# PROPOSAL FOR LOCAL OPTION HOME FUNDING SUMMARY SHEET

Restoration of Taylor Home to become Class "CS" CBRF

NAME OF PROGRAM:

| NAME OF APPLICANT: J Michael LaGrassa (JML Healthcare Services LLC)  ADDRESS: _1719 Washington Ave Racine, WI PHONE NUMBER: W 262-633-6348; C 414-839-9600 E-MAIL ADDRESS: rescare@milwpc.com or nhim4ever@sbcglobal.net NAME OF CONTACT PERSON: J Michael LaGrassa FINANCIAL REPORTING DONE BY:: J Michael LaGrassa |
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|  |
| TOTAL HOME FUNDS REQUESTED: \$_150,000 TOTAL COST OF PROPOSED ACTIVITY: \$_150,000 WHAT OTHER FUNDING SOURCES HAVE BEEN IDENTIFIED FOR THIS PROJECT? Private Loans WHAT FUNDING SOURCES HAVE BEEN CONFIRMED? None  |
|  |
| PROVIDE A BRIEF SUMMARY OF THE PROPOSAL:   |
| To create a new living environment to house 8 Developmentally disabled Adults with severe behavioral challenges that are being displaced from their current living environment.  |
| STATEMENT OF APPROVAL: Non-profit and For Profit Organizations.  This proposal for HOME funds was considered and approved by our Board of Directors at a meeting at which a quorum was present on and all information contained in the proposal is true and correct to the best of our knowledge:                    |
| Board President's Signature:Board Treasurer's Signature:   |
| STATEMENT OF APPROVAL: Government Agencies and Individuals. This proposal for HOME funds has been reviewed and approved for submission and all information contained in the proposal is true and correct to the best of my knowledge:  |
| Signature:   |

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

1) Describe the need in the City that this proposal will address.

It addresses the need for a living environment for a special population that are being displaced due to the closing of Racine Residential Care. It also addresses the job loss as a result of the closing of Racine Residential Care. 55 jobs will be lost and with this proposal I would plan on keeping 11 to 15 well paying jobs.

This proposal also helps save the City from burdensome costs of police intervention, medical intervention and judicial intervention should these people not have appropriate housing and support.

2) Describe the basis on which you determined the need exists and identify the extent of the need.

I am the administrator for Racine Residential Care which is an ICF/MR for adults. The owners have decided to close the business. 32 Racine County residents will have to find new places to live. Some of the Racine Residential Care residents have severe behavioral and medical challenges. The City of Racine does not currently have enough living environments to accommodate these types of individuals. These individuals have lived in Racine, worked in Racine and/or participated in various Racine Community Programs (ARC, Special Olympics, etc) for most of their lives. Options for these individuals are very few. More likely, these individuals would be relocated in different counties which would be further away from any family and surroundings they have grown up with

#### **SECTION 2: PROPOSAL OVERVIEW**

Describe the activity(ies) for which funding is being requested. Include in the description what activities will take place, how the program will be administered, who will be served by the activities, and a timetable for the implementation of the proposal.

The program will be administered by JML Healthcare Services, LLC and AG Architecture. 8 developmentally disabled adults with behavioral and medical challenges would be served. Funding would be used to make Taylor Home #5 into a Class "CS" licensed building. The building needs to be fully sprinklered, 2 large bathrooms to be made handicapped accessible, 2 stairwells enclosed, and doorways widened to 36" and miscellaneous renovations (wall removals, carpet, etc). Racine Residential Care is slated to close by December, 2009. Licensed requirements need to be in place by October, 2009 at the latest.

# **SECTION 3: COLLABORATION**

1) Describe the extent to which your proposal is consistent with the City of Racine Consolidated Plan priority housing goals: promoting homeownership; rehabilitating or constructing affordable housing in target neighborhoods; preventing homelessness.

This proposal is consistent with the City of Racine Plan to rehabilitate affordable housing for this special population who are going to be displaced from their home. This proposal enables a group of special Racine residents to live in an environment that meets their needs, while continuing to live in the community that they are familiar with and accustomed to. Furthermore, this proposal will allow JML Healthcare Services to provide the needed services and help alleviate transfer trauma associated with uprooting these individuals.

2) Describe how your proposal supports or complements the activities of other housing providers in Racine.

This proposal complements the activities of other housing providers by ensuring that all types of individuals are taken into consideration. Currently, there is not enough housing to accommodate the special needs these people have.

### **SECTION 4: BUDGET**

#### BUDGET FOR ACTIVITIES PROPOSED FOR HOME FUNDING IN WHOLE OR IN PART:

| REVENUES: FUNDS    | REQUESTED             | FROM        | HOME | PROC           | BRAM             |
|--------------------|-----------------------|-------------|------|----------------|------------------|
| \$00<br>OTHER FUND | OS: LIST SOURCE AND A | MOUNT       |      | g              | በበ               |
|                    |                       |             |      | \$<br>\$<br>\$ | 00<br>.00<br>.00 |
|                    | TOT                   | AL REVENUES |      | \$             | .00              |

EXPENSES: Attach a budget spreadsheet specifying the uses of the funding. For example, include acquisition, architect's fees, permits, and other soft costs, holding costs, labor and materials, disposition costs, permits, organizational overhead, contractor profit, contingencies, etc.

#### Expenses:

\* Wiring Hook-ups

\* Organizational overhead

| Fully Sprinkle Building -   | \$55,000 |  |  |  |
|---|----------|--|--|--|
| 2 Large handicapped accessible bathrooms  | \$45,000 |  |  |  |
| Enclose 2 stairwells -  | \$20,000 |  |  |  |
| AG Architect Services -\$15,00  Research, design, evaluating renovation Plans To secure approvals, assist in construction administration Prepare final drawings for construction Meet with appropriate authorities to achieve necessary approvals |          |  |  |  |
| Widen Doorways to 36" (12 doors @ \$300) =  | \$3,600  |  |  |  |
| Miscellaneous Costs -     * Carpet     * Wall Removals     * Permits  | \$11,400 |  |  |  |