

#1

CITY OF RAPID CITY

SEP 10 2004

COMMUNITY DEVELOPMENT DEPT.

City of Rapid City

Community Development Block Grant (CDBG) Program

Application for Funding

General Information:

Agency Name: Teton Coalition, Inc.

Address: 120 Knollwood Drive, Suite E

Address of Project:

(if different from above)

Contact Information:

Agency Director: Lucy LaDeaux

Phone: 605-341-9939

Fax Number: 605-718-5030  
tetoncoalition@rushmore.com

Email:

Board President: Ken Cermak

(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 16,675

Funds will be used for:  Public Services  Public Facilities or Improvements  
 Housing

B. This funding will:

funding existing program at same level  a substantial increase of existing program

a new program  
Improvements)

N/A (Public Facility or

**C. Provide detailed description of project (1-2 Sentences): Project is an area that has long been neglected and is in need of revitalization of both homes and general area.**

**D. Project Service Area:** Dakota Subdivision

**E. This project meets the following HUD National Objective(s) because it:**

Serves low income Households individuals  Creates jobs for low income individuals

Serves a low income Neighborhood  Eliminates blighted conditions

Creates housing for low income households

**F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007:** This project was created to provide affordable homeownership for low income families/individuals.

**G. Why is this project needed in this community?** Dakota Subdivision has been neglected for many years and has need for revitalization of homes and properties.

**H. Who will be served by the program for which CDBG funds are being requested?**

Please check any of the following specific groups of clientele and indicate the projected number of persons or households you expect to help.

Abused and/or neglected children Number of persons households

Homeless persons Number of persons households

Elderly persons Number of persons households Disabled persons Number of persons households

Battered spouse Number of persons households Illiterate persons Number of persons households

Very low income Number of persons households (income below 30% of area median income)

Low income Number of persons households (income between 31% - 50% of area median income)

Above 80% of median income Number of persons households

Other:

**I. If this is a housing program, it will be used to provide:**

New Single family housing                       Owner occupied                      \_\_\_ Rental

\_\_\_ New multi-family housing                      \_\_\_ Owner occupied                      \_\_\_ Rental

\_\_\_ Housing Purchase rehabilitation

\_\_\_ Housing Rehabilitation for existing homeowners

Down payment or closing cost assistance

**Will the program beneficiaries or participants be limited to low and moderate income**

**households?**  Yes \_\_\_ No

**If not, explain the criteria for qualifying for the program:**

**J. If the project or activity for which CDBG funds are requested will create new, or be used to improve permanent residential housing structures that will be occupied by low and moderate income households upon completion, please state how many will be:**

Completed 2004 New 1 Improved \_\_\_\_\_

**Will the rental amounts remain affordable as per HUD guidelines?** \_\_\_ Yes \_\_\_ No

**If not, explain rental structure:**

**City of Rapid City CDBG Application**

**Continued, page 2**

**K. Fee schedule for services, if applicable, please attach:**

**L. Describe specifically how funds will be used:** Funds are to be used to purchase a lot along with associated fees, down payment assistance for a family, and program administrative costs which include partial salary and benefits for Housing Advocate.

**M. Budget Breakdown for Program/Project**

Please provide a breakdown for the program/project budget:

**Funding Sources for the Program/Project:**

List total cost for the program/project and all expected funding sources and date funds expected to be available/received:

Date funds available

**Total Project Cost \$**

Other funding sources:

Lot + Costs	<u>\$12,000</u>
Down Payment Assistance	<u>\$ 2,500</u>
Administrative Costs	<u>\$ 2,175</u>
	\$
	\$
<b>Total CDBG Funds Requested</b>	<b><u>\$16,675</u></b>

**M. Breakdown of how CDBG funds will be used:**

Program or Program Administration Costs:	<u>\$ 16,675</u>
Salaries	<u>\$ 1,523</u>
Fair Housing Activities	\$
Fringe	<u>\$ 652</u>
Office Space (Program Only)	\$
Utilities	\$
Communications	\$
Reproduction/Printing	\$
Supplies and Materials	\$
Mileage	\$
Audit	\$

Other: \_\_\_\_\_ \$

Other: \_\_\_\_\_ \$

Other: \_\_\_\_\_ \$

Indirect Costs\*: \_\_\_\_\_ \$

Indirect Costs\*: \_\_\_\_\_ \$

Indirect Costs\*: \_\_\_\_\_ \$

Construction Equipment \_\_\_\_\_ \$

Engineering Costs \_\_\_\_\_ \$

Land Acquisition \_\_\_\_\_ \$12,000

Housing Rehabilitation \_\_\_\_\_ \$

Housing Down Payment/Closing Cost Assistance \_\_\_\_\_ \$ 2,500

*\*Any indirect costs charged must be consistent with the conditions of Paragraph VIII (c)(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Sub recipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Sub recipient.*

**City of Rapid City CDBG Application**

**Continued, page 3**

**N. 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: \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Cost Estimate Prepared By: \_\_\_\_\_

Architect (if applicable): \_\_\_\_\_

**O. Funding sources for the program/project:**

Community Development Block Grant Funds Requested \$16,675

Other Funding Sources: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**P. Financial Information:**

Please attach financial statement.

 \_\_\_\_\_

Signature of Agency Director

Date: 9-13-04

 \_\_\_\_\_

Signature of Board President

Date: Sept. 13, 2004

***Deadline for Applications:***

***Friday, September 10, 2004***

***4:00 p.m.***

Attachments: List of Board Members

Financial Statements

Articles of Incorporation and By-laws

**Narratives describing your organization:**

**Narratives describing your organization:**

**A. Mission or goals of the organization:** Teton Coalition's mission is to promote self-sufficiency of Native American and other low income families/individuals in Rapid City and surrounding areas.

**B. History of the organization:** Teton Coalition, Inc. began in 1993 as the Rapid City Housing Coalition. From 1993 until 2000, Teton Coalition was an affordable housing organization promoting negotiation with local banks and community organizations to improve lending practices. In 1999, received HOME Funds from South Dakota Housing Development Authority and assisted the Oglala Sioux Tribe becoming a Community Housing Development Organization (CHDO). Teton Coalition was also the first American Indian urban organization to sign a Community Reinvestment Agreement to bring in new loan products to the community. Since, 1993 Teton Coalition has placed 544 families into homes of their own and educated 792 people through First Time Homebuyer Education.

**C. Agency/Organization Goals:** Goals are to increase affordable housing to low to moderate income families/individuals.

1. Number of clients served during the last twelve (12) months: 250

2. Number of clients served in Rapid City: 210 Outside Rapid City: 40

3. Maximum number of clients your agency can serve at any one point in time: 10

4. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons: Yes        No: X

6. Does your agency require information on the following? (if "no" go to #7)

Yes Family size and income

7. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:

Services are offered to all persons in Rapid City, South Dakota and/or Western South Dakota.

8. Sustainability

Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.

TETON COALITION, INC.  
 120 Knollwood Drive, Suite E  
 Rapid City, South Dakota 57701

**CDBG Budget - September, 2004**

<b>CATEGORY</b>	<b>BUDGET</b>
<b>Personnel</b>	
Executive Director	\$0
Housing Counselor	\$1,523
Developer/Accountant	\$0
Educator Trainee	\$0
<b>Personnel Total:</b>	<b>\$1,523</b>
<b>Fringe Benefits</b>	
Based on 30% of Wage	\$652
<b>Fringe Total:</b>	<b>\$652</b>
<b>Office Requirements</b>	
Down Payment Assistance	\$2,500
Surveys	\$0
Construction-Dakota	
CDBG x3 Lots	\$12,000
Rent/Lease	\$0
<b>Office Total:</b>	<b>\$14,500</b>
<b>Total Requirements:</b>	<b>\$16,675</b>



#2

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

CITY OF RAPID CITY  
SEP 10 2004  
COMMUNITY  
DEVELOPMENT DEPT.

**General Information:**

Agency Name: Behavior Management Systems  
Address: 350 Elk Street, Rapid City, SD 57701  
Address of Project: 111 North Street, Rapid City, SD 57701  
*(if different from above)*

**Contact Information:**

Agency Director: Sandra L. Diegel Phone: 343-7262  
Fax Number: 343-7293 Email: sdiegel@behaviormanagement.org  
Board President: Terri Vidal  
*(attach list of board members)*

**PROGRAM INFORMATION**

A. Amount Requested (Round numbers only): \$27,000

Funds will be used for:  Public Services  Public Facilities or Improvements  Housing

B. This funding will:

fund an existing program at the same level  substantially increase an existing program  
 fund a new program  be used on a Public Facility or Improvements

C. Provide detailed description of project (1-2 Sentences):

In order to comply with Health Insurance Portability and Accountability Act (HIPAA) standards, we must remodel our existing offices at 111 North Street. To accomplish this we need to add seven private offices for face to face meetings with the clients. One of those seven offices will be used for dispensing medications to clients, which, by regulation, requires an enclosed space away from public access. When building these offices, the sprinkler system has to be reconfigured, sprinkler heads need to be changed and the fire alarm system has to be altered.

D. Project Service Area: Residents of Rapid City

E. This project meets the following HUD National Objective(s) because it:

Serves low income Households  Creates jobs for low-income individuals  
 Serves a low-income Neighborhood  Eliminates blighted conditions  
 Creates housing for low income households

**City of Rapid City CDBG Application**  
**Continued, page 2 of 6**

**F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007:** Handicap Services, Substance Abuse Services and Public Services.

**G. Why is this project needed in this community?** To meet the requirements of the Health Insurance Portability and Accountability Act, this remodeling of space must be done. We are the only provider of comprehensive rehabilitation and vocational services to adults with severe mental illness in Rapid City. The majority of these clients are low and very low income and would be homeless or imprisoned without our services.

**H. Who will be served by the program for which CDBG funds are being requested?**  
 Please check any of the following specific groups of clientele and indicate the projected number of persons or households you expect to help.

<input type="checkbox"/> Abused and/or neglected children	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input checked="" type="checkbox"/> Homeless persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>493</u>
<input checked="" type="checkbox"/> Elderly persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>14</u>
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>433</u>
<input type="checkbox"/> Battered spouse	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Illiterate persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input checked="" type="checkbox"/> Very low income (income below 30% of area median income)	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>329</u>
<input checked="" type="checkbox"/> Low income (income between 31% - 50% of area median income)	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>75</u>
<input checked="" type="checkbox"/> Above 80% of median income	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>9</u>
<input type="checkbox"/> Other: <u>Income between 51%-80%</u>	# of persons <input checked="" type="checkbox"/>		<u>20</u>

**I. If this is a housing program, it will be used to provide:** N/A

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> New Single family housing                      | <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Rental |
| <input type="checkbox"/> New multi-family housing                       | <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Housing Purchase rehabilitation                |   |                                 |
| <input type="checkbox"/> Housing Rehabilitation for existing homeowners |   |                                 |
| <input type="checkbox"/> Down payment or closing cost assistance        |   |                                 |

**Will the program beneficiaries or participants be limited to low-and-moderate income households?**  Yes  No

**If not, explain the criteria for qualifying for the program:** The majority of our clients are low and moderate income households.

City of Rapid City CDBG Application  
Continued, page 3 of 6

J. If the project or activity for which CDBG funds are requested will create new housing , or improve permanent residential housing structures that will be occupied by low and moderate income households upon completion, please state how many will be: N/A

New homes/units \_\_\_\_\_ Rehabilitation units \_\_\_\_\_ Completed in program year \_\_\_\_\_  
For rentals, will the rental amounts remain affordable as per HUD guidelines?  Yes  No

If not, explain rental structure: \_\_\_\_\_

K. Fee schedule for services, if applicable, please attach: See Attachment 1. The majority of the clients who receive services at this location are State or Federally funded due to their low income.

