

# PROJECT NEW LIFE



*"Empowering Children and Families to Excel in Life"*

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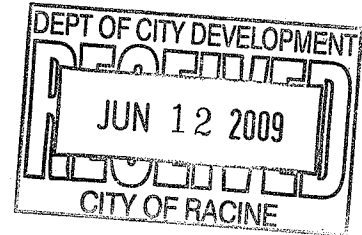
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June 11, 2009

Mr. Brian F. O'Connell, AICP  
Director-Department of City Development  
730 Washington Avenue  
Racine, Wisconsin 53403



### Re: Local Option Fund Request for Nehemiah Place Permanent Housing Program

Dear Mr. O'Connell:

On behalf of Project New Life Community Development Corporation, we are requesting assistance from the City of Racine Local Option Fund to provide a match for the continuation of the Nehemiah Place Permanent Housing Program. Our renewal grant from the U.S. Department of Housing and Urban Development must have the matching requirement of \$22,590.00 for supportive services by August 2009. Our agency has a strong commitment from the United Way of Racine County for \$5,000.00 leaving a match shortage of \$17,590.00.

Mr. O'Connell, our request of \$17,590.00 will be used as matching funds for the supportive services portion of the renewal grant of \$152,028.00. Project New Life Community Development Corporation has been previously awarded support from the United Way of Racine County and the City of Racine for this Permanent Housing Program that provides housing assistance and supportive services for 10 adult men and women with severe AODA and/or mental illness. Our agency is only one of two agencies in the City of Racine that provides this specific service to reduce chronic homelessness and transition the clients into self-sufficiency.

Finally, we have attached a budget sheet and additional supportive documents on the Nehemiah Place Permanent Housing Program which demonstrates the value of this U.S. Department of Housing and Urban Development Award for the City of Racine and the mission in reducing the issue of chronic homelessness.

Thank you for your assistance.

Sincerely,

Elliott K. Cohen  
Executive Director-Project New Life, CDC  
cc: Mayor John Dickert  
City of Racine Common Council Members

PROPOSAL # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

**PROPOSAL FOR 2009 CDBG LOCAL OPTION FUNDING**  
**SUMMARY SHEET**

NAME OF PROGRAM: Nehemiah Place Permanent Housing Program  
NAME OF ORGANIZATION: Project New Life Community Development Corporation  
ADDRESS: 1809 Douglas Avenue Suite 306 CITY: Racine STATE: WI  
PHONE NUMBER: (262) 898-3268 FAX NUMBER: (262) 898-3269  
E-MAIL ADDRESS: abundantlife@wi.twcbc.com  
NAME OF DIRECTOR: Elliott K. Cohen NAME OF CONTACT: Joy Ragnow-Guzy  
FINANCIAL REPORTING TO BE DONE BY(NAME): Gordon Maier  
PROGRAM REPORTING TO BE DONE BY(NAME): Donna Swift

**FUNDING SUMMARY**

CDBG FUNDS REQUESTED: \$17,590.00

- 1) Will the proposed activity need CDBG funds for more than one year? Yes X. No \_\_\_\_\_. If yes, explain why. Federal Grant requires a match for continuation of housing support.
- 2) Has your organization received CDBG funding for this program in the past five years? Yes X. No \_\_\_\_\_.
- 3) Do you have a signed agreement to use CDBG funds allocated to you in prior years? Yes \_\_\_\_ No X.
- 4) Has your organization secured other funding to assist in this program? Yes X. No \_\_\_\_\_. If "yes" indicate the funding source and corresponding amount(s). U.S. Department of Housing & Urban Development SHP Grant & United Way of Racine County

TOTAL PROGRAM COST (FROM ALL FUNDING SOURCES): \$174,618.00 Percent of CDBG to TOTAL cost 10 %

**SUMMARY**

Provide a VERY brief summary of the program.

Project New Life has been awarded a renewal grant of \$152,028.00 to provide permanent housing and supportive services for 10 adult men and women experiencing homelessness with severe AODA and/or mental illness. PNL is requesting funding to meet the matching requirements for supportive services.

