

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: Black Hills Area Habitat for Humanity, Inc.

Address: 611 Herman Street Rapid City SD 57701

Address of Project: to be determined
(if different from above)

Contact Information:

Agency Director: Michele A. Knock Phone: 605-348-9196

Fax Number: call for new number Email: habitat@rushmore.com

Board President: Allen Canete
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$155,300

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): To partner with low income families and community volunteers to build a decent and affordable home, eliminating substandard housing in the Black Hills Area.

D. Project Service Area: for the purpose of this grant : 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

If Neighborhood, specify boundaries _____

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Rapid City Growth
Management Department



City of Rapid City CDBG Application
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F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: Priority #2: Support home ownership by extremely low, very low, and low income renters. Our target group is 50- 80%median income, many of our families fall below the 50% median income.

G. Why is this project needed in this community? It is a priority need identified by Rapid City. Extremely limit affordable housing stock for low income families to purchase in the Rapid City area.

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.

The families which apply in 2006 may qualify in several of the categories below. The numbers below reflect families selected in 2005.

<input checked="" type="checkbox"/> Abused and/or neglected children	Number of 1 Persons	1 households	_____
<input checked="" type="checkbox"/> Homeless persons	Number of 9 Persons	3 households	_____
<input type="checkbox"/> Elderly persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input checked="" type="checkbox"/> Disabled persons	Number of 3 persons	2 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 8 persons	3 households	_____
<input checked="" type="checkbox"/> Low income (income between 31% - 50% of area median income)	Number of 11 persons	3 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 checked="" type="checkbox"/> New Single family housing | <input checked="" 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 SIX Rehabilitation units ZERO Completed in program year six.

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 FEES FOR SERVICE

Describe specifically how funds will be used: Funds will be used to purchase six building lots/property and or provide public infrastructure or , site development or clearance of building site of debris or, surveys or, engineering.

Budget Breakdown for Program/Project

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

Six build sites/property @ \$20,000	\$120,000
Infra structure/site development, engineering @ \$5,000	\$30,000
Construction Materials @ 45,000	\$270,000
Administration (budgets, monitor grant writing reporting)	\$5,000
<u>Audit (assist with cost of annual audit)</u>	<u>\$ 300</u>

Total Project cost:

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

Costs are averaging \$65,000 to \$75,000 per house built.

		Date funds available
Total Project Cost	<u>\$425,300</u>	_____
Other funding sources:		
<u>Balance of funding via donations and grants to Habitat</u>	<u>\$270,000</u>	<u>on going solicitation</u>
_____	\$ _____	_____
_____	\$ _____	_____
Total CDBG Funds Requested	\$155,300	

City of Rapid City CDBG Application
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N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$5300
Salaries	\$5,000	
Fair Housing Activities	\$ _____	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ _____	
Supplies and Materials	\$ _____	
Mileage	\$ _____	
Audit	\$300	
Other: _____	\$ _____	
Other: _____	\$ _____	
Other: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>		\$ _____
Engineering Costs		\$6000
Land Acquisition		\$120,000
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other site development, infrastructure, debris removal		\$24,000
Other _____		\$ _____
Total CDBG Grant		\$155,300

**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:	\$ N/A _____
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:** To eliminate substandard housing in the Black Hills Area, utilizing volunteer labor to partner with low income families to build a simple decent, affordable home. Once complete, sell it to the low income family at zero percent interest.

B. **History of the organization:** BHA Habitat was incorporated as a non-profit on April 11, 1990. The first Habitat home was built in 1991 and a low income family purchased it January, 1992, at zero percent interest. Today, 37 families have become homeowners. More then 170 individuals have a permanent solution to their housing need. Since January 2005 four families have purchased and moved into their homes. Four additional homes are under construction. In 2005 Habitat Homeowner number two "burned their mortgage" it was paid off three years early.

C. **Agency/Organization Goals:** The Board of Directors have determined in the Strategic Plan to build and complete six homes and purchase an inventory of property and develop it for future build sites. This is aggressive goal and they have invested funds in additional staff and Resource Development to see that the goals will be reached.

D. **Number of clients served during the last twelve (12) months:** **five homes, 18 individuals, new in the past 12 months , an additional 4 families and 13 individuals are currently working on their homes.**

E. **Number of clients served in Rapid City:** 31 **Outside Rapid City:** 0 (last 12 months)

F. **Maximum number of clients your agency can serve at any one point in time:** limited only by funding
No maximum is predetermined.

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

H. **Does your agency require information on:** YES Family size YES 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 Black Hills Area Habitat is designated to serve all six counties in the Black Hills. We have built in Meade, Fall River and Pennington Counties. The majority of our builds have been concentrated in North Rapid.

- J. Sustainability

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

The organization is sustained through grant writing, United Way, individual and corporate donations and substantial funding from area Churches. Monthly mortgage payments are a significant part of the cash flow and the funds are used to purchase construction materials. The organization is 15 years old and is stable with a strong Board of Directors. This month we have hired one additional staff member who will coordinate all volunteer efforts and work with all of our families. We are the second largest Habitat Affiliate in the State of South Dakota.

- K. Additional documentation requested:

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

Michelle A. Knoche
Signature of Agency Director

Date: 11/14/2005

John R. Carter
Signature of Board President

Date: 11/12/05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

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General Information:

Agency Name: Rapid City Community Development Corporation (RCCDC)

Address: 111 Saint Joseph Street, Rapid City, SD 57701

Address of Project: _____
(if different from above)

NOV 14 2005

**Rapid City Growth
Management Department**

Contact Information:

Agency Director: _____ Phone: (605) 343-9230

Fax Number: (605) 343-0310 Email: m.lessin@greatwesternbank.com

Board President: Tom Lessin

(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 250,000.00

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): We plan to provide down payment/closing cost assistance for up to 25 low to moderate income individuals/families. If a group of reasonably priced lots becomes available, we would consider purchasing lots on which we can build new homes for low to moderate income individuals/families.