L. Describe specifically how funds will be used:

In order to comply with the Health Insurance Portability and Accountability Act (HIPAA) standards, we must remodel our existing offices at 111 North Street. Currently privacy is not assured to our clients since the area is one large room with cubicles in it. The area consists of 5,500 square feet. It is a wide-open space in which we currently have placed 17 cubicles. While the cubicle space is adequate for doing paper work, it violates all HIPAA regulations when our clinicians meet with the clients face to face. This interaction between client and clinician is vital and happens on a regular basis. Our clients do not tend to make an appointment so the majority of them stop in to see the clinician when they have a need. Our goal is to make seven private offices in that open area. There will still be cubicles where our clinicians can have access to computers and where they can do their paper work. The seven offices would be used for the face to face meetings with the clients and administration of medications. To accomplish this the sprinkler system has to be reconfigured, sprinkler heads need to be changed and the fire alarm system has to be altered.

M. **Budget Breakdown for Program/Project**

Please provide a breakdown for the total program/project budget:

**Funding Sources for the Program/Project:**

List total cost for the program/project and all expected funding sources and date funds expected to be available/received: Estimated

	Date funds available	
<b>Total Project Cost</b>	<b>\$27,000.00</b>	_____

**City of Rapid City CDBG Application**  
**Continued, page 4 of 6**

Other funding sources:

None	\$	
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>Total CDBG Funds Requested</b>	<b>\$</b>	<b><u>27,000.00</u></b>

**N. Breakdown of how CDBG funds will be used:**

<b>Program or Program Administration Costs:</b>	\$ _____
Salaries	\$ _____
Fair Housing Activities	\$ _____
Fringe	\$ _____
Office Space (Program Only)	\$ _____
Utilities	\$ _____
Communications	\$ _____
Reproduction/Printing	\$ _____
Supplies and Materials	\$ _____
Mileage	\$ _____
Audit	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Indirect Costs*: _____	\$ _____
Indirect Costs*: _____	\$ _____
Indirect Costs*: _____	\$ _____
<b>Construction</b> <input checked="" type="checkbox"/> <b>Equipment</b> <input type="checkbox"/> <b>Build Offices</b>	<b><u>\$20,000.00</u></b>
<b>Engineering Costs</b>	\$ _____
<b>Land Acquisition</b>	\$ _____
<b>Housing Rehabilitation</b>	\$ _____
<b>Housing Down Payment/Closing Cost Assistance</b>	\$ _____
<b>Other</b> <u>Update Fire Alarm System</u>	<b><u>\$ 7,000.00</u></b>
<b>Other</b> _____	\$ _____
<b>Total CDBG Grant</b>	<b><u>\$27,000.00</u></b>

*\*Any indirect costs charged must be consistent with the conditions of Paragraph VIII (c)(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Subrecipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Subrecipient.*

City of Rapid City CDBG Application  
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**O. If funds requested are for building expansion, renovation or a new facility, please complete the following information:**

Existing Liabilities Against the Property:		\$ -0-
Appraised Value:	Estimate	\$ 3 to 4 Million
Property Insurance Agent:	<u>Cummings &amp; Roll-First Western Insurance</u>	
Amount of Insurance Coverage:		\$ 3,200,000.00
Project Cost Breakdown:		
<u>Construction of Offices</u>		\$ 20,000.00
<u>Update Fire Alarm System</u>		\$ 7,000.00
		\$

Cost Estimate Prepared By: Integrity Homes and Adtech Inc.  
Architect (if applicable): \_\_\_\_\_

**INFORMATION REGARDING YOUR ORGANIZATION**

**Brief Narratives describing your organization:**

**A. Mission or goals of the organization:** Behavior Management Systems provides services, regardless of the ability to pay, to adults with major mental illness, children with severe emotional or behavioral problems, anyone that has recently experienced a crisis or is contemplating suicide and a substance abuse treatment and prevention program for pregnant women and women with small children.

**B. History of the organization:** Behavior Management Systems' history dates back to 1948 when we were called the Mental Health Clinic of Rapid City. In 1955 West River Mental Health was incorporated and in 1992 the name was changed to Behavior Management Systems to better reflect society's view of mental health. We have grown into one of the largest comprehensive mental and behavioral health care organizations helping nearly 5,000 clients each year.

**C. Agency/Organization Goals:** Behavior Management Systems Inc. exists to provide quality, consumer-satisfying services that help people cope with the stresses of life to the fullest extent of our available resources. We shall seek to increase our resources through sound business practices and diversified revenue sources, so that we may expand our social mission

City of Rapid City CDBG Application  
Continued, page 6 of 6

D. Number of clients served during the last twelve (12) months: (7/01/03 – 6/30/04) 4,935

E. Number of clients served in Rapid City: 3,819 Outside Rapid City: 1,116

F. Maximum number of clients your agency can serve at any one point in time: Varies based on funding

G. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?:  Yes  No

H. Does your agency require information on:  Family size  Income

I. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:

Behavior Management Systems serves the behavioral health care needs of ten counties in western South Dakota, as identified through South Dakota administrative rule.

J. Sustainability

Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.

This project is for construction which is a one-time cost. Any revenues we receive from any other governmental agency for services is for operation of that service. We do not have any funding source for a capital project such as this.

K. Additional documentation requested:

Please attach: **Financial Statements**  
**List of Board Members**  
**Articles of Incorporation and By-Laws**

Andrea L. Degeil  
Signature of Agency Director

Date: 9-10-04

Arvid L. Dale  
Signature of Board President

Date: 9-10-04

**Deadline for Applications:**

**Friday, September 10, 2004 at 4:00 p.m. for FY 2004 Mid-Year Reallocation**  
**Monday, November 15, 2004 for FY 2005 CDBG Annual Allocation**

\*\*\*Reduced fee schedule only applies to the following:  
 Clients who do not have any other third party payer sources (i.e. Private Insurance, Medicare, P.A.P., etc.)  
 Clients who have completed Means Testing Form 101 and all other Hardship Consideration forms, and are not eligible for DMH funds.

		CLIENT SHARE	INLETIVE ASSESSMENT \$115.00/HOUR	OUTPATIENT SERVICES \$105.00/HOUR			CLIENT SHARE	GROUP SERVICES \$55.00/HOUR	GROUP SERVICES \$82.50/1 1/2 HOUR
INCOME	0 to 20,000	33%	\$38.00	\$35.00	INCOME	0 to 20,000	29%	\$16.00	\$24.00
INCOME	20,001 to 35,000	52%	\$60.00	\$55.00	INCOME	20,001 to 35,000	29%	\$16.00	\$24.00
INCOME	35,001 to 50,000	71%	\$82.00	\$75.00	INCOME	35,001 to 75,000	47%	\$26.00	\$39.00
INCOME	50,001+	100%	\$115.00	\$105.00	INCOME	75,001+	100%	\$55.00	\$82.50

**PSYCHIATRIC SERVICES**  
 \*\*\*Reduced fee schedule only applies to clients funded with Block Grant Non-Target funds for Psychiatric Services.

ACTIVITY PROVIDED	DR. & CNP CENTER FLAT RATE	NON-TARGET 20% CO-PAY
Psychiatric Evaluation	\$195.00	\$39.00
Med Maintenance (8-19 minutes)	\$70.00	\$14.00
Med Maintenance (20-44 minutes)	\$100.00	\$20.00
Med Maintenance (45-74 minutes)	\$150.00	\$30.00

**MEDICAID SERVICES**  
 \*\*\* Non-Target Medicaid clients 18 and older are required to pay a 5% copay for all services.

ACTIVITY PROVIDED	DMH RATE PER HOUR	MEDICAID 5% COPAY
Psychological Evaluation	\$104.00	\$5.20
Initial Diagnostic Assessment	\$104.00	\$5.20
Individual Therapy	\$104.00	\$5.20
Family Therapy	\$52.00	\$2.60
Collateral-Other than BMS Staff	\$104.00	\$5.20
Group	\$52.00	\$2.60
Psychiatric Evaluation by MD	\$189.00	\$9.45
Psychiatric Evaluation by CNP	\$170.00	\$8.50
Med Maintenance by MD	\$189.00	\$9.45

\*\*\*Reduced fee schedule only applies to the following:  
 Clients who do not have any other third party payer sources (i.e. Private Insurance, Medicare, P.A.P., etc.)  
 Clients who have completed Means Testing Form 101 and all other Hardship Consideration forms, and are not eligible for DMH funds.

		CLIENT SHARE	CARE/IMPACT SERVICES \$65.00/PER DAY	RESIDENTIAL BED DMH FUNDED CLIENT \$12.00/PER DAY
INCOME	0 to 20,000	40%	\$26.00	N/A
INCOME	20,001 to 35,000	60%	\$39.00	N/A
INCOME	35,001 to 50,000	80%	\$52.00	N/A
INCOME	50,001+	100%	\$65.00	\$12.00



# CITY OF RAPID CITY

RAPID CITY, SOUTH DAKOTA 57701-2724

## GROWTH MANAGEMENT

300 Sixth Street  
Rapid City, SD 57701  
(605) 394-4181

### MEMORANDUM

LF071404-04

TO: Legal and Finance Committee

FROM: Barbara Garcia, Community Development Specialist

DATE: July 7, 2004

RE: **Reallocation of CDBG Funds for the purchase of Lot 27, Dakota Subdivision #1 for a public drainage facility and approval for Mayor and Finance Officer to sign Purchase Agreement and closing documents pertaining to the purchase.**

Staff requests City Council approval for reallocating Community Development Block Grant funds remaining from previous years for the purchase of Lot 27, Dakota Subdivision #1 from the Teton Coalition for a public drainage facility.

Teton Coalition purchased a lot from Ron Sjodin and obtained a building permit to construct a home on Lot 27 Dakota Subdivision No. 1, A.K.A. 627 Crazy Horse, Rapid City, SD. (Community Development Block Grant Funds were not used to purchase the lot.)

The lot is not in a Federal Emergency Management Area designated flood plain, but a drainage area crosses the lot. Davis Engineering, Inc. identified that localized flooding will occur on the site and have stated in the attached letter that it is not recommended to build on this lot until a detention cell is in place. There are no plans or funds budgeted for a detention pond to be installed.

In visiting with Public Works staff, it appears that the City should purchase the lot for a City owned drainage facility; although some day a detention pond could be constructed up stream and portions of the lot may be buildable after those improvements are made.

Teton Coalition is willing to sell the lot to the City for their purchase price of \$8750 plus closing costs of approximately \$500. Price = \$9,250. The City may also incur some closing costs in the purchase - estimated at approximately \$500. Total cost approximately \$9,800.00.

Purchase of land by the City for a public drainage facility is a Community Development Block Grant eligible activity. The property is located in census tract 114, which meets the requirement of a moderate income area benefit.

**Staff recommends reprogramming approximately \$9,800 of previous years Community Development Block Grant funds for the City of Rapid City to purchase Lot 27, Dakota Subdivision #1, Pennington County, SD from the Teton Coalition for a public drainage facility and authorization for the Mayor and Finance Officer to sign the purchase agreement and any closing documents required for the transaction.**



#4

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

**General Information:**

Agency Name: Rapid City Club for Boys Inc.  
Address: Po Box 907, Rapid City, SD 57709-0907  
Address of Project: 319 North Third Street  
*(if different from above)*

CITY OF RAPID CITY  
SEP 09 2004  
COMMUNITY  
DEVELOPMENT DEPT.