- 1) Total number of clients to be served 10.
- 2) Age group of the people served. Youth (0 – 18) \_\_\_\_ Adult (18 – 62) X Senior ( over 62) \_\_\_\_\_
- 3) What percentage of the activities will take place in the City of Racine? 91 percent
- 4) What percentage of the activities will take place in areas defined by HUD as being low and moderate income? 91 percent
- 5) What percentage of the people served will be City of Racine residents? 91 percent
- 6) What percentage of people served will be low or moderate income persons as defined by HUD? 91 percent
- 7) Which category of community needs best fits your program? (check all those that apply) Improved Neighborhoods X Job Creation X Youth Activities \_\_\_\_ Shelter X Other (list) \_\_\_\_\_.

**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.

1) The Nehemiah Place Permanent Housing Program proposes to address the need for permanent (1 year or longer) housing projects in Racine that serve persons experiencing homelessness AODA and/or mental illness.

2) We determined this need based upon data obtained from a 2007 study conducted by the Homeless Assistance Coalition (HAC), the National Resource Center and local catholic charity organizations in Racine. Additionally the Housing Assistance Leadership Organization (HALO) and finally a study conducted by the United Way of Racine County on persons experiencing homelessness in Racine.

3) 78% of persons experiencing homelessness in Racine are dually diagnosed with AODA and mental illness. Over 528 of 677 homeless persons surveyed on a study conducted by Catholic Charities in Racine need some form of long term behavioral health intervention to reduce substance abuse and/or mental health symptoms. The number one priority for persons experiencing homelessness with AODA and/or mental illness in study conducted by HAC was permanent or long-term housing services. Securing permanent housing was viewed as essential to making the transition into independent living and self-sufficiency.

**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.

**Program Description:** The Nehemiah Place Permanent Housing Program will provide assistance and supportative services for 10 adult men and women experiencing homelessness with severe AODA and/or mental illness. Each participant will have a one bedroom furnished apartment for a period of 2 years. Essential to the success of each participant in becoming self-sufficient will be supportive services including: case management, life skills training, AODA counseling/treatment mental health counseling, employment/education instruction, transportation assistance, food support and clothing assistance.

**Marketing:** The public was originally notified of the Nehemiah Place Program during a press conference on July 19, 2005 to announce the US Department of Housing & Urban Development (HUD) award. Since this time the public is made aware of our activity through our website, newspaper articles, HAC meetings, referrals from other housing service providers, probation/parole, faith-based organizations and word of mouth.

**Personnel:** Services for the Nehemiah Place Permanent Housing are provided by PNL through a (.75 FTE) case manager, a (.50 FTE) life skills coordinator, a (.50 FTE) employment/education coordinator, an AODA counselor, a (.25 FTE) clerical staff and a quality assurance staff member to review documentation and files for HUD compliance.

**Location:** The Nehemiah Place Permanent Housing Program will provide 10 one bedroom apartments for adult men and women experiencing homelessness at 1809 Douglas Avenue.

**Schedule of Activities:** Activities for the 10 adult men and women experiencing homelessness include: meal preparation, mandatory attendance of AODA and/or mental illness appointments, conducting employment searches, attending GED/HSED classes, submission to random urine analysis, maintenance and up keep of apartments, personal hygiene and grooming training.

**Organizational Profile:** Project New Life is a 501 (c) (3) community-based organizational with a mission to empower individuals to achieve a better quality of life. Since the original award of the federal grant of \$299,621 over 4 years ago, PNL has consistently been renewed a grant award with HUD and has demonstrated a trace record of successful program participants that have transitioned into independent living. Our agency has the capacity and experiencing in providing services to a population base in the city of Racine that has a reputation for being chronically homeless. Our agency is the only one of two in Racine that is demonstrating the ability to reduce chronic homelessness by assisting our program participants with becoming self-sufficient.

### **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.

The objective of the Nehemiah Place Program is to provide housing assistance and supportive for 10 adult men and women experiencing homelessness with severe AODA and/or mental illness. Program goals that have been established and approved by the US Department of Housing & Urban Development include: 95% retention of permanent housing, 85% of clients will obtain their GED/HSED and pursue advance post high school studies, 95% of clients will maintain sobriety during the duration of the program, 50% of eligible program participants will obtain employment, 100% of program participants will develop life skills necessary to transition into self-sufficiency, the goals will be measured by documents validating GED/HSED achievements, letters of employment confirmations, urine analysis, case notes documenting progress of program participants and feedback from participants on the value of Nehemiah Place Program.