D. Project Service Area: Rapid City and a 15 mile radius of Rapid City (CDBG is provided only inside city limits 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
 If Neighborhood, specify boundaries _____

②

F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: The project addresses the Housing Goals in the Consolidated Plan. It addresses the number one obstacle for low income families to becoming homeowners, credit issues and the affordability gap by providing assistance for the down payment and closing costs. The project may also provide the construction of new homes that are affordable, safe, and accessible to low income families.

G. Why is this project needed in this community? There is a lack of affordable housing in Rapid City.

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 type="checkbox"/> Homeless persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <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 type="checkbox"/> Very low income
(income below 30% of area median income) | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input checked="" type="checkbox"/> Low income
(income between 31% - 50% of area median income) | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | <u>up to 25</u> |
| <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 checked="" type="checkbox"/> New Single family housing | <input checked="" 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 checked="" 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 _____ 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: NA

L. Describe specifically how funds will be used: Funds will be used to offer down payment/closing cost assistance (\$7,000 down payment and up to \$3,000 closing cost assistance for a maximum of \$10,000). If affordable lots are available, we would also consider using some of the funds to purchase lots for single family home construction. If no lots are purchased, up to 25 individuals/households could receive down payment/closing cost assistance. A maximum of 15 % of the funds would be used for allowable program administration costs.

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
Total Project Cost	<u>\$ 477,625</u>	_____
Other funding sources:		
<u>RCCDC Construction pool (0% Const. loans)</u>	<u>\$225,000</u>	<u>on hand</u>
<u>Recapture funds (loan payoffs)</u>	<u>\$ _____</u>	<u>unknown</u>
<u>CCCS counseling services (in kind)</u>	<u>\$ 2,625</u>	<u>as needed RRCC</u>
_____	<u>\$ _____</u>	_____
_____	<u>\$ _____</u>	_____
Total CDBG Funds Requested	<u>\$ 250,000</u>	

City of Rapid City CDBG Application
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N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		<u>\$250,000</u>
Salaries	\$ _____	
Fair Housing Activities	\$ _____	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ 700	
Supplies and Materials	\$ 1,000	
Mileage	\$ _____	
Audit	\$ 1,300	
Other: <u>contract fees for program delivery</u>	\$ 17,000	
Other: _____	\$ _____	
Other: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>	_____	\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		<u>\$230,000</u>
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		<u>\$250,000</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 Rapid City Community Development Corporation (RCCDC) is to promote the welfare of Rapid City and its adjacent areas by making loans and investments in the form of equity or debt, or both in low and moderate income housing developemtns in or around Rapid City in conjunction with the city of Rapid City, Consumer Credit Counseling Service of the Black Hills, and other organizations with similar purposes.

B. History of the organization: The RCCDC was incorporated in 1995. It was formed with initial capitalization donations from five local lenders: US Bank, Wells Fargo Bank, First Western Bank, Pioneer Bank, and Great Western bank, in the amount of \$25,000 each. Since the formation of the Corporation, one of the initial lenders, US Bank, contributed an additional \$50,000. Black Hills Federal Credit Union also joined and contributed \$25,000. The RCCC created a core revolving loan fund of \$225,000 (\$25,000 of this being a contribution from a former member, Greentree.) These funds are used to provide 0% interest new construction loans for low-to-moderate income households. RCCDC also applies for CDBG funds from the city of Rapid City to use for down payment/closing cost assistance and lot purchases for the development of affordable homes for low-to-moderate income households. RCCDC works in partnership with Consumer Credit Counseling Service of the Black Hills for homebuyer education and counseling. The RCCDC contracted with Consumer Credit in June of 2003 to provide application review and processing, reporting, grant writing, and construction oversight. The RCCDC currently has a volunteer Board of Directors consisting of Member Representatives from the contributing lenders, and a representative from Rapid City's Community Development Department, TSP, Consumer Credit Counseling Service of the Black Hills, First American Title Company, and the Black Hills Board of Realtors.

C. Agency/Organization Goals: The Rapid City Community Development Corporation (RCCDC) is committed to providing affordable homeownership opportunities to low-to-moderate income persons. Our goal for 2006 is to access additional funds for down payment/closing cost assistance and possibly to purchase affordable lots, should they become available. We hope to help 25 individuals/families with down payment/closing cost assistance.

D. Number of clients served during the last twelve (12) months: 18

E. Number of clients served in Rapid City: 18 **Outside Rapid City:** _____

City of Rapid City CDBG Application
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- F. Maximum number of clients your agency can serve at any one point in time: 22 down
payment/closing cost assistance individuals/ households and 3 new home construction
- 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:

- J. **Sustainability**
Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.
The RCCDC is dependent on receiving additional grant funds for the program to continue and is constantly seeking additional funds. The core construction funding is always available for 0% interest loans for the construction of homes. RCCDC files a second mortgage for the funds provided in our program, so funds will be recovered as homes are sold or refinanced, creating a revolving loan fund for the future.
- K. **Additional documentation requested:**
Please attach: **Financial Statements**
List of Board Members
Articles of Incorporation and By-Laws

Signature of Agency Director

Date: _____

J. L. Leonard Pres

Signature of Board President

Date: 11-14-05

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

General Information:

Agency Name: Rapid City Weed and Seed Program

Address: 21 East Philadelphia, Rapid City, SD 57701

Address of Project: *(if different from above):* _____

Contact Information:

Agency Director: Patricia Pummel Phone: 605 355 3519

Fax Number: 605 355 3520 Email: patricia.pummel@rcgov.org

Board President: Kenneth Palmer
(Attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 88,500.00

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

B. This funding will:

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

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

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

1. Hire Inspector (Contract for Service) to evaluate / determine needs and estimate costs for general improvement of all owner occupied homes / businesses in Site area.
2. Hire individual (Contract for Service or CFS) to coordinate the rehabilitation of (15) homes that have been determined need attention on facade (front exterior of building only), including: Curb/Gutter, Sidewalk, Fences, Shingles, Porch / Fences, Windows, Steps, Handicap Accessibility (where necessary) – follow through, per the CFS's suggestion and Steering Committee's approval.