**Contact Information:**

Agency Director: Dave Oyler Phone: 343-3500  
Fax Number: 343-3500 Email: gdelivery.rccb@midconetwork.com  
Board President: Hugh Boyle, President  
*(attach list of board members)*

**PROGRAM INFORMATION**

A. Amount Requested (Round numbers only): \$ 49,896.00

Funds will be used for:  Public Services  Public Facilities or Improvements  Housing

B. This funding will:

fund an existing program at the same level  substantially increase an existing program  
 fund a new program  be used on a Public Facility or Improvements

C. Provide detailed description of project (1-2 Sentences): The proposed project is to remove and replace the existing roof of the Thrift Store portion of the Rapid City Club for Boys Inc. The following is the 7 step process: 1. Removal of existing roof down to the deck. 2. Installation of 2" insulation. 3. Installation of hot vent, pitch pan, and perimeter edge flashing. 4. Installation of mechanically attached 60 mil nominal reinforced roof using lap screws and plates. 5. Installation of Sarnafil membrane wall base, waste pipe boot, and corner flashings. 6. Installation of new sheet metal face clip flashing. 7. Installation of 14 double dome skylights.

D. Project Service Area: Approximately 85% of members reside in Rapid City, of those the majority live in North Rapid City.

E. This project meets the following HUD National Objective(s) because it:

Serves low income Households  Creates jobs for low income individuals  
 Serves a low income Neighborhood  Eliminates blighted conditions  
 Creates housing for low income households

City of Rapid City CDBG Application  
Continued, page 2 of 6

F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: This project is a high priority under the Non-Housing Community Development Goals section and is specifically addressed under: Public Facilities and improvements, Neighborhood facilities, and Youth Programs.

G. Why is this project needed in this community? The Rapid City Club for Boys provides a valuable service to the community by promoting human decency and prevention of delinquency through services geared to building self-esteem. These services are provided using guidance and by promoting the health, social, educational, spiritual, vocational, and character development of boys. In addition, the Thrift Store provides clean, safe jobs to low-income workers as well as low-cost merchandise to the community. The store also runs the Junior Retailers Program, an entrepreneurial education program that introduces boys ages 12 -17 to the skills of running a cash register, making change, and other retail related aptitudes. Revenue generated from the Thrift Store represents the largest income source to the Club at approximately 1/3 of the overall budget. This project is vital to the overall financial well-being of the Club and the services provided to the boys. Without help, this project threatens to diminish these services.

H. Who will be served by the program for which CDBG funds are being requested?  
Please check any of the following specific groups of clientele and indicate the projected number of persons or households you expect to help.

<input checked="" type="checkbox"/> Abused and/or neglected children	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>175</u>
<input checked="" type="checkbox"/> Homeless persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>17</u>
<input type="checkbox"/> Elderly persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u>          </u>
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>32</u>
<input type="checkbox"/> Battered spouse	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u>          </u>
<input type="checkbox"/> Illiterate persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u>          </u>
<input type="checkbox"/> Very low income (income below 30% of area median income)	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u>N/A</u>
<input checked="" type="checkbox"/> Low income (income between 31% - 50% of area median income)	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>997</u>
<input checked="" type="checkbox"/> Above 80% of median income	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>55</u>

Other: Note: The #s above under the categories of Abused/Neglected, Homeless, and Disabled reflect those boys whom we can prove fall into those categories. Unfortunately, we know that we have many more.

I. If this is a housing program, it will be used to provide:

- New Single family housing       Owner occupied       Rental

**City of Rapid City CDBG Application**  
**Continued, page 3 of 6**

- New multi-family housing                       Owner occupied             Rental  
 Housing Purchase rehabilitation  
 Housing Rehabilitation for existing homeowners  
 Down payment or closing cost assistance

**Will the program beneficiaries or participants be limited to low-and-moderate income households?**     Yes     No

If not, explain the criteria for qualifying for the program: Not housing project.

**J. If the project or activity for which CDBG funds are requested will create new housing , or improve permanent residential housing structures that will be occupied by low and moderate income households upon completion, please state how many will be:**

New homes/units \_\_\_\_\_                      Rehabilitation units \_\_\_\_\_                      Completed in program year \_\_\_\_\_

**For rentals, will the rental amounts remain affordable as per HUD guidelines?**                       Yes     No

If not, explain rental structure: N/A

**K. Fee schedule for services, if applicable, please attach:** The dues are just \$7 per year for boys ages 6 to 15 and \$10 per year for boys ages 16 and 17. The dues are kept low so all boys can afford a membership and can belong on an equal basis with all other members.

**L. Describe specifically how funds will be used:** Funding will be used to pay a contractor for the removal and replacement of the roof.

**M. Budget Breakdown for Program/Project**  
 Please provide a breakdown for the total program/project budget:

**Funding Sources for the Program/Project:**

List total cost for the program/project and all expected funding sources and date funds expected to be available/received:

		Estimated Date funds available
<b>Total Project Cost</b>	<b>\$ <u>49,896.00</u></b>	_____
Other funding sources:		
_____	\$ _____	_____
<u>None at this time</u>	\$ _____	_____
<b>Total CDBG Funds Requested</b>	<b>\$ <u>49,896.00</u></b>	

City of Rapid City CDBG Application  
Continued, page 4 of 6

N. Breakdown of how CDBG funds will be used:

<b>Program or Program Administration Costs:</b>		\$ _____
Salaries	\$ _____	
Fair Housing Activities	\$ _____	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ _____	
Supplies and Materials	\$ _____	
Mileage	\$ _____	
Audit	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
<b>Construction <input checked="" type="checkbox"/> Equipment <input type="checkbox"/></b>		\$ <b>49,896.00</b>
<b>Engineering Costs</b>		\$ _____
<b>Land Acquisition</b>		\$ _____
<b>Housing Rehabilitation</b>		\$ _____
<b>Housing Down Payment/Closing Cost Assistance</b>		\$ _____
<b>Other</b> _____		\$ _____
<b>Other</b> _____		\$ _____
<b>Total CDBG Grant</b>		\$ <b>49,896.00</b>

*\*Any indirect costs charged must be consistent with the conditions of Paragraph VIII (c)(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Subrecipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Subrecipient.*

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

Existing Liabilities Against the Property:	\$ 0.00
Appraised Value:	\$ 4,500,000
Property Insurance Agent: <u>Chris Schmid, Schmid Insurance Agency</u>	
Amount of Insurance Coverage:	\$ 2,000,000
Project Cost Breakdown:	
<u>Removal and replacement of roof over main portion of Thrift Store wing</u>	\$ 40,179.00
<u>Removal and replacement of roof over main portion of Thrift Store addition</u>	\$ 8,917.00
<u>15 year Sarnafil No Dollar Limit warranty</u>	\$ 800.00
Cost Estimate Prepared By: <u>Darren J. Pichulo, Black Hills Roofing</u>	
Architect (if applicable): _____	

### INFORMATION REGARDING YOUR ORGANIZATION

#### Brief Narratives describing your organization:

- A. **Mission or goals of the organization:** The mission of the Rapid City Club for Boys, Inc., is to promote human decency and prevention of delinquency through services geared to building self-esteem by providing guidance and promoting health, social, educational, spiritual, vocational, and character development of boys.
- B. **History of the organization:** The Rapid City Club for Boys has been operating in Rapid City, SD, as a 501(c)(3) nonprofit organization since 1963. Any boy 6 to 17 years of age can become a member of the club. All boys are welcome regardless of race, creed, color, religious preference, family income, or disability. No proof of character is required. The dues are just \$7 per year for boys ages 6 to 15 and \$10 per year for boys ages 16 and 17. The dues are kept low so all boys can afford a membership and can belong on an equal basis with all other members.

Programming includes hot, nutritious meals, homework help and tutoring, community service learning, social recreation, cultural and arts activities, guidance for boys and their families, hugs, and much more.

- C. **Agency/Organization Goals:** Main Goals of the Rapid City Club for Boys:
- 1 Build self-esteem by providing opportunities for our boys to receive affection, belongingness, recognition, independence, security, and discipline.
  - 2 To teach boys how to get along with others by practicing fair play, honesty, and sportsmanship.
  - 3 Prepare boys for the future with programs such as Homework Help, tutoring, Career Smarts, parenting classes, etc.
  - 4 Provide happy childhood memories.
- D. **Number of clients served during the last twelve (12) months:** 1,052
- E. **Number of clients served in Rapid City:** 904 **Outside Rapid City:** 148
- F. **Maximum number of clients your agency can serve at any one point in time:** 450 in building at one time
- G. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?:  Yes  No
- H. Does your agency require information on:  Family size  Income

**City of Rapid City CDBG Application**  
**Continued, page 6 of 6**

- I.** If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:

Approximately 85% of members reside in Rapid City, of those the majority live in North Rapid City.

**J. Sustainability**

**Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.**

The Rapid City Club for Boys has a line item to the budget called building reserve. Funds from this account will be used to for maintenance of the building.

**K. Additional documentation requested:**

Please attach: **Financial Statements**  
**List of Board Members**  
**Articles of Incorporation and By-Laws**

David R. Oyle  
Signature of Agency Director

Date: 9-10-04

\_\_\_\_\_  
Signature of Board President

Date: \_\_\_\_\_

***Deadline for Applications:***

***Friday, September 10, 2004 at 4:00 p.m. for FY 2004 Mid-Year Reallocation***  
***Monday, November 15, 2004 for FY 2005 CDBG Annual Allocation***

#5

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

General Information:

Agency Name: Rapid City Club for Boys Inc.  
Address: Po Box 907, Rapid City, SD 57709-0907  
Address of Project: 319 North Third Street  
*(if different from above)*

CITY OF RAPID CITY  
SEP 09 2004  
COMMUNITY  
DEVELOPMENT DEPT.

Contact Information:

Agency Director: Dave Oyler Phone: 343-3500  
Fax Number: 343-3500 Email: gdelivery.rccb@midconetwork.com  
Board President: Hugh Boyle, President  
*(attach list of board members)*

PROGRAM INFORMATION

- A. Amount Requested (Round numbers only): \$ 8,233.00  
 Funds will be used for:  Public Services     Public Facilities or Improvements     Housing
- B. This funding will:
  - fund an existing program at the same level     substantially increase an existing program
  - fund a new program     be used on a Public Facility or Improvements
- C. Provide detailed description of project (1-2 Sentences): The proposed project is to purchase and install a system of heating and cooling to the Thrift Store portion of the Rapid City Club for Boys Inc. The following is the 5 step process: 1. Purchase of roof unit with economizer, curb kit, and thermostat 2. Installation of unit and ductwork. 3. Installation of gas piping. 4. Installation of proper roof package for unit. 5. Installation of electrical wiring.
- D. Project Service Area: Approximately 85% of members reside in Rapid City, of those the majority live in North Rapid City.
- E. This project meets the following HUD National Objective(s) because it:
  - Serves low income Households     Creates jobs for low income individuals
  - Serves a low income Neighborhood     Eliminates blighted conditions
  - Creates housing for low income households

**City of Rapid City CDBG Application**  
**Continued, page 2 of 6**

**F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: This project is a high priority under the Non-Housing Community Development Goals section and is specifically addressed under: Public Facilities and improvements, Neighborhood facilities, and Youth Programs.**

**G. Why is this project needed in this community? The Rapid City Club for Boys provides a valuable service to the community by promoting human decency and prevention of delinquency through services geared to building self-esteem. These services are provided using guidance and by promoting the health, social, educational, spiritual, vocational, and character development of boys. In addition, the Thrift Store provides clean, safe jobs to low-income workers as well as low-cost merchandise to the community. The store also runs the Junior Retailers Program, an entrepreneurial education program that introduces boys ages 12 -17 to the skills of running a cash register, making change, and other retail related aptitudes. Revenue generated from the Thrift Store represents the largest income source to the Club at approximately 1/3 of the overall budget. This project is needed to insure that there is a safe, clean environment for workers and customers.**

**H. Who will be served by the program for which CDBG funds are being requested?**  
 Please check any of the following specific groups of clientele and indicate the projected number of persons or households you expect to help.