### **SECTION 4: INNOVATION**

Is this a new program or approach to providing for a need in the Racine community?

This project is only one of two permanent housing projects in the city of Racine. Without compromising our mission or conflicting with the regulations of a federal funded program, we offer a faith based approach to helping our clients improve their lives and become self-sufficient contributors to the Racine community.

### **SECTION 5: 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.

TLS is the only other agency that focuses on permanent housing for the homeless. Our program is distinctive from others because our emphasis is placed on participants that are dually diagnosed, 78% of homeless people in Racine have an AODA/drug and/or mental illness related issues.

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

There are not enough permanent housing providers in Racine. This lack of permanent housing providers continues to compound the problems of homelessness and reduces the likelihood of self-sufficiency and independent living.

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

Our agency is currently working with the Racine Homeless Coalition (HAC) to address issues concerning the homeless population. We refer clients throughout our collaboration for wrap-around services. Some of our partners include: Safe Haven, Bethany Apartments, HALO, United Way of Racine County, Children Services of Racine, Women's Resource Center, Legal Action, Starting Over Services and Vets Place. Each agency has a memorandum of understanding on file and available for review, which states the mission of each agency and the services that will be provided ranging from legal assistance, housing referrals for men, women and children, rent assistance, career/employment assessments, job training, housing assistance for veterans, shelter for youths and funding collaborations for grants.

**SECTION 6: BUDGET (PAGE ONE OF TWO PAGES)**

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

<b>REVENUES:</b>		
FUNDS REQUESTED FROM C.D.B.G. PROGRAM		<u>\$17,590.00</u>
FUNDS FROM OTHER SOURCES:		
1. <u>US Department of Housing and Urban Development SHP Grant</u>		<u>\$ 152,028.00</u>
2. <u>United Way of Racine County</u>		<u>\$ 5,000.00</u>
3. _____		<u>\$ _____</u>
<b>TOTAL REVENUE</b>		<u>\$ 157,028.00</u>

<b>EXPENSES:</b>				<u>C.D. FUNDS</u>	<u>OTHER FUNDS</u>	<u>TOTAL</u>
SALARIES:	Position	#Hours	Rate	\$ _____	\$ _____	\$ _____
	<u>Case Manager</u>	<u>40</u>	<u>Salary</u>	<u>\$ 17,590.00</u>	\$ _____	\$ _____
	_____	_____	_____	\$ _____	\$ _____	\$ _____
	_____	_____	_____	\$ _____	\$ _____	\$ _____
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 * :						
<u>US Department of Housing &amp; Urban Development</u>				\$ _____	<u>\$ 152,028.00</u>	\$ _____
<u>United Way of Racine County</u>				\$ _____	<u>\$ 5,000.00</u>	\$ _____
_____				\$ _____	\$ _____	\$ _____
_____				\$ _____	\$ _____	\$ _____
<b>TOTAL EXPENSES</b>				<u>\$ 17,590.00</u>	<u>\$ 157,028.00</u>	<u>\$ 174,618.00</u>

\* Provide detail on next page as indicated.

**SECTION 6: BUDGET (CONTINUED)**

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

N/A

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

N/A

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

N/A

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

Our drug and alcohol counselor identifies and evaluates each client's strengths, weaknesses, problems, and needs for the development of his/her treatment plan. To select an AODA counselor one must have a CADC certification, five years paid work experience, supervised work experience in a position where at least 51% of the applicant's time is spent providing primary alcohol and other drug abuse counseling. The applicant minimally must have primary responsibility for providing drug and alcohol counseling to an individual and/or group, preparing treatment plans and documenting client progress.

- Explain all items listed under "Other Expenses".

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

N/A

**SECTION 7: ATTACHMENTS**

Please provide one copy only of the following

- A description of all jobs shown in the budget.
- A copy of applicant's (agency) 2008 budget.
- A copy of the applicant's most recent financial audit or compilation.

**PLEASE, LIMIT YOUR ATTACHMENTS TO ONLY THOSE REQUESTED!!!**

**SECTION 9: NATIONAL OBJECTIVE CERTIFICATION**

PLEASE HAVE THE PRESIDENT OF THE BOARD OF DIRECTORS, THE CITY AGENCY DEPARTMENT HEAD, OR, IF THE APPLICANT IS AN INDIVIDUAL, THE INDIVIDUAL, 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 CDBG 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 91 % of the clients to be assisted will be low and moderate income persons residing in the City of Racine, Wisconsin.