Project Service Area: The designated Weed and Seed site area, including: Weed and Seed Site Boundaries:

- North: Madison
- South: Omaha
- West: 4th Street
- East: Cambell Street

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

- | | |
|---|---|
| <u>X</u> Serves low income Households | <u>X</u> Serves a low income Neighborhood |
| _____ Creates jobs for low income individuals | <u>X</u> Eliminates blighted conditions |
| _____ Creates housing for low income households | |

3

F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007:

G. Why is this project needed in this community?

1. Improve the aesthetics of homes (façade only), which will:

- Improve the appearance of the individual home (and ultimately the neighborhood)

- Increase value of home and neighborhood

- Make the home more safe and secure – let alone the families and individuals, therein.

2. Enhance the image (and attitude) of the entire neighborhood, along with making the commute to school, work, shopping and outdoor activities more enjoyable.

3. Deter illegal and/or scandalous behavior and activities

4. Attempt to eliminate drug traffic and any form of illegal drug activity

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.

<u> </u> Abused and/or neglected children	Number of <u> </u> persons <u> </u> households <u> </u>
<u> </u> Homeless persons	Number of <u> </u> persons <u> </u> households <u> </u>
<u> </u> Elderly persons	Number of <u> </u> persons <u> </u> households <u> </u>
<u> </u> Battered spouse	Number of <u> </u> persons <u> </u> households <u> </u>
<u> </u> Illiterate persons	Number of <u> </u> persons <u> </u> households <u> </u>
<u> </u> Very low income (Income below 30% of area median income)	Number of <u> </u> persons <u> </u> households <u> </u>
<u> </u> Low income (income between 31% - 50% of area median income)	Number of <u> </u> persons <u> </u> households <u> </u>
<u> </u> Above 80% of median income	Number of <u> </u> persons <u> </u> households <u> </u>
<u> x </u> Other: <u>Less than 80% median income</u>	Number of <u> </u> persons <u> x </u> households <u> 15 </u>

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

- | | | |
|---|------------------------------|----------------------|
| <u> </u> New Single family housing | <u> </u> Owner occupied | <u> </u> Rental |
| <u> </u> New multi-family housing | <u> </u> Owner occupied | <u> </u> Rental |
| <u> </u> Housing Purchase rehabilitation | | |
| <u> X </u> Housing Rehabilitation for existing homeowners | | |
| <u> </u> Down payment or closing cost assistance | | |

Will the program beneficiaries or participants be limited to low-and-moderate income households? Yes XX 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 15 Completed in program year 2006

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:

N/A

L. Describe specifically how funds will be used:

- 1. Hire an individual (Contract for Service or 'CFS') who will inspect all properties in the Weed and Seed area.
- 2. Upon completion of inspection / evaluation, CFS will select appropriate properties and estimate expense involved with each property.
- 3. CFS will discuss inspection / evaluation with Steering Committee to decide which properties will become candidates for renovation.
- 4. CFS, with assist from the Weed and Seed Office Staff, will approach (in person, or via telephone) each property owner, as to improvements possible via this grant.
- 5. CFS will follow through with tasks outlined and agreed upon by Steering Committee and home owner.

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

- \$75,000.00 (up to \$5,000 per home x 15 homes)
- \$1,499.00 for Inspector (Contract for Service) to evaluate homes in area
- \$12,000.00 for Salary (Contract for Service) to follow through with Inspector's findings

Estimated Total: \$88,500.00

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>\$88,500.00</u>	_____
Other funding sources:		
Unknown at this time	\$ _____	_____
Total CDBG Funds Requested	\$ <u>\$88,500.00</u>	

N. Breakdown of how CDBG funds will be used:

Program or Program Administration Costs:		<u>\$ 13,500.00</u>
Salaries	<u>\$ 12,000.00</u>	
Rehab Inspector / Evaluator	<u>\$ 1,500.00</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*:	\$ _____	
Construction _____ Equipment _____		\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		<u>\$ 75,000.00</u>
Housing Down Payment / Closing Cost Assistance		\$ _____
Other		\$ _____
Other		\$ _____
Total CDBG Grant		<u>\$ 88,500.00</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:

****Not known until Inspection / Evaluation takes place.****

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:

Working for a safer and healthier community through law enforcement, community policing, prevention, intervention, treatment, and community rejuvenation to become a neighborhood of choice.

B. History of the organization:

1997 - 98 Organization of Steering Committee

1999 Create / Adopt Implementation Plan / Submit Application for funding

2000 Receive Official Recognition from the US Department of Justice

2001 Receive 1st year (of a 5 year grant) of funding

2002-04 Receive funding each year

2005 Receive final year of funding from US DOJ

C. Agency/Organization Goals:

See Implementation Plan, attached.

D. Number of clients served during the last twelve (12) months: n/a - New Program**

E. Number of clients served in Rapid City: ----- Outside Rapid City: -----

F. Maximum number of clients your agency can serve at any one point in time: 15

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

H. Does your agency require information on: Family size: No Income: No **

** This project, including 'renovating' up to 15 homes (façade only - to improve the appearance and well being of the neighborhood) is a new program for Weed and Seed of Rapid City, thus; we do not have previous statistics to offer. We do know, however, (as stated on the enclosed Implementation Plan, including Goals, Objectives - formulated upon initiation of the Weed and Seed Program, and via Neighborhood Watch and various committee meetings), that this project is not only necessary for economic growth and overall health of the neighborhood; but a huge desire from the residents in these neighborhoods to improve the standard of living.