<input checked="" type="checkbox"/> Abused and/or neglected children	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>175</u>
<input checked="" type="checkbox"/> Homeless persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>17</u>
<input type="checkbox"/> Elderly persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u>          </u>
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>32</u>
<input type="checkbox"/> Battered spouse	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u>          </u>
<input type="checkbox"/> Illiterate persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u>          </u>
<input type="checkbox"/> Very low income (income below 30% of area median income)	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u>N/A</u>
<input checked="" type="checkbox"/> Low income (income between 31% - 50% of area median income)	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>997</u>
<input checked="" type="checkbox"/> Above 80% of median income	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>55</u>

Other: Note: The #s above under the categories of Abused/Neglected, Homeless, and Disabled reflect those boys whom we can prove fall into those categories. Unfortunately, we know that we have many more.

**I. If this is a housing program, it will be used to provide:**  
 New Single family housing       Owner occupied       Rental



**City of Rapid City CDBG Application**  
**Continued, page 3 of 6**

- New multi-family housing                       Owner occupied       Rental  
 Housing Purchase rehabilitation  
 Housing Rehabilitation for existing homeowners  
 Down payment or closing cost assistance

**Will the program beneficiaries or participants be limited to low-and-moderate income households?**     Yes     No

If not, explain the criteria for qualifying for the program: Not housing project.

**J. If the project or activity for which CDBG funds are requested will create new housing , or improve permanent residential housing structures that will be occupied by low and moderate income households upon completion, please state how many will be:**

New homes/units \_\_\_\_\_ Rehabilitation units \_\_\_\_\_ Completed in program year \_\_\_\_\_

**For rentals, will the rental amounts remain affordable as per HUD guidelines?**       Yes  No

If not, explain rental structure: N/A

**K. Fee schedule for services, if applicable, please attach:** The dues are just \$7 per year for boys ages 6 to 15 and \$10 per year for boys ages 16 and 17. The dues are kept low so all boys can afford a membership and can belong on an equal basis with all other members.

**L. Describe specifically how funds will be used:** Funding will be used to pay a contractor the installation of the heating and air conditioning unit.

**M. Budget Breakdown for Program/Project**  
 Please provide a breakdown for the total program/project budget:

**Funding Sources for the Program/Project:**

List total cost for the program/project and all expected funding sources and date funds expected to be available/received:

		Estimated Date funds available
<b>Total Project Cost</b>	<b>\$ <u>8,233.00</u></b>	_____
Other funding sources:		
_____	\$ _____	_____
<u>None at this time</u>	\$ _____	_____
<b>Total CDBG Funds Requested</b>	<b>\$ <u>8,233.00</u></b>	

**City of Rapid City CDBG Application**  
**Continued, page 4 of 6**

**N. Breakdown of how CDBG funds will be used:**

<b>Program or Program Administration Costs:</b>		\$ _____
Salaries	\$ _____	
Fair Housing Activities	\$ _____	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ _____	
Supplies and Materials	\$ _____	
Mileage	\$ _____	
Audit	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
<b>Construction <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/></b>		<b>\$ 8,233.00</b>
<b>Engineering Costs</b>		\$ _____
<b>Land Acquisition</b>		\$ _____
<b>Housing Rehabilitation</b>		\$ _____
<b>Housing Down Payment/Closing Cost Assistance</b>		\$ _____
<b>Other</b> _____		\$ _____
<b>Other</b> _____		\$ _____
<b>Total CDBG Grant</b>		<b>\$ 8,233.00</b>

*\*Any indirect costs charged must be consistent with the conditions of Paragraph VIII (c)(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Subrecipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Subrecipient.*

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

Existing Liabilities Against the Property:	\$ <u>0.00</u>
Appraised Value:	\$ <u>4,500,000</u>
Property Insurance Agent: <u>Chris Schmid, Schmid Insurance Agency</u>	
Amount of Insurance Coverage:	\$ <u>2,000,000</u>
Project Cost Breakdown:	
<u>Purchase of Unit w/ economizer, curb kit, and thermostat</u>	\$ <u>2,560.00</u>
<u>Installation of Unit and ductwork</u>	\$ <u>2,340.00</u>
<u>Gas piping</u>	\$ <u>800.00</u>
<u>Roof alteration</u>	\$ <u>625.00</u>
<u>Electrical wiring</u>	\$ <u>1,800.00</u>
<u>City Permit</u>	\$ <u>108.00</u>
Cost Estimate Prepared By: <u>Darren J. Pichulo, Black Hills Roofing</u>	
Architect (if applicable): _____	

**INFORMATION REGARDING YOUR ORGANIZATION**

**Brief Narratives describing your organization:**

- A. **Mission or goals of the organization:** The mission of the Rapid City Club for Boys, Inc., is to promote human decency and prevention of delinquency through services geared to building self-esteem by providing guidance and promoting health, social, educational, spiritual, vocational, and character development of boys.
- B. **History of the organization:** The Rapid City Club for Boys has been operating in Rapid City, SD, as a 501(c)(3) nonprofit organization since 1963. Any boy 6 to 17 years of age can become a member of the club. All boys are welcome regardless of race, creed, color, religious preference, family income, or disability. No proof of character is required. The dues are just \$7 per year for boys ages 6 to 15 and \$10 per year for boys ages 16 and 17. The dues are kept low so all boys can afford a membership and can belong on an equal basis with all other members.

Programming includes hot, nutritious meals, homework help and tutoring, community service learning, social recreation, cultural and arts activities, guidance for boys and their families, hugs, and much more.

- C. **Agency/Organization Goals:** Main Goals of the Rapid City Club for Boys:
- 1 Build self-esteem by providing opportunities for our boys to receive affection, belongingness, recognition, independence, security, and discipline.
  - 2 To teach boys how to get along with others by practicing fair play, honesty, and sportsmanship.
  - 3 Prepare boys for the future with programs such as Homework Help, tutoring, Career Smarts, parenting classes, etc.
  - 4 Provide happy childhood memories.
- D. **Number of clients served during the last twelve (12) months:** 1,052
- E. **Number of clients served in Rapid City:** 904 **Outside Rapid City:** 148
- F. **Maximum number of clients your agency can serve at any one point in time:** 450 in building at one time
- G. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?:  Yes  No
- H. Does your agency require information on:  Family size  Income

City of Rapid City CDBG Application  
Continued, page 6 of 6

- I. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:

Approximately 85% of members reside in Rapid City, of those the majority live in North Rapid City.

J. **Sustainability**

**Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.**

The Rapid City Club for Boys has a line item to the budget called building reserve. Funds from this account will be used to for maintenance of the building.

K. **Additional documentation requested:**

Please attach: **Financial Statements**  
**List of Board Members**  
**Articles of Incorporation and By-Laws**

David R Oyler  
Signature of Agency Director

\_\_\_\_\_  
Signature of Board President

Date: 9-10-04

Date: \_\_\_\_\_

***Deadline for Applications:***

***Friday, September 10, 2004 at 4:00 p.m. for FY 2004 Mid-Year Reallocation***  
***Monday, November 15, 2004 for FY 2005 CDBG Annual Allocation***

#6

CITY OF RAPID CITY

SEP 10 2004

COMMUNITY DEVELOPMENT DEPT

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

General Information:

Agency Name: CORNERSTONE RESCUE MISSION  
Address: 30 MAIN ST. RAPID CITY, SD 57701  
Address of Project: \_\_\_\_\_  
*(if different from above)*

Contact Information:

Agency Director: JAMES CASTLEBERLY Phone: 341-2741  
Fax Number: 718-2332 Email: NIMCGRM@RUSHMORE.COM  
Board President: \_\_\_\_\_  
*(attach list of board members)*

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 5,000  
Funds will be used for:  Public Services  Public Facilities or Improvements  Housing

B. This funding will:  
 fund an existing program at the same level  substantially increase an existing program  
 fund a new program  be used on a Public Facility or Improvements

C. Provide detailed description of project (1-2 Sentences): THE MISSION HAS SEEN A DRAMATIC INCREASE IN THE NUMBER OF HOMELESS PAROLEES RELEASED TO THE MISSION. IN THE LAST FISCAL YEAR OUR AVERAGE DAILY POPULATION FOR THIS GROUP IS UP OVER

50 PERCENT. WE WANT TO STUDY THIS POPULATION TO DETERMINE IF THERE IS A NEED FOR A HALFWAY HOUSE RUN BY THE MISSION THAT CAN BETTER

D. Project Service Area: RAPID CITY  
E. This project meets the following HUD National Objective(s) because it: ADDRESS THROUGH A NEW FACILITY AND CASE-MANAGEMENT INITIATIVES.  
 Serves low income Households  Creates jobs for low income individuals  
 Serves a low income Neighborhood  Eliminates blighted conditions  
 Creates housing for low income households

City of Rapid City CDBG Application  
Continued, page 2 of 6

F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: WE BELIEVE THIS PROJECT WILL ADDRESS HOMELESSNESS, CRIME PREVENTION, EMPLOYMENT AND TRANSITIONAL/PERMANENT HOUSING NEEDS FOR A VULNERABLE LOW-INCOME POPULATION.

G. Why is this project needed in this community? WITHOUT PROPER PLANNING AT THE COMMUNITY LEVEL RECURSIVE RATES FOR PAROLEES WILL REMAIN HIGH.

H. Who will be served by the program for which CDBG funds are being requested?  
Please check any of the following specific groups of clientele and indicate the projected number of persons or households you expect to help.

- |   |   |                                     |                 |
|---|---|-------------------------------------|-----------------|
| <input type="checkbox"/> Abused and/or neglected children                                       | Number of <input type="checkbox"/> persons            | <input type="checkbox"/> households | _____           |
| <input checked="" type="checkbox"/> Homeless persons  | Number of <input checked="" type="checkbox"/> persons | <input type="checkbox"/> households | <u>60-80/YR</u> |
| <input type="checkbox"/> Elderly persons  | Number of <input type="checkbox"/> persons            | <input type="checkbox"/> households | _____           |
| <input type="checkbox"/> Disabled persons   | Number of <input type="checkbox"/> persons            | <input type="checkbox"/> households | _____           |
| <input type="checkbox"/> Battered spouse  | Number of <input type="checkbox"/> persons            | <input type="checkbox"/> households | _____           |
| <input type="checkbox"/> Illiterate persons   | Number of <input type="checkbox"/> persons            | <input type="checkbox"/> households | _____           |
| <input checked="" type="checkbox"/> Very low income<br>(income below 30% of area median income) | Number of <input type="checkbox"/> persons            | <input type="checkbox"/> households | _____           |
| <input type="checkbox"/> Low income<br>(income between 31% - 50% of area median income)         | Number of <input type="checkbox"/> persons            | <input type="checkbox"/> households | _____           |
| <input type="checkbox"/> Above 80% of median income   | Number of <input type="checkbox"/> persons            | <input type="checkbox"/> households | _____           |
| <input checked="" type="checkbox"/> Other: <u>PAROLEES</u>                                      |   |                                     | _____           |