Stephen Ogungbe                      6/1/09  
Signature                                      Date  
Stephen Ogungbe  
Print Name  
Board President  
Title

**To benefit an area...**

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.

Stephen Ogungbe                      6/1/09  
Signature                                      Date  
Stephen Ogungbe  
Print Name  
Board President  
Title

**FOR ACTIVITIES DESIGNED TO ELIMINATE SLUMS AND BLIGHT**

**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

**SECTION 8: STATEMENT OF APPROVAL**

**Non-profit and For Profit Organizations.**

This proposal for CDBG funds was considered and approved by our Board of Directors at a meeting at which a quorum was present on June 1, 2009 and all information contained in the proposal is true and correct to the best of our knowledge:

Stephen Ogungbe 6/1/09  
Board President's Signature Date  
Stephen Ogungbe  
Print Name

Kyle D. Lawrenz 6/1/09  
Board Treasurer's Signature Date  
Kyle Lawrenz  
Print Name

**Government Agencies and Individuals.**

This proposal for CDBG 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 Date  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Title Date



Project New Life, Inc., Community Development Corporation

**Position:** Case Manager HUD

**Reports To:** Executive Director

**Position Summary:**

This position involves the care and treatment of homeless adult consumers with an AODA and / or mental health need being served under the HUD funded Nehemiah Place Project. Under the supervision of the Executive Director, this individual is responsible for implementing the overall treatment plan of the clients assigned to include necessary follow-up, case management and intervention as required.

**Principal Duties and Responsibilities:**

Responsible for adhering to agency policies and procedures and program requirements outlined in the HUD Project Contract as well as any state regulations surrounding service delivery.

Responsible for completion of appropriate intake/admission materials with the assistance of the client and Executive Director, as needed.

Under supervision of Executive Director, formulates case plans for clients on his/her caseload.

Coordinates agency staff/volunteers and community resources to support and implement goal or case plan.

Provide supportive counseling and crisis intervention as needed and called for by the case plan.

Responsible for collaborating with the contracted AODA counseling provider to maintain a treatment oriented environment (under supervision of director) and assure consistency in carrying out treatment objectives.

Coordinate all government support programs and client eligibility for SSI.

Provide liaison with client's family or guardian when appropriate.

Monitor client's psychiatric medication regime and compliance as directed by the physician.

Responsible for coordinating the efforts of all professionals and paraprofessionals involved with the client.

Responsible for formulation of appropriate discharge plan with assistance of client and director.

Assist client in securing adequate housing when necessary.

As needed, do site monitoring visits of the living conditions and program compliance.

Responsible for accurate documentation and maintaining case file as required by state and federal regulation, HUD contract and agency policy.

Attends and participates in staff meetings, in-service training seminars and conferences as required.

**Other Duties and Responsibilities:**

Other job-related duties as may be necessary to carry out the responsibilities of the position.

## **Case Manager HUD - (Job Description continued)**

### **Work Relationships and Scope:**

Reports directly to the Executive Director. Works with other community resource programs, Psychiatrists or medical doctors.

**Performance Expectations:** Professional workplace appearance and conduct; accuracy and attention to detail when documenting on consumer contacts; friendliness and courtesy to consumers and PNL employees; effectively communicates and develops good working relationships with co-workers; reliability in reporting to work regular and on time; understands and adheres to established policies and procedures.

### **Knowledge, Skills, and Abilities:**

Bachelor's Degree in Social Work or related field plus experience in working with alcohol and drug addicted adults. Applicants must also have a valid driver's license, automobile, and sufficient insurance to meet agency requirements. Must have working knowledge of Microsoft Word. Must be able to communicate both orally and verbally in a positive manner to clients and also have good organizational skills. Must be able to lift and carry 20 pounds. Must be able to use public transportation and climb two flights of stairs. Must be able to assist clients with activities of daily living, such as shopping, cleaning and cooking.

### **Working Conditions:**

Work is performed in an office environment and also in the community. Hours of work will generally be during the regular business hours and average at least 40 hours a week. Evening or weekend work may be required on occasion.