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:

North: Madison

South: Omaha

West: 4th Street

East: Cambell Street

J. Sustainability

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

- Raise funds, via federal and private grants

- Request funds from the City of Rapid City

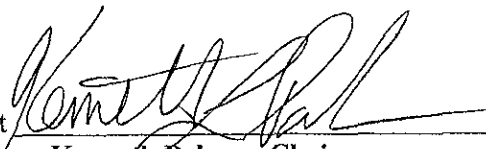
- Raise funds, via local (private) entities and individuals

K. Additional documentation requested:

Please attach:

- Financial Statements
 - o Monthly Expenditures (please request more, if needed)
 - o Budget, as prepared by the City of Rapid City
- List of Board Members
 - o Steering Committee Voting Members
- Articles of Incorporation and By-Laws

Signature of Agency Director _____ Date: _____
Patricia Pummel, Site Coordinator

Signature of Board President  _____ Date: 11/14/05
Kenneth Palmer, Chair

Appendices:

- Financial Statements
 - o Budget / actual Monthly Expenditures (1 page)
 - o Budget, as prepared by the City of Rapid City (3 pages)
- List of Board Members
 - o Steering Committee / Current Committees (1 page)
 - o Voting Members (1 page)
- By-Laws (10 pages)
- Implementation Plan (Goals / Objectives) (11 pages)

Deadline for Applications: November 15, 2005 for FY 2006 CDBG Annual Allocation

OCTOBER 2005

WEED AND SEED
2005 GRANT

CATAGORY	BUDGETED	SPENT	BALANCE
PERSONNEL	46,980.00	13,141.34	33,838.66
TRAVEL	6,900.00	1,860.75	5,039.25
EQUIPMENT/FURNITURE	2,430.00	557.93	1,872.07
SUPPLIES	3,179.00	287.79	2,891.21
	3,179.00	287.79	2,891.21
CONSULTANTS/CONTRACTS			
MINI GRANTS	40,000.00	0.00	40,000.00
CELL PHONE	480.00	113.34	366.66
PROJECT EVALUATION	4,400.00	0.00	4,400.00
CONSULTANT/CONTRCT SERVICES	730.00	150.00	580.00
TOTAL CONSULTANTS	45,610.00	263.34	45,346.66
FISCAL AGENT FEE	2,250.00	0.00	2,250.00
OTHER			
RENT/UTILITIES/PHONE/CLEANING	6,930.00	3,505.63	3,424.37
PUBLICATIONS	1,120.00	0.00	1,120.00
MARKETING	1,796.00	0.00	1,796.00
BUSINESS ASSOCIATION	300.00	30.00	270.00
TOTAL OTHER	10,146.00	3,535.63	6,610.37
SPECIAL EMPHASIS			
PERSONNELFRINGE	40,165.00	0.00	40,165.00
TRAVEL	600.00	0.00	600.00
SUPPLIES	1,800.00	0.00	1,800.00
CONTRACTS	360.00	0.00	360.00
UTILITIES	1,000.00	0.00	1,000.00
OTHER	5,580.00	0.00	5,580.00
TOTAL SPECIAL EMPHASIS	49,505.00	0.00	49,505.00
POLICE	58,000.00	0.00	58,000.00
TOTAL BUDGET	225,000.00	19,646.78	205,353.22

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: Teton Coalition, Inc.

Address: 120 Knollwood Drive Suite E.

Address of Project: Scattered Sites
(if different from above)

Contact Information:

Agency Director: Leona Clubbs Phone: 341-9939

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

Board President: Ralph Schad
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 100,000

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): CDBG money will be used to purchase land to build four homes. These homes will allow four low to moderate income families to become homeowners. This funding will increase our program t reduce the cost of the home.

D. Project Service Area: Rockin on Subdivision or Mall Ridge Area

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

If Neighborhood, specify boundaries _____

④

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: Teton Coalition will provide homes for four low- moderate income families, who will be under 80% median income.

G. Why is this project needed in this community? Rapid City 2000 Census date report 12.7% of Rapid City households is below proverty. The major obstacle of homeownership is affordability.

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 type="checkbox"/> Homeless persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <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 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 checked="" type="checkbox"/> ^{Below} Above 80% of median income | Number of <input type="checkbox"/> persons | <input checked="" type="checkbox"/> households | <u>4</u> |

Other: Four families will be provided with homes, however additional families will benefit from counseling and homeownership preparation.

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

- | | | |
|---|--|---------------------------------|
| <input checked="" type="checkbox"/> New Single family housing | <input checked="" 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: Clients qualifying for these four homes must meet income guidelines. They must attend Homebuyer Education and credit classes.

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 4 Rehabilitation units _____ Completed in program year 4

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: Purchase four lots for a total of \$100,000. We are in negotiation with two developers that are offering lots.

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
Total Project Cost	\$ <u>1250000</u>	_____
Other funding sources:		
<u>South Dakota Housing Development Authority (HOME)</u>	\$ <u>TBD</u>	<u>Feb., 05 Pending</u>
		<u>Application</u>
<u>CDFI \$60,000 training and \$5000 Salary</u>	\$ <u>65,000</u>	<u>Unknown</u>
<u>Funding from Private Investors</u>	\$ <u>15,000</u>	<u>12-31-05</u>
<u>Developer Fee from sale of Dakota Homes</u>	\$ <u>20,000</u>	<u>12-31- 05</u>
<u>South Dakota Housing Development Authority</u>	\$ <u>20,000</u>	<u>12-31-05</u>
_____	\$ _____	_____
Total CDBG Funds Requested	\$ <u>100,000</u>	

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
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*: _____	\$ _____	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>	_____	\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ 100,000
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		\$ _____

**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:** Teton Coalition mission is develop affordable decent housing and promote self sufficiency for the low to moderate income people in and around Rapid City.

B. **History of the organization:** Teton Coalition, Inc. was started in 1993. It was created to provide homes for low to moderate income families. Since 1993 Teton Coalition has helped 660 families to achieve homeownership.

C. **Agency/Organization Goals:** Educate, assist, and expand homeownership opportunities for at least 100 families, with an emphasis on minority families.

D. **Number of clients served during the last twelve (12) months:** 747

E. **Number of clients served in Rapid City:** 422 **Outside Rapid City:** 325

F. **Maximum number of clients your agency can serve at any one point in time:** 80 per month

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:**
Western South Dakota with main focus on the Rapid City area. We have helped families in New Underwood, Hill City, and Hermosa. CDBG funds will only be used incorporate 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.

Teton Coalition, Inc. will sell the four homes to the families. The families will be responsible for maintaining the home. Teton Coalition, Inc. aids the homebuyer by offering homebuyer education, landscaping, and credit classes. Teton Coalition will check with the families for one year after the purchase of the home.