I. If this is a housing program, it will be used to provide: ASSISTANCE IN OBTAINING

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> New Single family housing           | <input checked="" type="checkbox"/> Owner occupied | <input checked="" type="checkbox"/> Rental |
| <input checked="" type="checkbox"/> New multi-family housing            | <input checked="" type="checkbox"/> Owner occupied | <input checked="" type="checkbox"/> Rental |
| <input type="checkbox"/> Housing Purchase rehabilitation                |  |  |
| <input type="checkbox"/> Housing Rehabilitation for existing homeowners |  |  |
| <input type="checkbox"/> Down payment or closing cost assistance        |  |  |

Will the program beneficiaries or participants be limited to low-and-moderate income households?  Yes  No

If not, explain the criteria for qualifying for the program: \_\_\_\_\_

**City of Rapid City CDBG Application**  
**Continued, page 4 of 6**

**N. Breakdown of how CDBG funds will be used:**

<b>Program or Program Administration Costs:</b>		\$ _____
Salaries	\$ <u>3,1500</u>	
Fair Housing Activities	\$ _____	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ <u>500</u>	
Supplies and Materials	\$ <u>500</u>	
Mileage	\$ <u>500</u>	
Audit	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
<b>Construction</b> <input type="checkbox"/> <b>Equipment</b> <input type="checkbox"/>	_____	\$ _____
<b>Engineering Costs</b>		\$ _____
<b>Land Acquisition</b>		\$ _____
<b>Housing Rehabilitation</b>		\$ _____
<b>Housing Down Payment/Closing Cost Assistance</b>		\$ _____
<b>Other</b> _____		\$ _____
<b>Other</b> _____		\$ _____
<b>Total CDBG Grant</b>		\$ <u>5,000<sup>00</sup></u>

*\*Any indirect costs charged must be consistent with the conditions of Paragraph VIII (c)(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Subrecipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Subrecipient.*

**O. 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): \_\_\_\_\_

City of Rapid City CDBG Application  
Continued, page 3 of 6

J. If the project or activity for which CDBG funds are requested will create new housing, or improve permanent residential housing structures that will be occupied by low and moderate income households upon completion, please state how many will be:

New homes/units \_\_\_\_\_ Rehabilitation units \_\_\_\_\_ Completed in program year \_\_\_\_\_

For rentals, will the rental amounts remain affordable as per HUD guidelines?  Yes  No

If not, explain rental structure: \_\_\_\_\_

K. Fee schedule for services, if applicable, please attach: \_\_\_\_\_

L. Describe specifically how funds will be used: WE WILL CONDUCT A RESEARCH STUDY IN CONCERT WITH THE WEST RIVER DEPT. OF CORRECTIONS TO LOOK AT VARIABLES THAT IMPACT PAROLEE HOMELESSNESS. IN ADDITION A FEASIBILITY SECTION WILL DO AN ANALYSIS TO DETERMINE IF A NEW HALF WAY HOUSE WITH PROFESSIONAL CASE MANAGEMENT IS NEEDED.

M. Budget Breakdown for Program/Project

Please provide a breakdown for the total program/project budget:

PROFESSIONAL FEES, 5,000  
RESEARCH DESIGN, DATA  
COLLECTION AND ANALYSIS

Funding Sources for the Program/Project:

List total cost for the program/project and all expected funding sources and date funds expected to be available/received:

		Estimated Date funds available
Total Project Cost	\$ <u>5,000</u>	<u>UNK</u>
Other funding sources:		
<u>OFFICE CLERICAL SUPPORT</u>	\$ _____	_____
<u>COPYING, DATA ENTRY</u>	\$ _____	_____
<u>CORNERSTONE RESCUE MISSION</u>	\$ _____	_____
<u>SD SCHOOL OF MINES &amp; TECHNOLOGY</u>	\$ _____	_____
	\$ _____	_____
Total CDBG Funds Requested	\$ <u>5,000<sup>00</sup></u>	



INFORMATION REGARDING YOUR ORGANIZATION

Brief Narratives describing your organization:

- A. Mission of the organization: TO PROVIDE FAITH BASED ASSISTANCE  
TO THE HOMELESS, POOR AND DISENFRANCHISED WITH  
FOOD, EMERGENCY SHELTER, HOUSING ASSISTANCE, COUNSELING,  
TRANSPORTATION, EMPLOYMENT IN A KIND AND  
LOVING MANNER.
- B. History of the organization: ESTABLISHED IN 1983 AS AN EMERGENCY  
SHELTER. CHARTERED AS IRS 501(C)(3) IN 1989.  
CORNERSTONE RESCUE MISSION ASSUMED OVERALL  
OWNERSHIP OF LOCATION AT 30 MAIN STREET  
IN AUGUST, 2000.
- C. Agency/Organization Goals: ASSIST HOMELESS, NEEDY AND  
DISENFRANCHISED TO MOVE FROM HOMELESS AND  
POVERTY TO SELF SUFFICIENCY.
- D. Number of clients served during the last twelve (12) months: 31,390 APPROX.
- E. Number of clients served in Rapid City: 21,390 Outside Rapid City: \_\_\_\_\_
- F. Maximum number of clients your agency can serve at any one point in time: HOUSING APPROX 115  
MEALS APPROX 450 (DAILY)
- G. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?:  Yes  No
- H. Does your agency require information on:  Family size  Income - REQUESTED  
IN CASE MANAGEMENT

City of Rapid City CDBG Application  
Continued, page 6 of 6

- I. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:

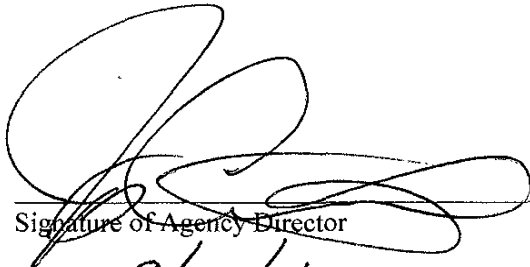
RAPID CITY AND WESTERN BLACK HILLS REGION

- J. Sustainability  
Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.

ONE TIME COST.

- K. Additional documentation requested:

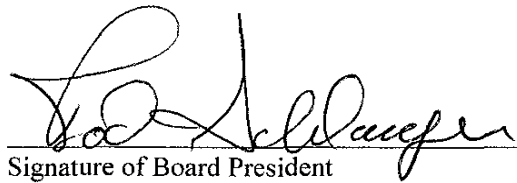
Please attach: **Financial Statements**  
**List of Board Members**  
**Articles of Incorporation and By-Laws**



Signature of Agency Director

Date:

9/10/04



Signature of Board President

Date:

9/10/04

*Deadline for Applications:*

*Friday, September 10, 2004 at 4:00 p.m. for FY 2004 Mid-Year Reallocation*  
*Monday, November 15, 2004 for FY 2005 CDBG Annual Allocation*

#7

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

CITY OF RAPID CITY

SEP 10 2004

COMMUNITY  
DEVELOPMENT DEPT.

General Information:

Agency Name: Friendship House For Men and Women Inc.

Address: 211 West Blvd. North, Rapid City SD 57701

Address of Project: 211 West Blvd. North, Rapid City, SD 57701  
*(if different from above)*

Contact Information:

Agency Director: /Dorothy McCurdy Phone 605-342-4294

Fax Number: 605-342-2629 Email: dort@iw.net

Board President: Jim Jefferies jennent4@hotmail.com  
*(attach list of board members)*

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 10,500.00

Funds will be used for:  Public Services  Public Facilities or Improvements  Housing

B. This funding will:

fund an existing program at the same level  substantially increase an existing program  
 fund a new program  be used on a Public Facility or Improvements

C. Provide detailed description of project (1-2 Sentences): Our client case has went from  
9 clients to 31 clients per month. Clients are unable to pay  
for housing at times. We will provide counseling, housing and  
Life skills to those unable to work or in need.

D. Project Service Area: Rapid City South Dakota

E. This project meets the following HUD National Objective(s) because it:

Serves low income Households  Creates jobs for low income individuals  
 Serves a low income Neighborhood  Eliminates blighted conditions  
 Creates housing for low income households

**City of Rapid City CDBG Application**  
**Continued, page 2 of 6**

F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: yes - homeless + special needs substance abuse, dual diagnosed + life skills.

G. Why is this project needed in this community? We are 1/2 way house in Rapid City SD. limited options for affordable housing.

H. Who will be served by the program for which CDBG funds are being requested?  
 Please check any of the following specific groups of clientele and indicate the projected number of persons or households you expect to help.

<input type="checkbox"/> Abused and/or neglected children	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input checked="" type="checkbox"/> Homeless persons	Number of <u>40</u> persons	<input type="checkbox"/> households	<u>40</u>
<input checked="" type="checkbox"/> Elderly persons	Number of <u>8</u> persons	<input type="checkbox"/> households	<u>8</u>
<input checked="" type="checkbox"/> Disabled persons	Number of <u>10</u> persons	<input type="checkbox"/> households	<u>10</u>
<input type="checkbox"/> Battered spouse	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Illiterate persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Very low income (income below 30% of area median income)	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Low income (income between 31% - 50% of area median income)	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Above 80% of median income	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input checked="" type="checkbox"/> Other: <u>People in recovery of substance abuse</u>			<u>66</u>

I. If this is a housing program, it will be used to provide:

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> New Single family housing                      | <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Rental |
| <input type="checkbox"/> New multi-family housing                       | <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Housing Purchase rehabilitation                |   |                                 |
| <input type="checkbox"/> Housing Rehabilitation for existing homeowners |   |                                 |
| <input type="checkbox"/> Down payment or closing cost assistance        |   |                                 |

Will the program beneficiaries or participants be limited to low-and-moderate income households?  Yes  No

If not, explain the criteria for qualifying for the program: \_\_\_\_\_

**City of Rapid City CDBG Application**  
**Continued, page 3 of 6**

**J. If the project or activity for which CDBG funds are requested will create new housing , or improve permanent residential housing structures that will be occupied by low and moderate income households upon completion, please state how many will be:**

New homes/units   0        Rehabilitation units   0        Completed in program year   0  

For rentals, will the rental amounts remain affordable as per HUD guidelines?     Yes  No

If not, explain rental structure: \_\_\_\_\_

**K. Fee schedule for services, if applicable, please attach:**  \$119.00 per week per client   
 this includes food, Laundry, shelter, and counseling 

**L. Describe specifically how funds will be used:** Funds will be used for the counseling   
 program and then to fund 10 clients @ \$17.00 per day per 45 days.

