

**City of Rapid City
Community Development Block Grant (CDBG) Program
Application for Funding**

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A. General Information:

Agency Name: Friendship House
Address: 211 West Blvd. N.
Address of Project: 211 West Blvd. N.

NOV 13 2003
Rapid City
Planning Department

Agency Director: Dorothy McCurdy

Phones: (605) 342-4294

Board President: Greg Bartron

B. Purpose of the organization: To provide a home for a limited time, providing food, shelter, and therapy in a supportive, safe, sober environment.

C. History of the organization: Friendship House was established on November 1st 1969. F.S.H. started to contract with the Federal Prison System in 1973. Since 1977 we have been accepting qualified work release people from the State Penitentiary. We also work with any chemically dependent individuals that want to live a sober life and are willing to do what is necessary to obtain and enhance their quality of sobriety.

D. Agency/Organization Goals: The primary goal of the Friendship House is to help increase the productivity, happiness, and personal fulfillment of our clients in mainstream living through sobriety and improved health.

E. Program/Project Benefit:

1. Number of clients served during the last twelve (12) months: (114)
2. Number of clients served in Rapid City: (114) Outside Rapid City: 0
3. Maximum number of clients your agency can serve at any one point in time: (32)

4. **Does the agency have income eligibility requirements which limit service or activities exclusively to low/moderate income persons:** (No)

5. **Does your agency serve any of the following specific groups of clientele:** We serve the elderly, battered spouse, homeless, disabled, and illiterate populations, who are chemically dependent and want to find a new way of life in sobriety. Our agency follows all the guidelines of HUD. We do not deny services to anyone that meets the requirements of our program.

6. **Does your agency require information on the following? The following Family size and income, Very low income (income below 30% of area median income), Low income (income between 31%-50% of area median income, above 80% of median income.** (Yes)

7. **If the benefits or services that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served.** Boundaries can be census tracts, block groups, street boundaries, or other officially recognized boundaries: There are no boundaries in working with the residents we serve.

8. **If the project or activity for which CDBG funds are requested, will create new, or be used to improve permanent residential structures that will be occupied by low and moderate income households upon completion, please state how many will be improved:** We will use the funds to purchase new beds, bedding and pillows. We will purchase new tables for the halfway house. It will also be used to purchase new water heaters for F.S.H. Transportation for clients in emergency situations will be available and \$500.00 will be set aside for travel. We will also put aside \$500.00 to provide medication for clients in need.

Will the rental amounts remain affordable as per HUD guidelines?
(Yes)

Will the program beneficiaries or participants be limited to low and moderate income households? (Yes)

F. **Fee schedule for services, if applicable, please attach:** Clients will pay 17.00 per day to stay at the Friendship House this will include meals, room and access to laundry. Both individual and group therapy are included in the daily cost.

Clients must pay 119.00 upon admission to the program which is the equivalent to the first weeks rent.

G. Purpose and description of program/project for which funds are requested:

The friendship house is in need of two new water heaters and 25 new beds including bedding. None have been replaced since 1975. The maximum census was 14 until this last year. At the current time Friendship House has 32 clients this is all that F.S.H can serve at any given time. We also assist the clients in finding work. The Division of Alcohol and Drug Abuse of South Dakota accredits Friendship House. The house is in desperate need of up grades which were mentioned above.

H. Describe how funds will be used: The funds will be used to purchase beds and bedding. We are in desperate need of two water heaters. We will also use the money for up keep and maintenance as well as buying food and other supplies to better enhance the resident's stay.

I. Please state program project start and completion dates: Purchase of beds will be in Jan. 2004 and water heaters will be bought after 3 bids have been submitted with the best bid for the best equipment, for our purpose, taken to the board of directors for their approval. Food purchases will be on going through out the year.

J. If funds requested are for building expansion, renovation or a new facility, please complete the following information: NA

Existing Liabilities: Against the Property: NA

Appraised Value: NA

Property Insurance Agent: NA

Amount of Insurance Coverage: NA

Project Cost Breakdown: NA

Cost Estimate Prepared By: NA

Architect (if applicable): NA

K. Funding sources for the program/project:

Community Development Block Grant Funds Requested
Other Funding Sources: donations of blankets from church

\$ 9750.00

L. Financial Information:

Please see attached financial statement:

Signature of Agency Director

Signature of Board President

Date: _____

Date:

Attachments: List of Board Members
Financial Statements
Articles of Incorporation and By-laws

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J. If funds requested are for building expansion, renovation or a new facility, please complete the following information:

Existing Liabilities Against the Property: \$ _____
Appraised Value: \$ _____
Property Insurance Agent: _____
Amount of Insurance Coverage: \$ _____
Project Cost Breakdown: \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Cost Estimate Prepared By: _____
Architect (if applicable): _____

K. Funding sources for the program/project:

Community Development Block Grant Funds Requested \$ _____
Other Funding Sources: _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

L. Financial Information:

Please attach financial statement.




Signature of Agency Director

Date: 



Signature of Board President

Date: 

*Deadline for Applications:
Friday, November 14, 2003
4:00 p.m.*

Attachments: List of Board Members
Financial Statements
Articles of Incorporation and By-laws