K. Additional documentation requested:

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

Leona Childers
Signature of Agency Director

Date: Nov. 9, 2005

Paul E. Smith
Signature of Board President

Date: 11-7-05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: West River Foundation for Economic and Community Development

Address: 444 North Mt. Rushmore Rd. Rapid City, SD 57701

Address of Project: _____
(if different from above)

Contact Information:

Agency Director: Randall Morris Phone: 347-4467

Fax Number: 347-6140 Email: rmorris@bhssc.tie.net

Board President: Patricia Kenner
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$150,000

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 West River Foundation intends to partner with the City of Rapid City on initiating a city wide program aimed at providing affordable housing in Rapid City. The program would focus on acquisition of homes in need of repair or demolition, rehabbing or in some cases rebuilding the homes to make them inhabitable and providing them at a price so that they would be affordable to individuals at or below 80% MHI.**

D. Project Service Area: City limits 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
 If Neighborhood, specify boundaries

5

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 consistent with Priority #1: extremely low, very low, and low income owner-occupied housing: Preserve the housing stock through rehabilitation. Also, Priority #2: Extremely low and very low income renters, small and large households: Support homeownership by extremely low, very low and low income renters. Acquisition/Rehab is a high priority as it relates to HUD's priority needs as well. _____

G. Why is this project needed in this community? It is said that to become a homeowner is to achieve the American Dream, for far too many individuals this opportunity is not a reality. Housing prices in Rapid City have skyrocketed in the last few years, recording an average price for a single family home of \$156,345 in the year 2004, with new construction costing \$173,544. When the Median Household EBI (Effective Buying Income) for that same year was \$34,381, individuals simply can't afford the dream, especially those considered low and very low income. They will continue to be renters in apartment complexes and sub-standard housing units. There currently is not a program that is all inclusive in Rapid City that will focus on the needs of this demographic and find solutions to there housing problems. Rapid City currently has a large percentage of housing stock that is 50 years old and older, these are often homes that are in need of repair, but the expense is often prohibitive, or landlords are not interested in upgrading the conditions of the homes. The goal of this program will be to acquire these aging structures and rehabilitate them if feasible, and demolish and replace with new construction if needed, and to make them available to low and very-low income individuals, many of whom never thought it possible to own their own home. _____

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 type="checkbox"/> Homeless persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <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 | _____ |

Very low income (income below 30% of area median income) Number of persons households _____
 Low income (income between 31% - 50% of area median income) Number of persons households 5 _____
 Above 80% of median income Number of persons households _____
 XX Other: TARGET POPULATION – 80% and below MHI _____

I. If this is a housing program, it will be used to provide: This will fund either acquisition rehab or acquisition/demolition/newconstruction.

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 _10* and or ___ Rehabilitation units __10*_____ Completed in program year _10_____
 *Homes that cannot be rehabbed affordably will be demolished and new home will be placed on the lot.

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: N/A _____

L. Describe specifically how funds will be used: The West River Foundation in partnership with the City of Rapid City will acquire existing homes in need of repair or demolition. Funds will be acquired through various resources to help with the expense of both the acquisition and rehab with the goal of keeping the homes affordable. The West River Foundation will act as a non-profit developer in order to maximize federal, state and local assistance so that the price of homes will remain affordable and the needs of the target market will be served. We are asking for CDBG

funds of \$15,000 per unit to assist with the rehab cost of homes. We will then partner with local organizations that provide supportive services and education to potential homebuyers that fit our target market.

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
Total Project Cost	\$1,500,000	
Other funding sources:		
FHLB-AHP	\$30,000	7-1-2006
HOME-CHDO	\$1,320,000	7-1-2206
*Fannie Mae -- land acquisition/pre-development	\$***TBD	
	\$	
	\$	
Total CDBG Funds Requested	\$150,000	

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$22,500_____
Salaries	\$22,500_____	
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*: _____	\$_____	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>		\$_____
Engineering Costs		\$50,000_____
Land Acquisition		\$_____
Housing Rehabilitation		\$77,500_____
Housing Down Payment/Closing Cost Assistance		\$_____
Other _____		\$_____
Other _____		\$_____
Total CDBG Grant		\$150,000_____

**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: N/A

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: Promoting and coordinating economic and community development efforts in western South Dakota, by providing leadership and support services to existing and potential new businesses. _____

B. History of the organization: The West River Foundation was established in 1984 to address the economic development needs of small rural counties as they relate to business development and job creation while targeting the low equity sector. In 1991, new needs and opportunities lead the WRFECD and various partners into the realm of facility and housing development. Between 1991 and 1996, the WRFECD worked with local organizations, municipal governments and lending organizations for the construction, acquisition and/or renovation of facilities for area education and human service organizations. West River Foundation secured Community Development Revenue Bonds for facility financing, and served as general contractor on each of the four projects. In 1997, the WRFECD was approached by Development for the Disabled, Inc. (DDI), a Community Housing Development Organization to assist in moving their organization and projects forward. The all volunteer board had become stalled in its attempts to develop and complete housing projects for disabled individuals. The WRFECD entered into a contract to provide administration and management services for DDI and their housing projects. In 2001 the West River Foundation for Economic and Community Development was contacted by a member of the South Dakota Congressional Delegation regarding surplus Air Force Base housing at Ellsworth Air Force base. In its proposal, the United State Air Force would donate the land to WRFECD, if they would rehabilitate the housing sites into quality affordable housing and use the proceeds from the sale of the homes to further economic development programs offered by WRFECD. In 2002 thirty two home sites were conveyed to the WRFECD, three years later all homes have been completely remodeled, infrastructure updated and homes sold to deserving homebuyers. Ninety percent of the households that purchased these homes were at or below 80% MHI, while this was not a requirement of purchasing the home, most families searching for housing at \$110,000 or less quite often fit that 80% and below target market.

C. Agency/Organization Goals: 1) To create a successful partnership between the City of Rapid City and West River Foundation, with the West River Foundation filling the non-profit developer role. 2) To rehab the aging housing stock in the older areas of Rapid City in order to help revitalize these neighborhoods. 3) To help low to moderate income individuals achieve the "American Dream" of homeownership. _____

D. Number of clients served during the last twelve (12) months: _____ 160 _____

E. Number of clients served in Rapid City: _____ **Outside Rapid City:** _____ 160 _____

F. Maximum number of clients your agency can serve at any one point in time: 500

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:

The West River Foundation, through its various programs currently serves all 22 Counties in Western South Dakota. This program would be used specifically in the City of Rapid City and its jurisdictions. _____

J. Sustainability

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

The West River Foundation hopes to double the number of affordable homes offered each year by utilizing Federal, State and Local as well as private funding sources. Also, as homes are sold to individuals in our target market, a portion of the proceeds from the sale of those homes would be used to purchase additional houses to maximize the potential of making more low and moderate income individuals homeowners.