**Part B: Project Summary Budget**

**B1. Supportive Housing Program (SHP) (All SHP Projects)**

a. <input checked="" type="checkbox"/> SHP Program		c. Grant Term* (Check only one box)		
b. Component Types (Check only one box) <input type="checkbox"/> TH <input checked="" type="checkbox"/> PH <input type="checkbox"/> SSO <input type="checkbox"/> HMIS <input type="checkbox"/> Safe Haven/TH <input type="checkbox"/> Safe Haven/PH		<input checked="" type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 3 Years
d. Proposed SHP Activities	e. SHP Dollars Request	f. Cash Match	g. Totals (Col. e + Col. f)	
1. Acquisition	0	0	0	
2. Rehabilitation	0	0	0	
3. New Construction	0	0	0	
4. Subtotal (Lines 1 through 3)	0	0	0	
5. Real Property Leasing From Leasing Budget Chart	57,658		57,658	
6. Supportive Services From Supportive Services Budget Chart	75,835	18,959	94,794	
7. Operations From Operating Budget Chart	9,364	3,121	12,485	
8. HMIS From HMIS Budget Chart	2,038	510	2,548	
9. SHP Request (Subtotal lines 4 through 8)	144,895	Total Cash Match	Total Budget (Total SHP Request + Total Cash Match)	
10. Administrative Costs (Up to 5% of line 9)	7,133			
11. Total SHP Request (Total lines 9 and 10)	152,028	22,590	174,618	

\*New projects must be 2 or 3 years, except new HMIS projects and new hold harmless reallocation projects, which can be 1, 2 or 3 years.

**B2. Shelter Plus Care (S+C) (All S+C Projects)**

a. <input type="checkbox"/> S+C Program		c. Grant Term (Renewals are 1 year only) (Check only one box)		
b. Component Types (Check only one box) <input type="checkbox"/> TRA <input type="checkbox"/> SRA <input type="checkbox"/> PRA <input type="checkbox"/> PRAR <input type="checkbox"/> S+C/SRO		<input type="checkbox"/> Renewal 1 Year	<input type="checkbox"/> New 5 Years	<input type="checkbox"/> New (PRAR, S+C/SRO) 10 Years
1. Total S+C Rental Assistance Amount from S+C and SRO Budget Chart		\$		

**B3. Section 8 Single Room Occupancy (SRO) (All Section 8 SRO Projects)**

a. <input type="checkbox"/> SRO Program		c. Grant Term	
b. Component Type <input type="checkbox"/> (SRO)		<input type="checkbox"/> 10 Years	
1. Total SRO Rental Assistance Amount from SRO Budget Chart		\$	

**12. SHP Supportive Services Budget (All SHP Projects as Applicable)**

Supportive Services Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Outreach</b> Quantity:		0	0	0
<b>2. Case Management</b> Quantity: \$13.18/hr X .75 FTE (plus taxes) Quantity: \$20/hr x 10hrs x 52 weeks (contracted work)	22,137 10,400	0	0	32,537
<b>3. Life Skills (outside of case management)</b> Quantity: \$9.98/hr X .55 FTE (plus taxes)	12,287	0	0	12,287
<b>4. Alcohol and Drug Abuse Services</b> Quantity: \$75 x 26 group sessions/yr Quantity \$50 x 180 individual sessions/yr	1,950 6,000	0	0	7,950
<b>5. Mental Health and Counseling Services</b> Quantity:	0	0	0	0
<b>6. HIV/AIDS Services</b> Quantity:	0	0	0	0
<b>7. Health Related &amp; Home Health Services</b> Quantity:	0	0	0	0
<b>8. Employment, Education and Instruction</b> Quantity: \$9.98/hr X .70 FTE (plus taxes)	15,637	0	0	15,637
<b>9. Employment Services</b> Quantity:	0	0	0	0
<b>10. Child Care</b> Quantity:	0	0	0	0
<b>11. Transportation</b> Quantity: Monthly bus passes for 10 persons	6,500	0	0	6,500
<b>12. Transitional Living Services</b> Quantity:	0	0	0	0
<b>13a. Other (must specify *) Food</b> Quantity: \$133/mo x 10 persons	15,983	0	0	15,983
<b>13b. Other (must specify *) Personal Needs Items</b> Quantity: \$25/mo x 10 persons	3,000	0	0	3,000
<b>13c. Other (must specify *) Clothing</b> Quantity: Special Employment Related Clothing	900	0	0	900
<b>14. Total SHP dollars requested:** (lines 1 to 13)</b>	75,835	0	0	75,835
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 14 must match line 6, column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 80 percent of the Total Supportive Services Costs entered on Line 16.</i>				
<b>15. Total cash match to be spent on SHP eligible supportive service activities:</b>	18,959	0	0	18,959
<b>16. Total supportive services costs: ***</b>	94,794	0	0	94,794
<i>*** The Total Supportive Services Costs includes the cash match entered on line 15, and the SHP dollars requested on line 14. The total of Line 16 must match line 6, column g., on the Project Summary Budget.</i>				