**M. Budget Breakdown for Program/Project**  
Please provide a breakdown for the total program/project budget:

**Funding Sources for the Program/Project:**

List total cost for the program/project and all expected funding sources and date funds expected to be available/received:

		Estimated Date funds available
<b>Total Project Cost</b>	<u>\$ 10,500.00</u>	_____
Other funding sources:		
<u> United Way </u>	<u>\$ 10,000.00</u>	<u>  06-04  </u>
<u> Dept. of Health Counseling </u>	<u>\$  7,500.00</u>	<u>  06-04  </u>
<u> Self-Pay </u>	<u>\$ _____</u>	<u> Unknown </u>
_____	<u>\$ _____</u>	_____
_____	<u>\$ _____</u>	_____
<b>Total CDBG Funds Requested</b>	<u>\$10,500.00</u>	

**City of Rapid City CDBG Application**  
**Continued, page 4 of 6**

**N. Breakdown of how CDBG funds will be used:**

<b>Program or Program Administration Costs:</b>		\$ <u>    -0-    </u>
Salaries	\$ <u>2,000.00</u>	
Fair Housing Activities	\$ <u><del>7,600.00</del></u>	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ _____	
Supplies and Materials	\$ <u>850.00</u>	
Mileage	\$ _____	
Audit	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
<b>Construction</b> <input type="checkbox"/> <b>Equipment</b> <input type="checkbox"/>		\$ <u>    -0-    </u>
<b>Engineering Costs</b>		\$ <u>    -0-    </u>
<b>Land Acquisition</b>		\$ <u>    -0-    </u>
<b>Housing Rehabilitation</b>		\$ <u>    -0-    </u>
<b>Housing Down Payment/Closing Cost Assistance</b>		\$ <u>    -0-    </u>
<b>Other</b> _____		\$ <u>    0    </u>
<b>Other</b> _____		\$ <u>    -0-    </u>
<b>Total CDBG Grant</b>		\$ <u>10,500.00</u>

*\*Any indirect costs charged must be consistent with the conditions of Paragraph VIII (c)(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Subrecipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Subrecipient.*

**O. 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): \_\_\_\_\_

INFORMATION REGARDING YOUR ORGANIZATION

Brief Narratives describing your organization:

- A. Mission of the organization: Is to provide individuals recovery from Alcohol or drugs. To provide a bridge for transition from primary treatment or incarceration to a fuller life in a recovery community by providing a safe, supportive, affordable housing.
- B. History of the organization: FSH opened 1969 serving the indgent population in Rapid City. FSH went from serving 9 clients at a time to 31 clients at full capicity. FSH has grown in numbers but no increase in the budget. Last year we had 50 clients unable to pay or that failed at the program. We operate with a volunteer Board of Director.
- C. Agency/Organization Goals: The Objective is to develop residential sober living environment for people seeking recovery. Each sober resident will be able to implement a manner to assure positive and quality of life sober.
- D. Number of clients served during the last twelve (12) months: 395
- E. Number of clients served in Rapid City: 395 Outside Rapid City: \_\_\_\_\_
- F. Maximum number of clients your agency can serve at any one point in time: 31
- G. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?:  Yes  No
- H. Does your agency require information on:  Family size  Income


**City of Rapid City CDBG Application**  
**Continued, page 6 of 6**

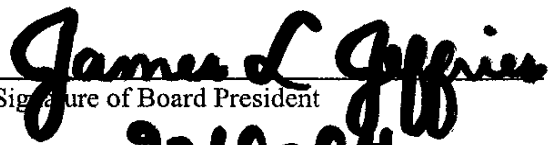
**I. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:**  
Yes, We track by a state MIS form.

**J. Sustainability**  
**Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.**

We will look for funding in other grant areas and do fund raisers.  
See info regarding organization on page #5.

**K. Additional documentation requested:**  
Please attach: **Financial Statements**  
**List of Board Members**  
**Articles of Incorporation and By-Laws**

  
\_\_\_\_\_  
Signature of Agency Director  
Date: 9-10-04

  
\_\_\_\_\_  
Signature of Board President  
Date: 9-10-04

*Deadline for Applications:*  
*Friday, September 10, 2004 at 4:00 p.m. for FY 2004 Mid-Year Reallocation*  
*Monday, November 15, 2004 for FY 2005 CDBG Annual Allocation*



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

**General Information:**

Agency Name: Lutheran Social Services of South Dakota  
Address: 2920 Sheridan Lake Road, Rapid City, SD 57702  
Address of Project: 304 & 306 Anamosa, Rapid City, SD 57701  
*(if different from above)*

**Contact Information:**

Agency Director: Alan McCoy, Director, Rapid City Area Programs Phone: 605-348-0477  
Fax Number: 605-348-0479 Email: amccoy@lsssd.org  
Board President: Bruce Thalacker (Note that 6 members of our statewide board are  
*(attach list of board members)* from the Rapid City area)

**Secondary Contact Person:**

Stepping Stones Director: Jane O'Leary Phone: 605-388-8195  
Fax Number: 605-342-4628 Email: joleary@lsssd.org

**PROGRAM INFORMATION**

- A. **Amount Requested** (Round numbers only): \$ 3,760
- Funds will be used for:  **Public Services**     **Public Facilities or Improvements**     **Housing**
- B. **This funding will:**
- fund an existing program at the same level     substantially increase an existing program  
 fund a new program     be used on a Public Facility or Improvements
- C. **Provide detailed description of project (1-2 Sentences):** Stepping Stones provides independent living training and housing support for youth who are homeless or in danger of becoming homeless. Our project would provide youth who are moving into independent living apartments with startup support for food, identification documents, clothing for their first jobs, and school supplies for attending high school or GED classes.
- D. **Project Service Area:** Rapid City
- E. **This project meets the following HUD National Objective(s) because it:**
- Serves low income Households     Creates jobs for low income individuals

**City of Rapid City CDBG Application**  
**Continued, page 2 of 7**

- Serves a low income Neighborhood  Eliminates blighted conditions  
 Creates housing for low income households

**F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007:** This project helps meet the high priority need described on page 64 of the Five Year Consolidated Plan: "Support services given a high priority to assist homeless persons and persons at-risk of homelessness including case management and life skills training for individuals." Our project provides at-risk youth with the basics to begin their independent living experience: a basic supply of food; identification documents to use in applying for jobs, school, and social services; basic clothing to begin a new job; and school supplies to support those who are trying to finish high school or achieve a GED.

**G. Why is this project needed in this community?** The Rapid City Homeless Coalition has estimated that more than 130 Rapid City youth above age 15 are homeless. Stepping Stones is the only program in Rapid City to help homeless youth make the transition to become productive, independent adults. These are youth who want to be successful and independent, but need support and education to learn the necessary skills. Many youth find their first weeks of independent living particularly difficult. They have no money for food, and must wait several weeks to get food stamps. To sign up for food stamps or to get a job, they need a photo ID, which also costs money to obtain. And once youth get jobs and are signed up for school, they need clothes and school supplies—all before they receive their first paycheck.

The cost of NOT intervening with these at-risk youth is tremendous. National studies show that street youth are more likely to be involved in delinquency and crime. They often must resort to criminal behavior simply to get the food, shelter, and safety they need to survive. A recent study at Vanderbilt University estimated that ONE youth who drops out of high school, becomes a drug abuser, and engages in a life of crime costs society \$1,700,000 to \$2,300,000 over his or her lifetime. A small investment to help at-risk youth get a positive start in independent living may well save millions in the long run.

**H. Who will be served by the program for which CDBG funds are being requested?**

Please check any of the following specific groups of clientele and indicate the projected number of persons or households you expect to help.

- |  |   |                                     |                   |
|--|---|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> Abused and/or neglected children | Number of <input checked="" type="checkbox"/> persons | <input type="checkbox"/> households | <u>15</u>         |
| <input checked="" type="checkbox"/> Homeless persons                 | Number of <input checked="" type="checkbox"/> persons | <input type="checkbox"/> households | <u>40</u>         |
| <input type="checkbox"/> Elderly persons                             | Number of <input type="checkbox"/> persons            | <input type="checkbox"/> households | <u>          </u> |

**City of Rapid City CDBG Application**  
**Continued, page 3 of 7**

<input type="checkbox"/> Disabled persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Battered spouse	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Illiterate persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input checked="" type="checkbox"/> Very low income (income below 30% of area median income)	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	_____ 40 _____
<input type="checkbox"/> Low income (income between 31% - 50% of area median income)	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Above 80% of median income	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Other: _____			

**I. If this is a housing program, it will be used to provide:**

<input type="checkbox"/> New Single family housing	<input type="checkbox"/> Owner occupied	<input type="checkbox"/> Rental
<input type="checkbox"/> New multi-family housing	<input type="checkbox"/> Owner occupied	<input type="checkbox"/> Rental
<input type="checkbox"/> Housing Purchase rehabilitation		
<input type="checkbox"/> Housing Rehabilitation for existing homeowners		
<input type="checkbox"/> Down payment or closing cost assistance		

**Will the program beneficiaries or participants be limited to low -and-moderate income households?**  Yes  No

**If not, explain the criteria for qualifying for the program:** \_\_\_\_\_  
 \_\_\_\_\_

**J. If the project or activity for which CDBG funds are requested will create new housing , or improve permanent residential housing structures that will be occupied by low and moderate income households upon completion, please state how many will be:**

New homes/units \_\_\_\_\_ Rehabilitation units \_\_\_\_\_ Completed in program year \_\_\_\_\_

**For rentals, will the rental amounts remain affordable as per HUD guidelines?**  Yes  No

**If not, explain rental structure:** \_\_\_\_\_

**K. Fee schedule for services, if applicable, please attach:** No fee will be charged for this particular project. A sliding fee scale for Stepping Stones' overall service program is attached.

**L. Describe specifically how funds will be used:** Many of the youth who join the independent living program at Stepping Stones have no jobs, no family support, no savings, and few possessions. They are eager to establish themselves in apartments, jobs, and schooling, but have great difficulty with the initial expenses involved. In this project, we will provide the youth who will participate in independent living this year with a basic supply of food (\$30 each for 40 youth), birth certificate and photo ID (\$18 each for

**City of Rapid City CDBG Application**  
**Continued, page 4 of 7**

20 youth), work clothes for their first weeks on the job (\$70 each for 20 youth), and school supplies (\$40 each for 20 youth). Stepping Stones staff will purchase the food, supplies, and clothing for youth—no cash or vouchers will be given. For an investment of less than \$150 per person, your grant can help assure that young people who are homeless or at risk of homelessness can get a good start on their lives as independent adults.

**M. Budget Breakdown for Program/Project**

Please provide a breakdown for the total program/project budget:

**Funding Sources for the Program/Project:**

List total cost for the program/project and all expected funding sources and date funds expected to be available/received:

		Estimated Date funds available
<b>Total Project Cost</b>	\$ <u>3,760</u>	
Other funding sources:		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
<b>Total CDBG Funds Requested</b>	\$ <u>3,760</u>	

**N. Breakdown of how CDBG funds will be used:**

<b>Program or Program Administration Costs:</b>		\$ <u>3,760</u>
Salaries	\$ _____	
Fair Housing Activities	\$ _____	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ _____	
Supplies and Materials	\$ _____	
Mileage	\$ _____	
Audit	\$ _____	
Other: <u>Food, 40 youth @ \$30</u>	\$ <u>1,200</u>	
Other: <u>ID documents, 20 youth @ \$18</u>	\$ <u>360</u>	
Other: <u>Work clothes, 20 youth @ \$70</u>	\$ <u>1,400</u>	
Other: <u>School supplies, 20 youth @ \$40</u>	\$ <u>800</u>	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
<b>Construction</b> <input type="checkbox"/> <b>Equipment</b> <input type="checkbox"/> _____		\$ _____
<b>Engineering Costs</b>		\$ _____
<b>Land Acquisition</b>		\$ _____
<b>Housing Rehabilitation</b>		\$ _____
<b>Housing Down Payment/Closing Cost Assistance</b>		\$ _____
<b>Other</b> _____		\$ _____
<b>Other</b> _____		\$ _____
<b>Total CDBG Grant</b>		<b>\$ <u>3,760</u></b>

*\*Any indirect costs charged must be consistent with the conditions of Paragraph VIII (c)(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Subrecipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Subrecipient.*

**O. 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): \_\_\_\_\_

**INFORMATION REGARDING YOUR ORGANIZATION**

**Brief Narratives describing your organization:**

- A. Mission or goals of the organization:** The mission statement of Lutheran Social Services of South Dakota is: "Inspired by God's love, we care for, support and strengthen individuals, families and communities." LSS serves people of all ages, races, faiths, and economic levels. Through a wide variety of human service programs, LSS serves more than 25,000 South Dakotans each year. Current programs in Rapid City include individual, marriage and family counseling, adoption services, foster care, outpatient drug and alcohol treatment, domestic violence and anger management groups, the SMILE program for divorcing couples with young children, home-based therapy for first-time juvenile offenders, and the Stepping Stones independent living program.
- B. History of the organization:** Lutheran Social Services of South Dakota began in 1920 as the Lutheran Children's Home Finding Society, providing primarily adoption services. Today, LSS operates human service programs in 18 South Dakota communities, including Rapid City. On January 1, 2004, Casey Family Programs and Stepping Stones became part of LSS in Rapid City.
- C. Agency/Organization Goals:** LSS has developed a strategic vision for the years 2002 through 2005. Please see the attached Strategic Vision document that details our overall agency goals for the coming year. The Stepping Stones program goals and outcomes statement is also attached. Adding Casey Family Programs and Stepping Stones to our Rapid City area services has fit well with our organizational vision, mission, and goals.
- D. Number of clients served during the last twelve (12) months:** 25,313
- E. Number of clients served in Rapid City:** 2,000      **Outside Rapid City:** 23,313
- F. Maximum number of clients your agency can serve at any one point in time:** 30,000 per year
- G. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?:**     Yes       No
- Stepping Stones does not exclude potential clients because of income levels. However, the nature of the program results in a client group that is always very low income, often unemployed or in minimum wage jobs.
- H. Does your agency require information on:**       Family size     Income

As a rule, Stepping Stones clients have little or no family contact or financial support. Stepping Stones

**City of Rapid City CDBG Application**

**Continued, page 7 of 7**

rent and other services are provided on a sliding fee scale based on the youth's personal income, which is normally zero to very low.