K. Additional documentation requested:

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



Signature of Agency Director

Date: November 15, 2005



Signature of Board President

Date: Nov 15, 2005

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

CITY OF RAPID CITY

General Information:

Agency Name: Behavior Management Systems

Address: 350 Elk Street

Address of Project: 121 North Street, Rapid City, SD
(if different from above)

MAY 3 2005

COMMUNITY
DEVELOPMENT DEPT.

Contact Information:

Agency Director: Sandra L. Diegel

Phone: 343-7262

Fax Number: 605-343-7293

email: sdiegel@behaviormanagement.org

Board President: Darrel Riddle

(attach list of board members)

PROGRAM INFORMATION

A. **Amount Requested** (Round numbers only): \$93,000

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):** To meet State Department of Health and ADA requirements, our residential housing facility is in desperate need of an upgrade. This project involves upgrading 9 bathrooms, 2 kitchens, 2 laundry rooms and 2 utility rooms that were built fourteen years ago.

D. **Project Service Area:** 121 North Street

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

If Neighborhood, specify boundaries: Located one block North and two blocks East of the Civic Center

(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 will serve low income, special population renters. It supports services for the disabled and elderly, with general services, case management and lifestyles. Our clients tend to be dually diagnosed and the majority are chronic substance abusers.

G. **Why is this project needed in this community?** Residential housing provides a critical need for our clients. This housing is used for clients who are in treatment and who are on the road to recovery but are not able to live independently in the community. Our residential housing was built in 1991 and at that time we met all building requirements but since then, the requirements have changed. We need these upgrades to meet current ADA and South Dakota Department of Health requirements.

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 type="checkbox"/> Homeless persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input checked="" type="checkbox"/> Elderly persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	_____ 2
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	_____ 35
<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 <small>(income below 30% of area median income)</small>	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	_____ 32
<input checked="" type="checkbox"/> Low income <small>(income between 31% - 50% of area median income)</small>	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	_____ 3
<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:** 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: _____

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 9 Completed in program year 2006-2007

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 at this location are State funded due to their low income.

L. Describe specifically how funds will be used: Funds will be used to replace showers, tubs, sinks, toilets and vanities so they are up to code and are handicapped accessible for 2 of the nine bathrooms. These 2 bathrooms also need new linoleum and vinyl on the wall. This gives us 2 fully operational handicapped accessible bathrooms. One for the women's side and one for the men's side of our residential home. The remaining 7 bathrooms need new flooring and vinyl on the walls. The kitchen areas need new cabinets and new sinks. The laundry area needs vinyl on the walls and we need to upgrade the flooring. A new washer and dryer are also needed in the laundry facilities. The utility room needs flooring and vinyl on the walls.

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
Total Project Cost	\$ 93,000	_____
Other funding sources:		
_____ None _____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total CDBG Funds Requested	\$ 93,000	_____

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
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*: _____	\$ _____	
Construction <input checked="" type="checkbox"/> Equipment <input type="checkbox"/>		\$ 89,000 _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other Washers and Dryers (2 of each) water/energy saving models		\$ 4,000 _____
Other _____		\$ _____
Total CDBG Grant		\$ 93,000 _____

**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- _____
Appraised Value:	\$ Estimate 1.375 Million
Property Insurance Agent: Cummings and Roll-First Western Insurance	
Amount of Insurance Coverage:	\$ 1,300,000
Project Cost Breakdown:	
2 handicap accessible bathrooms, upgrade 7	
bathrooms, 2 kitchens, 2 utility rooms, 2 laundry rooms	\$ 89,000
2 (each) washers and dryers (water and energy saving models)	\$ 4,000
	\$ _____

Cost Estimate Prepared By: GBA, Inc.
 Architect (if applicable): _____

INFORMATION REGARDING YOUR ORGANIZATION

Brief Narratives describing your organization:

- A. **Mission 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 regions largest comprehensive mental and behavioral health care organizations assisting 9,000 people annually. This 9,000 includes people who utilize our educational programs and family members of clients. When treating children for severe emotional and behavioral problems, we have found that involvement with the entire family is a necessity. However, we can only count the child as a client although services are provided for the entire family unit.
- 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 resources, so that we may expand our social mission.
- D. **Number of clients served during the last twelve (12) months:** 4,960
- E. **Number of clients served in Rapid City:** 3,604 **Outside Rapid City:** 1,356
- 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

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:

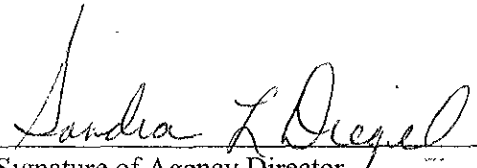
Behavior Management Systems serves the behavioral health care needs of ten counties in western South Dakota, as identified in South Dakota Administrative Rule.

- 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 an upgrade on construction that was done 14 years ago. Maintenance and upgrades will be provided for on a timely basis by our maintenance staff. Any revenues we receive from any other governmental agency are for operation of services. We have no funding source for this remodeling project.


- K. **Additional documentation requested:**

Please attach: **Financial Statements**
List of Board Members
Articles of Incorporation and By-Laws
Attachment 1
Logic Model



Signature of Agency Director

Date: 10/25/05



Signature of Board President

Date: 11-02-05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: Behavior Management Systems

Address: 350 Elk Street

Address of Project: 111 North Street

(if different from above)

CITY OF RAPID CITY

NOV 03 2005

COMMUNITY
DEVELOPMENT DEPT.

