

PROPOSAL # _____

DATE
RECEIVED 11/1/11

CITY OF RACINE
PROPOSAL FOR 2011 CDBG LOCAL OPTION FUNDING
SUMMARY

ORGANIZATION SUMMARY

NAME OF ACTIVITY: Homeless Prevention & Rapid Re-Housing Program (HPRP) 2009-2012

NAME OF ORGANIZATION: Racine Kenosha Community Action Agency, Inc. (RKCAA)

ADDRESS: 2113 North Wisconsin Street CITY: Racine STATE: WI

PHONE NUMBER: 262-637-8377 FAX NUMBER: 262-637-6419

E-MAIL ADDRESS: sschulz@rkcaa.org

ORGANIZATION'S LEGAL STATUS:

☐ MUNICIPAL DEPARTMENT

☒ PRIVATE, NOT-FOR-PROFIT

☐ PRIVATE, FOR-PROFIT

ORGANIZATION'S DUNS NUMBER: 1022075940000

ORGANIZATION'S CENTRAL CONTRACTOR REGISTRY NUMBER: 325K7

DIRECTOR'S NAME: Sharon F. Schulz, Chief Executive Officer

FINANCIAL REPORTING TO BE DONE BY (NAME): Janice K. Molinaro, Finance Director

PROGRAM REPORTING TO BE DONE BY (NAME): Zeke Leo, Community Services Coordinator

FUNDING SUMMARYCDBG FUNDS REQUESTED: \$10,000TOTAL ACTIVITY COST (FROM ALL FUNDING SOURCES): \$782,053

List all other sources for which funding for this activity has been secured or is pending.

SOURCE	AMOUNT	FUNDING SECURED? (Y/N)
City of Racine/HPRP Recovery Act Funds 2009-2012	\$710,053	Y
RKCAA Community Services Block Grant (CSBG)/Recovery Act Funds 2009	\$50,000	Y
City of Racine/ESG Funds 2011-2012 (Housing Counselor Project)	\$12,000	Y

1) Will the proposed activity need funding for more than one year? Yes _____. No X. If yes, explain why. _____2) Has your organization received CDBG, HOME, or ESG funding for this activity in the past five years? Yes X. No _____.
If yes, which source(s) provided funding? City of Racine ESG 2011**ACTIVITY SUMMARY**

Provide a brief narrative summary of the proposed activity.

RKCAA is requesting \$10,000 for administrative costs for continuation of the HPRP Program from October 1, 2011 through projected completion on February 29, 2012. The requested CDBG Local Option funding will support the HPRP program while clients currently enrolled or in housing search and placement status complete their individualized Housing Stability Plans.

1) Total number of clients to be served: 50.2) Age group of the people served. Youth (0 – 18) X Adult (18 – 62) X Senior (over 62) X

3) Percentage of the activities that will take place in the City of Racine? 100%

4) Percentage of the activities that will take place in areas defined by HUD as being low and moderate income? N/A

5) Percentage of the people served that will be City of Racine residents? 100%

6) Percentage of people served that will be low or moderate income persons as defined by HUD? 100%

7) Priority area under which you are applying (Check one only)

☐ Housing Rehabilitation, Repair, & Construction☐ Neighborhood-based Human Services Improvements☐ Homeownership Incentives☐ Job Creation☒ Homelessness Prevention☐ Neighborhood-based Public Facilities Improvements☐ Youth Activities☐ CHDO Operating Expenses (CHDOs only)☐ Job Skills/Employment Training

SECTION 1: NEEDS STATEMENTS - *Limit your response to the space provided.*

- 1) Describe the need in the City that this activity will address.
- 2) Describe the basis on which you determined the need exists.
- 3) Identify the extent of the need.

This activity will address Homeless Prevention in the City of Racine. From November 4, 2009 to October 25, 2011, the RKCAA HPRP program has served 217 unduplicated households. The 217 households included 831 individuals and 426 children. RKCAA currently has sufficient funds to provide housing counseling, case management, security deposit and short-term rental assistance to honor the commitments made to the current HPRP caseload. HPRP has ceased taking on any new clients. RKCAA requests \$10,000 in administrative costs to continue the HPRP program from October 1, 2011 through the projected completion on February 29, 2012. Please note that this is dependent upon client participation.

SECTION 2: PROGRAM OVERVIEW *Limit your response to the space provided.*

Include in the description what activities will take place, how you notify the public of your activity, who will provide services, where activities will take place, when and how often activities will take place, and why your organization should provide and oversee the activity.