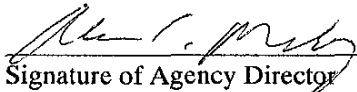
- I.** If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:

Agency-wide, LSS of South Dakota serves people in need throughout the state. Stepping Stones' services are provided within the city limits of Rapid City.

- J. Sustainability**  
**Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.**  
We will continue to use the most economical community resources available to aid youth in beginning their independent lives. For some youth, there may be some state funds available in specific, limited circumstances. We will work with local foundations to obtain grant funding for the program in the future.

- K. Additional documentation requested:**

Please attach: **Financial Statements**  
**List of Board Members**  
**Articles of Incorporation and By-Laws**

 CSW-PEP  
Signature of Agency Director

Date: 9-7-04

  
Signature of Board President

Date: 9-8-04

***Deadline for Applications:***

***Friday, September 10, 2004 at 4:00 p.m. for FY 2004 Mid-Year Reallocation***  
***Monday, November 15, 2004 for FY 2005 CDBG Annual Allocation***

SEP 1 0 2004

COMMUNITY  
DEVELOPMENT DEPT.

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

**General Information:**

Agency Name: The Salvation Army

Address: 405 North Cherry Ave., Rapid City, SD 57701

Address of Project: \_\_\_\_\_  
*(if different from above)*

**Contact Information:**

Agency Director: Captain Robert McClintock Phone: 605-342-0982

Fax Number: 605-355-9596 Email: Robert\_McClintock@usc.salvationarmy.org

Alt Contact: Andrea Denke Alt Email: Andrea\_Denke@usc.salvationarmy.org

Board President: Ben Treadwell  
*(attach list of board members)*

**PROGRAM INFORMATION**

A. Amount Requested (Round numbers only): \$ 5,000.00

Funds will be used for:  Public Services  Public Facilities or Improvements  Housing

B. This funding will:

- fund an existing program at the same level  substantially increase an existing program  
 fund a new program  be used on a Public Facility or Improvements

C. Provide detailed description of project (1-2 Sentences): The funding requested by The Salvation Army will be used to prevent homelessness. This program will be in addition to the other programs offered by The Salvation Army. We will continue to use funding received from the City to pay past due rents, assist with utility bills, provide food and clothing to people in need.

D. Project Service Area: The area served by The Salvation Army includes Pennington and Meade County. We do serve people in outlying areas. We have provided services in Hot Springs, Custer, Pine Ridge, and Hill City. The area served by the funding received from the City Block Grant would be restricted to Rapid City (city) limits.

E. This project meets the following HUD National Objective(s) because it:

- Serves low income Households  Creates jobs for low income individuals  
 Serves a low income Neighborhood  Eliminates blighted conditions  
 Creates housing for low income households



City of Rapid City CDBG Application  
Continued, page 2 of 6

- F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: To provide rent, rent deposit, and utility assistance to the homeless, victims of domestic violence, low income, very low income and extremely low income.
- G. Why is this project needed in this community? This project is unique in Rapid City. Very few businesses exist that are able to assist with rent, rental deposit, and utility assistance. Those that are able to help, generally are not able to pay the entire amount that the client is requesting. We require all of our rent and utility assistance requests to first go to Pennington County Health and Human Services. PCH&HS refers clients that they are unable to help along with those that they can only provide partial help to.
- H. Who will be served by the program for which CDBG funds are being requested?  
Please check any of the following specific groups of clientele and indicate the projected number of persons or households you expect to help.

<input checked="" type="checkbox"/> Abused and/or neglected children	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>380</u>
<input checked="" type="checkbox"/> Homeless persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>610</u>
<input checked="" type="checkbox"/> Elderly persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>1530</u>
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>1910</u>
<input checked="" type="checkbox"/> Battered spouse	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>380</u>
<input checked="" type="checkbox"/> Illiterate persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>150</u>
<input checked="" type="checkbox"/> Very low income (income below 30% of area median income)	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>6880</u>
<input checked="" type="checkbox"/> Low income (income between 31% - 50% of area median income)	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>700</u>
<input checked="" type="checkbox"/> Above 80% of median income	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>75</u>
<input type="checkbox"/> Other: _____			

I. If this is a housing program, it will be used to provide:

- |   |   |                                 |
|---|---|---------------------------------|
| <input type="checkbox"/> New Single family housing                      | <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Rental |
| <input type="checkbox"/> New multi-family housing                       | <input type="checkbox"/> Owner occupied | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Housing Purchase rehabilitation                |   |                                 |
| <input type="checkbox"/> Housing Rehabilitation for existing homeowners |   |                                 |
| <input type="checkbox"/> Down payment or closing cost assistance        |   |                                 |

Will the program beneficiaries or participants be limited to low-and-moderate income households?  Yes  No

If not, explain the criteria for qualifying for the program: The Salvation Army provides services without discrimination. The people served by the funding received from the City Block Grant would be restricted to low-and moderate income.

City of Rapid City CDBG Application

Continued, page 3 of 6

J. If the project or activity for which CDBG funds are requested will create new housing , or improve permanent residential housing structures that will be occupied by low and moderate income households upon completion, please state how many will be:

New homes/units \_\_\_\_\_ Rehabilitation units \_\_\_\_\_ Completed in program year \_\_\_\_\_

For rentals, will the rental amounts remain affordable as per HUD guidelines?  Yes  No

If not, explain rental structure: \_\_\_\_\_

K. Fee schedule for services, if applicable, please attach: \_\_\_\_\_

L. Describe specifically how funds will be used: Funding received from the City will be used to pay past due rents, assist with utility bills; provide food and clothing to people in need.

M. **Budget Breakdown for Program/Project**

Please provide a breakdown for the total program/project budget:

**Funding Sources for the Program/Project:**

List total cost for the program/project and all expected funding sources and date funds expected to be available/received:

		Estimated Date funds available
<b>Total Project Cost</b>	<b>\$ <u>274,154.00</u></b>	_____
Other funding sources:		
<u>Community Development Block Grant Funds</u>	<u>\$ 30,000.00</u>	<u>March 2004</u>
<u>FEMA</u>	<u>\$ 3,300.00</u>	<u>July 2004</u>
<u>United Way</u>	<u>\$ 82,000.00</u>	<u>January 2004</u>
<u>General Account – Donations</u>	<u>\$ 153,854.00</u>	<u>October 2003</u>
_____	\$ _____	_____
<b>Total Additional CDBG Funds Requested</b>	<b>\$ <u>5,000.00</u></b>	

**N. Breakdown of how CDBG funds will be used:**

<b>Program or Program Administration Costs:</b>		\$ _____
Salaries	\$ _____	
Fair Housing Activities	\$ _____	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ _____	
Supplies and Materials	\$ _____	
Mileage	\$ _____	
Audit	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
<b>Construction</b> <input type="checkbox"/> <b>Equipment</b> <input type="checkbox"/>	_____	\$ _____
<b>Engineering Costs</b>		\$ _____
<b>Land Acquisition</b>		\$ _____
<b>Housing Rehabilitation</b>		\$ _____
<b>Housing Down Payment/Closing Cost Assistance</b>		\$ _____
<b>Other</b> _____		\$ _____
<b>Other Rental Assistance/Rental Deposit Assistance/Utility Assistance</b>		\$ <u>5,000.00</u>
<b>Total CDBG Grant</b>		\$ <u>5,000.00</u>

*\*Any indirect costs charged must be consistent with the conditions of Paragraph VIII (c)(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Subrecipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Subrecipient.*

**O. 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): \_\_\_\_\_

**INFORMATION REGARDING YOUR ORGANIZATION**

**Brief Narratives describing your organization:**

A. **Mission of the organization:** The mission of The Salvation Army is to preach the gospel of Jesus Christ and to meet human needs in His name without discrimination. The Salvation Army seeks to accomplish this through a variety of diversified programs of social service, religious and character building programs. Particularly in the Rapid City area The Salvation Army is the last chance for some people in need to find the necessary emergency assistance. The Salvation Army can meet a broad variety of unmet need for our clientele that do not qualify under the guidelines of other agencies.

B. **History of the organization:** The Salvation Army in Rapid City was established in 1907. The Army offers a vast array of services to low income families, homeless persons, and youth at risk.

C. **Agency/Organization Goals:** The Salvation Army has the following goals:  
The goal of this program : to support and strengthen the family during the transition from public assistance to self sufficiency.

D. **Number of clients served during the last twelve (12) months:** 7,651

E. **Number of clients served in Rapid City:** 6,503 **Outside Rapid City:** 1,148

F. **Maximum number of clients your agency can serve at any one point in time:** \_\_\_\_\_

G. **Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?:**  Yes  No

H. **Does your agency require information on:**  Family size  Income

I. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:  
The area served by The Salvation Army includes Pennington and Meade County. We do serve people in outlying areas. We have provided services in Hot Springs, Custer, Pine Ridge and Hill City. The area served by the funding received from the City Block Grant would be restricted to Rapid City (city) limits.

J. **Sustainability**  
Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.  
The Salvation Army will continue to be financed by FEMA, United Way, and by the Salvation Army general account (donations).