Contact Information:

Agency Director: Sandra L. Diegel Phone: 605-343-7262

Fax Number: 605-343-7293 Email: sdiegel@behaviormanagement.org

Board President: Darrel Riddle

(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 30,000

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 need to remodel our offices located in the downstairs of our Mainstream Office. Four offices are needed to provide privacy when we interview our clients. A medication room is also needed for dispensing medications to clients, which, by regulation, requires an enclosed space away from public access. We would also like to develop a group room where clients can meet in a group setting.

D. Project Service Area: 111 North Street

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
 If Neighborhood, specify boundaries One block North and 2 blocks East of the Civic Center

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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: General Services, Case Management, Life Skills Training, Chronic substance abuse, dually diagnosed, and approximately 25% of our clients are victims of domestic violence.

G. Why is this project needed in this community? To meet the requirements of the Health Insurance Portability and Accountability Act, this remodeling project must be accomplished. Behavior Management Systems is 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	30
<input checked="" type="checkbox"/> Elderly persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	38
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	500
<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	326
<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	78
<input checked="" type="checkbox"/> Above 80% of median income	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	8
<input type="checkbox"/> Other: _____			

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:

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 _____

Describe specifically how funds will be used: In order to comply with the Health Insurance Portability and Accountability (HIPAA) standards, we must remodel the basement of our Mainstream Offices at 111 North Street. Current privacy is not assured to our clients since the area is one large room with cubicles in it. This arrangement 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 appointments so the majority of them stop in to see the clinicians when they have a need. Our goal is to make 4 private offices and a medication room, which by HIPAA standards requires an enclosed space away from public access. In addition, we would like to remodel an existing area to provide for a group room for our clients where clinicians can meet with 8 to 10 clients in a group situation.

L. 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
Total Project Cost	\$30,000 _____	_____
Other funding sources:		
None	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total CDBG Funds Requested	\$30,000 _____	

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
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*: _____	\$ _____	
Construction <input checked="" type="checkbox"/> Equipment <input type="checkbox"/>		\$30,000 _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		\$30,000 _____

**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-
Appraised Value:	\$ Estimate 2.3 Million
Property Insurance Agent: Cummings & Roll – First Western Insurance	
Amount of Insurance Coverage:	\$2,200,000
Project Cost Breakdown:	
4 Offices, 1 Med Room and 1 group room	\$30,000 _____
_____	\$ _____
_____	\$ _____
Cost Estimate Prepared By: _____	_____
Architect (if applicable): _____	_____

INFORMATION REGARDING YOUR ORGANIZATION

Brief Narratives describing your organization:

- A. **Mission 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 organization helping nearly 9,000 people each year. This number reflects people attending our educational programs and family members of clients that we see. Although we can only count the client as one person our treatment involves the entire family.
- 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 resources, so that we may expand our social mission.
- D. **Number of clients served during the last twelve (12) months:** 4,960_____
- E. **Number of clients served in Rapid City:** 3,604_____ **Outside Rapid City:** 1,356_____
- 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

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:

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

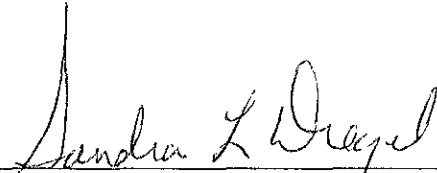
J. Sustainability

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 remodeling 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 capitol project such as this.


K. Additional documentation requested:

Please attach: **Financial Statements**
List of Board Members
Articles of Incorporation and By-Laws
Attachment 1
Logic Mode



Signature of Agency Director

Date: 10/25/05



Signature of Board President

Date: 11-02-05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding

RECEIVED

NOV 14 2005

General Information:

Rapid City Growth
Management Department

Agency Name: Bethel Assembly of God Church

Address: 1202 N. Maple Avenue, Rapid City 57701

Address of Project: _____ (if different from above)

Contact Information:

Agency Director: Pastor Jim Sorum Phone: 342-5415

Fax Number: 343-4089 Email: jwsorum@rushmore.com

Board President: Jim Sorum
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$150,000.00

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 project includes a full size gymnasium to be used as a multi-purpose recreational facility. A 100' X 20' area within the structure will be used for our North Rapid After School program, and a lower level will be finished for future use as our programs develop. The dimensions of the finished facility are 88' X 100'.

D. Project Service Area: North Rapid

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
 If Neighborhood, specify boundaries _____

8

F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: Serves youth from low-income families and low to moderate income neighborhood. This project will create a facility which would allow a substantial increase in existing programs as well as create new programs.

G. Why is this project needed in this community? For the past four years Bethel Assembly has partnered with other agencies such as the YMCA, Boy Scouts of America, and Oglala Lakota College for recreational and social events making its personnel and facilities available to the youth of North Rapid as a safe place to be after school as well as major special events. Because the current facilities are limited, the project will expand them to be able to include basketball, volleyball and other team sports. This project will meet the recreational needs of the youth in the North Rapid area who come from low to moderate income households. Many youth come to Bethel now for after-school and summer activities. This project will enhance the program that is in place and will provide a safer environment where youth in this area can develop relationships with positive role models, have a sense of belonging, develop and learn to play and work in teams (basketball volleyball and other team sports). This project will help keep youth off of the streets, help them develop healthy relationships with others, and provide them with hope. (Please see attached letters of support.)

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 type="checkbox"/> Homeless persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <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 type="checkbox"/> Very low income
(income below 30% of area median income) | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <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>200</u>
<u>(weekly average plus many one time events)</u> |

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: Youth who reside in the North Rapid area or an individual who attends the Bethel Assembly of God Church.

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: the funds will be used to help construct a separate building from the church to provide and enhance recreational and social activities for underprivileged youth in the North Rapid area.