RKCAA HPRP has demonstrated that the most effective way to prevent a household from becoming homeless is to provide short-term or medium-term financial assistance combined with housing counseling and/or comprehensive case management. To date, HPRP staff has assisted 217 unduplicated households to identify their specific needs and goals in an individualized Housing Stability Plan, referral to housing-related legal services, educated them on available and affordable housing options, provided mandated Rent Smart workshops and assisted to stabilize them in safe, affordable permanent rental units. The RKCAA HPRP has shown a homeless recidivism rate of below 5%.

SECTION 3: OBJECTIVES OF THE PROGRAM

1) List in as quantitative and qualitative a manner as possible, the objective(s) to be accomplished by implementing this program and how success in meeting the objectives will be measured. Information such as the number of loans provided, diplomas attained, jobs acquired, clients to be housed, or other unique project characteristics or subgroup information should be provided.

From November 4, 2009 through October 25, 2011, the RKCAA HPRP program served 217 unduplicated households that were experiencing homelessness or at risk of becoming homeless. RKCAA is requesting \$10,000 for administrative costs to continue the HPRP program from October 1, 2011 to its projected completion on February 29, 2012. Success in meeting program objectives will be measured by the household's ability to avoid eviction, increasing their knowledge of housing rights and responsibilities and the household not entering the emergency shelter system or becoming homeless for at least six months after their HPRP assistance has ended. Success in meeting program objectives will be documented in the Homeless Information Management System (HMIS)/Wisconsin Service Point (WISP). Intake forms, eligibility assessments, housing counseling, case management, household composition, Housing Stability Plans, mainstream referrals and financial assistance provision data is entered into HMIS/WISP. HMIS/WISP allows HPRP staff to produce a variety of reports, including unduplicated client data and household progress. The RKCAA HPRP program has ranked over 98% HMIS/WISP data quality since 2009.

SECTION 4: COLLABORATION

Collaboration is defined as "a formal agreement among agencies or organizations engaged in similar activities to work together to reach a common, mutually agreeable goal". Applications representing collaborative efforts must identify each partner and their role in the collaboration.

1) Identify any other agencies that are presently providing services or activities similar or identical to those being proposed.

In order to exhaust all pre-existing resources, RKCAA has referred all low income households that include minor children to the Racine County Workforce Development Center (RCWDC) - Emergency Assistance Program (EAP). As of October 3, 2011, Racine County Human Services Department (RCHSD) has contracted with RKCAA to provide EAP 2 days per week in Western Racine. As of January 1, 2012, RCHSD will contract EAP fully to RKCAA, which will provide EAP services for the entire county.

In order to exhaust all pre-existing resources, RKCAA refers single individuals to the Salvation Army Rental Assistance Program, which receives City of Racine - HOMES funding.

2) If there are other agencies providing similar or identical services or activities, explain the necessity for the additional services being proposed for funding.

RKCAA is the only agency that provides housing counseling and comprehensive case management along with financial assistance for households experiencing homelessness or at risk of becoming homeless. RKCAA has a formal partnership with Legal Action of Wisconsin, Inc. to provide housing-related legal services to clients.

3) How has your agency collaborated to avoid duplication of services? You must identify the collaborating agencies.

RKCAA staff and Board members hold leadership seats, facilitation roles and membership positions on the Homeless Assistance Coalition of Racine County (HAC) - Continuum of Care (CoC) entity. These include the Executive Committee, Resource Development Committee, Ten Year Plan to End Homelessness Committee, Supportive Services Committee, HMIS/WISP Committee, Case Managers Workshop and the Rent Smart Workshop. RKCAA staff and Board members work diligently to avoid the duplication of services both in-house and signs an annual Memorandum of Understanding with various agencies within the local CoC.

SECTION 5: BUDGET (PAGE ONE OF TWO PAGES)

Show all revenues and expenses for the activity in whole dollars.

REVENUES:

FUNDS REQUESTED FROM THE CDBG PROGRAM

\$10,000

FUNDS FROM OTHER SOURCES:

\$772,053

TOTAL REVENUE

\$782,053

EXPENSES:**CDBG****OTHER FUNDS****TOTAL**

EXPENSES:	<u>CDBG</u>	<u>OTHER FUNDS</u>	<u>TOTAL</u>
SALARIES: Position * #Hours Rate	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
EMPLOYEE BENEFITS (List Benefits)	\$	\$	\$
	\$	\$	\$
PAYROLL TAXES	\$	\$	\$
LICENSES, PERMITS, MEMBERSHIPS	\$	\$	\$
PROFESSIONAL FEES (accounting, attorney, etc.)	\$	\$	\$
AUDIT COMPLIANCE FEES	\$	\$	\$
INSURANCE	\$	\$	\$
EMPLOYEE TRAINING	\$	\$	\$
RENT or OCCUPANCY	\$	\$	\$
UTILITIES	\$	\$	\$
TELEPHONE	\$	\$	\$
OFFICE SUPPLIES	\$	\$	\$
POSTAGE	\$	\$	\$
EQUIPMENT PURCHASE *	\$	\$	\$
	\$	\$	\$
EQUIPMENT RENTAL (List)	\$	\$	\$
	\$	\$	\$
EQUIPMENT MAINTENANCE	\$	\$	\$
WORK OR PROGRAM SUPPLIES	\$	\$	\$
PRINTING AND PUBLICATIONS	\$	\$	\$
TRAVEL *	\$	\$	\$
MEETING EXPENSES *	\$	\$	\$
LIST ANY OTHER EXPENSES BELOW * :			
Administrative costs	\$10,000	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL EXPENSES	\$10,000	\$	\$

* Provide detail on next page as indicated.

SECTION 5: BUDGET (CONTINUED)

- Describe all positions to be funded.

Not applicable.

- Identify and explain the necessity for any equipment proposed to be purchased.

Not applicable.

- Explain the purpose(s) for which travel funds will be used. Identify the purpose(s) of out of town travel.

Not applicable.

- Identify the meetings and what items will be paid for under Meeting Expenses. Identify out of town meetings, location(s) and purpose(s).

Not applicable.

- Identify what contract services will be purchased and how the contractor(s) will be selected.

Not applicable.

- Explain all items listed under "Other Expenses".

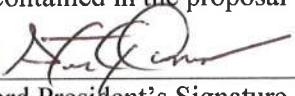
Note: Line items such as Miscellaneous Expenses, Overhead, Indirect costs and similar listings are not permitted.

RKCAA is requesting \$10,000 for administrative costs for continuation of the HPRP program from October 1, 2011 through its successful completion on February 29, 2012.

SECTION 6: STATEMENT OF APPROVAL

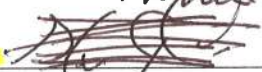
Non-profit Organizations

This proposal was considered and approved by our Board of Directors at a meeting at which a quorum was present on October 27, 2011. All information contained in the proposal is true and correct to the best of our knowledge:


Board President's Signature Date 10/31/2011

Steven J. Donovan, Vice-Chair

Print Name Michael Oshurko


Board Secretary's Signature Date 11-1-2011

Michael D. Shields, Secretary

Print Name

Municipal Departments

This proposal has been reviewed and approved for submission. All information contained in the proposal is true and correct to the best of my knowledge:

Signature Date

Print Name

Title

For-Profit Organizations

This proposal has been reviewed and approved for submission. All information contained in the proposal is true and correct to the best of my knowledge.

Signature Date

Print Name

Title

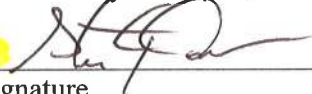
SECTION 7: NATIONAL OBJECTIVE CERTIFICATION

PLEASE HAVE THE PRESIDENT OF THE BOARD OF DIRECTORS, THE MUNICIPAL DEPARTMENT HEAD, OR, IF A FOR-PROFIT CORPORATION, THE CORPORATION'S PRESIDENT, SIGN THE APPROPRIATE CERTIFICATION. If you have questions regarding which of the certifications is appropriate for your application, please contact the Department of City Development at 636-9151.

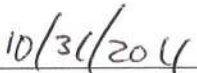
FOR ACTIVITIES DESIGNED TO BENEFIT LOW AND MODERATE INCOME PERSONS IN ACCORDANCE WITH HUD INCOME GUIDELINES:

To benefit persons...

I hereby certify that the proposed activity will benefit low and moderate income persons as defined by the U.S. Department of Housing and Urban Development; and that no less than 100% of the clients to be assisted will be low and moderate income persons residing in the City of Racine, Wisconsin.



Signature



Date

Steven J. Donovan
Print Name

Vice-Chair, Board of Directors
Title

To benefit a low and moderate-income area (CDBG only)...

I hereby certify that the proposed activity is designed to benefit a general area of the City and not individually identified low and moderate income persons; and that the proposed activity will provide improvements to areas in which no less than 51% of the residents are low and moderate income as defined by the U.S. Department of Housing and Urban Development.

Signature

Date

Print Name

Title

FOR ACTIVITIES DESIGNED TO ELIMINATE SLUMS AND BLIGHT (CDBG ONLY)

To eliminate slums and blight...

I hereby certify that the proposed activity is designed to aid in the prevention and elimination of slums and blight, as defined by the U.S. Department of Housing and Urban Development rules governing the CDBG Program.

Signature

Date

Print Name

Title