**13. SHP Operating Budget (All SHP Projects with Operating Costs)**

Operating Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>1. Maintenance/Repair</b> Quantity:	0	0	0	0
<b>10. Staff</b> Life Skills, \$9.96/hr; .20FTE (plus taxes) Executive Director/Bookkeeper, \$9.69/hr; .10FTE (plus taxes)	4,468 1,117	0	0	5,585
<b>3. Utilities</b> Quantity:	0	0	0	0
<b>4. Equipment (lease/buy)</b> Quantity: equipment for units and program	600	0	0	600
<b>5. Supplies</b> Quantity: Cleaning/Maintenance supplies for 10 units Office Supplies for HUD project	1,800 1,500	0	0	3,300
<b>6. Insurance</b> Quantity:	0	0	0	0
<b>7. Furnishings</b> Quantity: client/program furnishings or replacement of items	3,000	0	0	3,000
<b>8. Relocation</b> Quantity: (number of persons)	0	0	0	0
<b>9. Food</b> Quantity:	0	0	0	0
<b>10. Other Operating Activity: *</b> Quantity:	0	0	0	0
<b>11. Total SHP Operating Dollars Requested (lines 1 to 10): **</b>	9,364	0	0	9,364
<i>*If not specified, the costs will be removed from the budget.</i>				
<i>**Total of Line 11 must match line 7 column e., on the Project Summary Budget. The amount of the SHP request entered must be no more than 75 percent of the Total Operating Costs entered on Line 12.</i>				
<b>12. Total cash match to be spent on SHP eligible operations activities:</b>	3,121	0	0	3,121
<b>13. Total Operating Costs: ***</b>	12,485	0	0	12,485
<b>*** The Total Operating Costs includes the cash match entered on line 12 and the SHP dollars requested on line 11. The total of Line 13 must match line 7, column g., on the Project Summary Budget.</b>				

**15. SHP HMIS Budget (All SHP Projects with HMIS Costs)**

HMIS Costs	SHP Dollars Requested			
	Year 1	Year 2	Year 3	Total
<b>Equipment</b>	0	0	0	0
1. Central Server(s)	0	0	0	0
2. Personal Computers and Printers	0	0	0	0
3. Networking	0	0	0	0
4. Security	0	0	0	0
<b>Subtotal:</b>	0	0	0	0
<b>Software</b>	0	0	0	0
5. Software/User Licensing	0	0	0	0
6. Software Installation	0	0	0	0
7. Support and Maintenance	75	0	0	75
8. Supporting Software Tools	0	0	0	0
<b>Subtotal:</b>	75	0	0	75
<b>Services</b>	0	0	0	0
9. Training by Third Parties	0	0	0	0
10. Hosting/Technical Services	0	0	0	0
11. Programming: Customization	0	0	0	0
12. Programming: System Interface	0	0	0	0
13. Programming: Data Conversion	0	0	0	0
14. Security Assessment and Setup	0	0	0	0
15. On-line Connectivity (Internet Access)	330	0	0	330
16. Facilitation	0	0	0	0
17. Disaster and Recovery	0	0	0	0
<b>Subtotal:</b>	330	0	0	330
<b>Personnel</b>	0	0	0	0
18. Project Management/Coordination	0	0	0	0
19. Data Analysis	0	0	0	0
20. Programming	0	0	0	0
21. Technical Assistance and Training	0	0	0	0
22. Administrative Support Staff .125 FTE @ 7.50/hr (plus taxes)	2,143	0	0	2,143
<b>Subtotal:</b>	2,143	0	0	2,143
<b>HMIS Space and Operations</b>	0	0	0	0
23. Space Costs	0	0	0	0
24. Operational Costs	0	0	0	0
<b>Subtotal:</b>	0	0	0	0
<b>25. Total SHP HMIS dollars requested: *</b>	<b>2,038</b>	<b>0</b>	<b>0</b>	<b>2,038</b>
<i>* Total of Line 25 must be no more than 80 percent of the Total HMIS Costs entered on Line 27.</i>				
<b>26. Total cash match to be spent on SHP eligible HMIS activities:</b>	<b>510</b>	<b>0</b>	<b>0</b>	<b>510</b>
<b>27. Total HMIS Costs**</b>	<b>2,548</b>	<b>0</b>	<b>0</b>	<b>2,548</b>
<i>**The Total HMIS Costs includes the SHP dollars requested on line 25 and the cash match entered on line 26. The total on line 27 must match line 8, column g., on the Project Summary Budget.</i>				