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K. **Additional documentation requested:**  
Please attach: **Financial Statements**  
**List of Board Members**  
**Articles of Incorporation and By-Laws**

  
\_\_\_\_\_  
Signature of Agency Director

Date: 9-10-04

  
\_\_\_\_\_  
Signature of Board President

Date: 9/10/04

**Deadline for Applications:**

*Friday, September 10, 2004 at 4:00 p.m. for FY 2004 Mid-Year Reallocation*  
*Monday, November 15, 2004 for FY 2005 CDBG Annual Allocation*

## Attachment K

## The Salvation Army - Rapid City, SD

2005 UNITED WAY OF THE BLACK HILLS BUDGET FORM			
SUPPORT REVENUE & EXPENSES	Fiscal 2003	Fiscal 2004	Fiscal 2005
	Actual	This Year Budgeted	Next Year Proposed
<b>Public Support &amp; Revenue</b>			
1 0000 Allocation From This UW	95061	78000	90000
2 4000 Contributions	361812	246709	278500
3 4200 Special Events	0	15000	15000
4 4300 Legacies & Bequests (Unrest)			
5 4600 Contributed by Assoc Org	115984	158267	163000
6 4700 Allocated by other UW	0	0	0
7 5000 Fees and Grants from Gov Ag	38881	34000	44000
8 6000 Membership Dues	0	0	0
9 6200 Program Service & Fees	17683	10000	10000
10 6300 Sales of Materials	0	500	500
11 6500 Investment Income	15800	5600	5600
12 6900 Miscellaneous Revenue	-5	52000	40000
13 TOTAL SUPPORT & REVENUE	645216	600076	646600
<b>EXPENSES</b>			
14 7000 Salaries	145663	181244	187026
15 7100 Employee Benefits	16514	44140	38028
16 7200 Payroll Taxes	8544	14571	12589
17 8000 Professional Fees	9364	0	3000
18 8100 Supplies	37989	23998	24912
19 8200 Telephone	8874	9000	10160
20 8300 Postage & Shipping	8248	5000	6000
21 8400 Occupancy (Includes deprec)	16808	16000	10850
22 8500 Rental & Maintenance of Equip	12833	14430	13500
23 8600 Printing & Publications	21465	17482	16250
24 8700 Travel	37718	29305	22305
25 8800 Conferences, Conv, & Meet	21668	14000	15000
26 8900 Specific Assitance to Individuals	243254	205586	220700
27 9000 Membership Dues	-256	750	500
28 9100 Awards & Grants	1840	2000	1000
29 9400 Miscellaneous	-80	0	0
30 TOTAL EXPENSES	590446	577506	581800
31 Payments to Affiliated Organizations	62029	61028	58800
32 Board Designations for Spec Activities			
33 TOTAL EXPENSES ACT	652475	638534	640600
34 TOTAL EXPENSES ACT - RESTR	0	0	0
35 TOTAL EXPENSES FOR ACT	652475	638534	640600
36 EXCESS (DEFICEIT) OF TOTAL SUP	-7259	-38458	6000
37 9500 Depreciation of Buildings & Equip			
38 9900 Major Property & Equip (+\$1000)	21402	3000	6000

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

**General Information:**

Agency Name: Youth & Family Services (YFS)  
Address: P.O. Box 2813, Rapid City, SD 57709  
Address of Project: 202 E. Adams St., Rapid City, SD  
*(if different from above)*

**Contact Information:**

Agency Director: Susan Fedell, Executive Director Phone: 342-4195  
Holli Vanderbeek, Counseling Center Director Phone: 342-4789  
Fax Number: 399-0833 (Holli) Email: yfsc@rapidnet.com and yfsdev@rapidnet.com

Board President: Marnie Herrmann  
*(attach list of board members)*

**PROGRAM INFORMATION**

A. Amount Requested (Round numbers only): \$3,000

Funds will be used for:  Public Services  Public Facilities or Improvements  Housing

B. This funding will:

fund an existing program at the same level  substantially increase an existing program

fund a new program  be used on a Public Facility or Improvements

C. Provide detailed description of project (1-2 Sentences): YFS Counseling Center offers a comprehensive program for children and their families including: 24-hour crisis hotline, crisis intervention counseling, assessments, child abuse counseling, sexual abuse counseling and individual, family and group counseling. Staff members are trained in the latest, most effective therapeutic methods to help clients rebuild their lives. Working with both child and adult members of the family, YFS uses cognitive-behavioral therapy, play therapy, art and sand-tray therapy, and alcohol and drug evaluations.

D. Project Service Area: The YFS Counseling Center is located in North Rapid City and most of our clients come from this area. We do serve all of Rapid City, Rapid Valley, Black Hawk and Ellsworth Air Force Base.

E. This project meets the following HUD National Objective(s) because it:

Serves low income Households  Creates jobs for low income individuals

Serves a low income Neighborhood  Eliminates blighted conditions

Creates housing for low income households

**City of Rapid City CDBG Application**  
**Continued, page 2 of 6**

**F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007:** The YFS Counseling Center's program meets several of the City's high priority items. Under the section of Homelessness, we provide support services for the homeless, chronic substance abusers, victims of domestic violence and dually diagnosed. Under the section of Public Services, we offer general public services and substance abuse services. Youth Services is our main area of expertise.

**G. Why is this project needed in this community?** If basic emotional and mental needs are not met, it is difficult for people to deal with basic things such as housing, food, etc. We help people bring stability to their lives. The YFS Counseling Center offers crisis intervention as well as longer-term counseling to facilitate emotional and mental well-being. Our Crisis Hotline is the only hotline in the region that accepts calls on any subject; for example, we do not limit calls to an issue such as suicide or domestic violence but provide help on a variety of topics. We are also unique in our work with infants (ages 0-3 years) and their mothers; no other organization in Rapid City promotes attachment and bonding for this age group; it is critical to the future development of the child.

**H. Who will be served by the program for which CDBG funds are being requested?**  
 Please check any of the following specific groups of clientele and indicate the project number of persons or households you expect to help.

- Abused and/or neglected children Number of persons households 20 children
- Homeless persons Number of persons households 3 homeless persons
- Elderly persons Number of persons households
- Disabled persons Number of persons households
- Battered people Number of persons households
- Illiterate persons Number of persons households
- Very low income Number of persons  households 23 people  
(income below 30% of area median income)
- Low income Number of persons households  
(income between 31%-50% of area median income)
- Above 80% of median income Number of persons households
- Other:

**I. If this is a housing program, it will be used to provide:**

New Single family housing	Owner occupied	Rental
New multi-family housing	Owner occupied	Rental
Housing Purchase rehabilitation		
Housing Rehabilitation for existing homeowners		
Down payment or closing cost assistance		

**Will the program beneficiaries or participants be limited to low-and-moderate income households?**      Yes    No

**If not, explain the criteria for qualifying for the program:**



**City of Rapid City CDBG Application**  
**Continued, page 3 of 6**

**J. If the project or activity for which CDBG funds are requested will create new housing, or improve permanent residential housing structures that will be occupied by low and moderate income households upon completion, please state how many will be:**

New homes/units                      Rehabilitation units                      Completed in program year

**For rentals, will the rental amount remain affordable as per HUD guidelines?**      Yes              No  
**If not, explain rental structure:**

**K. Fee schedule for services, if applicable, please attach:** The fee schedule is attached.

**L. Describe specifically how funds will be used:** Every year we have to turn away people who need counseling. We are requesting funds to provide counseling for approximately 23 people (3 sessions each at an average of \$44 per session). These people are among those who had to be turned away last year for lack of funds.

**M. Budget Breakdown for Program/Project**  
 Please provide a breakdown for the total program/project budget:

**Funding Sources for the Program/Project**

List total cost for the program/project and all expected funding sources and date funds expected to be available/received:

		Estimated Date funds available
<b>Total Project Cost</b>	<b><u>\$303,635</u></b>	
Other funding sources:		
<u>Federal Government</u>	<u>\$ 71,000</u>	<u>Ongoing</u>
<u>State Government</u>	<u>\$ 24,605</u>	<u>Ongoing</u>
<u>United Way</u>	<u>\$ 35,500</u>	<u>Ongoing</u>
<u>Fees</u>	<u>\$ 21,154</u>	<u>As Earned</u>
<u>Fees from Title 19</u>	<u>\$ 91,300</u>	<u>As Earned</u>
<u>Private Contributions</u>	<u>\$ 12,000</u>	<u>Ongoing</u>
<u>Lemley Trust Fund</u>	<u>\$ 955</u>	<u>January 2005</u>
<u>Endowment Earnings</u>	<u>\$ 3,000</u>	<u>Board Decision</u>
<u>Kids Fair Proceeds</u>	<u>\$ 4,000</u>	<u>May 2005</u>
<u>CDBG Allocation Beg. April 2004</u>	<u>\$ 12,000</u>	<u>As Earned</u>
<u>Weed &amp; Seed/City of RC</u>	<u>\$ 3,500</u>	<u>As Earned</u>
<u>Interest Income</u>	<u>\$ 621</u>	<u>As Earned</u>
<u>Need to Raise Additional</u>	<u>\$ 24,000</u>	
<b>Total CDBG Funds Requested</b>	<b><u>\$ 3,000</u></b> at this time	

**City of Rapid City CDBG Application**  
**Continued, page 4 of 6**

**K. Breakdown of how CDBG funds will be used:**

<b>Program or Program Administration Costs:</b>		<b><u>\$ 3,000</u></b>
Salaries	\$ <u>3,000</u>	
Fair Housing Activities	\$	
Fringe	\$	
Office Space (Program Only)	\$	
Utilities	\$	
Communications	\$	
Reproduction/Printing	\$	
Supplies and Materials	\$	
Mileage	\$	
Audit	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Indirect Costs*:	\$	
Indirect Costs*:	\$	
Indirect Costs*:	\$	
<b>Construction</b>		<b>\$</b>
<b>Equipment</b>		<b>\$</b>
<b>Engineering Costs</b>		<b>\$</b>
<b>Land Acquisition</b>		<b>\$</b>
<b>Housing Rehabilitation</b>		<b>\$</b>
<b>Housing Down Payment/Closing Cost Assistance</b>		<b>\$</b>
<b>Other</b>		<b>\$</b>
<b>Other</b>		<b>\$</b>
<b>Total CDBG Grant</b>		<b><u>\$ 3,000</u></b>

*\*Any indirect costs charged must be consistent with the conditions of Paragraph VIII ©(2) of this Agreement. In addition the Grantee may require a more detailed budget breakdown than the one contained herein, and the Subrecipient shall provide such supplementary budget information in a timely fashion in the form and content prescribed by the Grantee. Any amendments to this budget must be approved in writing by the Grantee and the Subrecipient.*

**L. If the 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):

**INFORMATION REGARDING YOUR ORGANIZATION**

**Brief Narratives describing your organization:**

- A. Mission of the organization:** The mission of Youth & Family Services is to support children and their families in being capable, caring and contributing members of the community. The purpose of the Counseling Center is to provide community-based counseling to youth and their families.
- B. History of the organization:** Youth & Family Services began in 1965 as the Girls Club of Rapid City. Since that time, YFS has grown to become one of the largest human services agencies in western South Dakota. We currently serve more than 10,000 children and their families through seven programs: YFS Girls Incorporated®, YFS Early Head Start, YFS Head Start, YFS Child Care, YFS Nutrition Services, YFS Prevention Resource Center and the YFS Counseling Center. The Counseling Center became part of YFS in 1971 when it began offering its services chiefly to members of the Girls Club.
- C. Agency/Organization Goals:** The goal of YFS is to provide culturally-sensitive, research-based programming that has a proven track record of assisting children and their families in meeting the challenges of today. The YFS Counseling Center's goal is to help children and their families to resolve emotional, social and developmental issues that are present in their lives.
- D. Number of clients served during the last twelve (12) months:** 443 clients (this represents a 12% increase over last year) and 687 crisis hotline calls (this is an 11% increase over last year).
- E. Number of clients served in Rapid City:** 341 **Outside Rapid City:** 102 (we have only recently been able to track this number)
- F. Maximum number of clients your agency can serve at any one point in time:** 80
- G. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?**     Yes     No
- No, however 86% of our clients are of very low income.
- H. Does your agency require information on:**     Family size     Income

**City of Rapid City CDBG Application**  
**Continued, page 6 of 6**

- I. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other recognized boundaries:**
  
- J. Sustainability**  
**Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.**
  
- K. Additional documentation requested:**

Please attach: **Financial Statements**  
**List of Board Members**  
**Articles of Incorporation and By-Laws**

  
Signature of Agency Director

Date: 9/10/04

  
Signature of Board President

Date: 9/9/04