OF SALARY

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EE. SUPPORTIVE SERVICES DETAILED PROJECT BUDGET: Include the dollar amount and all sources of funding for services for the project.

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

Line Item	Total Project Budget (B+C+D)	CDBG-Funded Project Costs (B)	Source C:	Source D:
Mortgage Interest, Depreciation				
Property Taxes				
Subtotal Space				
D. Other Activity Costs				
Assistance to Individuals				
Other 1:				
Other 2:				
Subtotal Special Costs				
TOTAL				

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