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  
WASHINGTON, DC 20410-7000

OFFICE OF ASSISTANT SECRETARY  
FOR COMMUNITY PLANNING AND DEVELOPMENT

February 19, 2009

Pastor Elliott Cohen  
Executive Director  
Project New Life, CDC  
1809 Douglas Avenue #306  
Racine, WI 53402

Dear Pastor Cohen:

Congratulations! I am delighted to inform you that the homeless assistance application(s) submitted by your organization in the 2008 McKinney-Vento homeless assistance competition was selected for funding in the amount of \$152,028. Enclosed is a list that contains the name of the individual projects and the project number for each funded application.

The Continuum of Care (CoC) Homeless Assistance Program is an important part of HUD's mission. CoCs all over the country continue to improve the lives of homeless men, women and children through their local planning efforts and through the direct housing and service programs funded in this year's competition. The programs and CoCs funded through the CoC Homeless Assistance Program continue to illustrate their value by improving accountability and performance every year. I commend you on the outstanding work of your program, and encourage you to continue to strive for excellence in the fight against homelessness.

Congratulations again on your award. You will be receiving a letter from your local HUD field office providing more information about finalizing your award. We are counting on you to use these important resources in a timely and effective manner.

Sincerely,

A handwritten signature in black ink, appearing to read "Nelson R. Bregón".

Nelson R. Bregón  
General Deputy Assistant Secretary

Enclosure(s)

PAUL RYAN  
1ST DISTRICT, WISCONSIN

COMMITTEE ON THE BUDGET  
RANKING MEMBER

WASHINGTON OFFICE:

1113 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-4901  
(202) 225-3031  
FAX: (202) 225-3393

Congress of the United States  
House of Representatives  
Washington, DC 20515-4901

COMMITTEE ON  
WAYS AND MEANS  
SUBCOMMITTEE ON SOCIAL SECURITY

SUBCOMMITTEE ON  
SELECT REVENUE MEASURES

TOLL-FREE: 1-888-909-RYAN (7926)  
INTERNET: www.house.gov/ryan

February 25, 2009

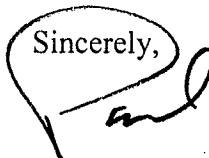
Pastor Elliott Cohen  
1801 Douglas Avenue  
Racine, Wisconsin 53402

Dear Pastor Cohen:

I am pleased to inform you that Project New Life has been awarded a Continuum of Care Homeless (CoC) Grant in the amount of \$152,028 for your Nehemiah Place Program. For your record purposes, I have enclosed a copy of the Congressional grant notification my office recently received from the U.S. Department of Housing and Urban Development (HUD).

Congratulations again on your CoC grant award. Please do not hesitate to contact me if you need help in the future. I am always happy to respond and be of service to you. Best wishes.

Sincerely,



Paul Ryan  
Serving Wisconsin's 1<sup>st</sup> District

Enclosure

JANESVILLE  
CONSTITUENT SERVICES CENTER  
20 SOUTH MAIN STREET, SUITE 10  
JANESVILLE, WI 53545  
(608) 752-4050 . FAX: (608) 752-4711

KENOSHA  
CONSTITUENT SERVICES CENTER  
5455 SHERIDAN ROAD, SUITE 125  
KENOSHA, WI 53140  
(262) 654-1901 . FAX: (262) 654-2156

RACINE  
CONSTITUENT SERVICES CENTER  
216 6TH STREET  
RACINE, WI 53403  
(262) 637-0510 . FAX: (262) 637-5689