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
Total Project Cost (without finished lower level)	\$ _____	<u>650,000</u>

Other funding sources:

<u>Money raised through the members of Bethel Church</u>	<u>\$450,000</u>
<u>Money pledged for future</u>	<u>\$ 50,000</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total CDBG Funds Requested	<u>\$ 150,000</u>

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
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*: _____	\$ _____	
Construction <input checked="" type="checkbox"/> Equipment <input type="checkbox"/>		<u>\$150,000</u>
Engineering Costs	\$ _____	
Land Acquisition	\$ _____	
Housing Rehabilitation	\$ _____	
Housing Down Payment/Closing Cost Assistance	\$ _____	
Other	\$ _____	
Other	\$ _____	
Total CDBG Grant		<u>\$150,000</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:	\$ <u>None</u>
Appraised Value:	\$ <u>1,000,000</u>

Property Insurance Agent: Western Dakota Agents
 Amount of Insurance Coverage: \$ 2,000,000
 Project Cost Breakdown:
Total use of gymnasium, after school area, small kitchen,
bathrooms, and storage area. \$ 650,000
To finish lower level and large kitchen \$ 100,000
 \$ _____

Cost Estimate Prepared By: ARC International, Inc. (finished estimate will be available by November 21, 2005.

Architect (if applicable): Donovan Broberg, Architect 605-341-2066

City of Rapid City CDBG Application
 Continued, page 5 of 6

INFORMATION REGARDING YOUR ORGANIZATION

Brief Narratives describing your organization:

A. **Mission of the organization:** Our church organization is the parent organization. Our church mission is "Loving our community into a relationship with God and each other". Our mission for our North Rapid Youth Center is "To put Christian principles into practice through programs that build healthy Spirit, Mind, and Body for all". Our mission for building this multi-purpose facility is to create recreational opportunities that connect our high risk, after school youth into an environment that is safe and positive and provide programs that help build healthy Spirit, Mind, and Body.

B. **History of the organization:** Our organization has partnered with the YMCA for four years in creating a safe place for North Rapid Youth to come after school. We have expanded our partnership with the Boy Scouts and also run a Boys Club and Girls Club program for children. We have a bus and two vans that pick up kids in North Rapid, Lakota Homes, and Star Village.

C. **Agency/Organization Goals:** According to the last census, our church is in the center of the lowest income, the highest minority, and the highest single parent households in Rapid City. Our Church and our North Rapid Youth Center want to be a major influence in this community in bringing after school kids off the streets and into a safe and positive environment. We will provide recreational opportunities for under privileged teens/kids for the purpose of building

healthy Spirit, mind, and Body.

D. Number of clients served during the last twelve (12) months: Teen Center (30 to 60 teens every day during school); Boy Scouts (25); Club programs (100 kids weekly); Block Party (1,500 families); Kids Fest (600 kids); Community Harvest Party (350 kids and adults), Clothe a Kid (500 families with Love Inc). Also we are the center for the Share Food Program in North Rapid.

E. Number of clients served in Rapid City: 3,165 for last 12 months Outside Rapid City: 0

F. Maximum number of clients your agency can serve at any one point in time: In our existing programs we are only able to serve 60 in our Teen Center and 85 in our Club programs. We also are able to do one time community events., but these programs are all limited by our current space.

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

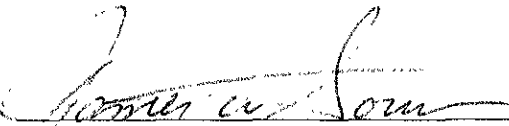
City of Rapid City CDBG Application
Continued, page 6 of 6

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:
North Rapid Area

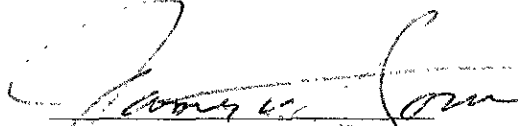
J. Sustainability
Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.
Our congregation at Bethel Assembly is highly invested in the construction of this project and is committed to maintain and enlarge our programming. We have raised \$450,000 for construction and we are currently seeking a full-time director for the programming of our North Rapid Youth Center. We have joint relationships with other organizations that have helped with some funding.

K. Additional documentation requested:

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



Signature of Agency Director
Date: 11/14/05



Signature of Board President
Date: 11/14/05

Deadline for Applications:
Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

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

RECEIVED
NOV 14 2005
Rapid City Growth
Management Department

General Information:

Agency Name: Canyon Lake Senior Center

Address: 2900 Canyon Lake Dr. Rapid City, SD 57702

Address of Project: _____
(if different from above)

Contact Information:

Agency Director: Michael LaBelle Phone: 605-721-8710

Fax Number: 605-721-8712 Email: clscc@rushmore.com Att'n: M. LaBelle

Board President: Ron Roland Federal Tax ID: 43-039837
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ \$71,100

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): Provide for the installation of a fire suppression system (fire alarms and sprinklers) to enhance the safety and well-being of members and facility users and protect the Center from a catastrophic loss by fire.

D. Project Service Area: Located at 2900 Canyon Lake Drive serving senior citizens 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

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 supports the main senior Center facility and its functions in the area of public services available to the elderly of Rapid City as defined in our mission statement.

G. Why is this project needed in this community?

The CLSCC building was constructed in 1995 and met fire and safety codes. However, increased utilization of the building, space allocation for activities, and any future remodeling dictate compliance with current city codes. Due to current city code requirements and ADA requirements, this building must be upgraded for public safety. The volume of users (greater than 69,000 in 2004 with a 48% increase in activity since this building opened) and changes in space utilization, concern for the safety becomes a critical issue. Current facility usage has increased and is currently 85% (day, evening and weekends).

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 type="checkbox"/> Homeless persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <input checked="" type="checkbox"/> Elderly persons | Number of <input checked="" type="checkbox"/> persons | <input type="checkbox"/> households | @ 1700 |
| <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 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>Served more than 69,000 clients in 2004</u> | | | |

I. If this is a housing program, it will be used to provide: Not Applicable

- | | | |
|---|---|---------------------------------|
| <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 | | |

J. 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: _____

K. 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: Not Applicable

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

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

If not, explain rental structure: _____

M. Fee schedule for services, if applicable, please attach: NOT -APPLICABLE

N. Describe specifically how funds will be used: _____

Funds will be used for the installation of a fire suppression system (fire alarms and sprinklers).

O. Budget Breakdown for Program/Project

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

Projected Costs of Project:

Existing Square Footage of 23,700 s.f.	Anticipated cost:	\$71,100
At a Cost per square foot: of x \$300		
Total CDBG Funds Requested		\$ <u>71,100</u>

P. Breakdown of how CDBG funds will be used:

Program or Program Administration Costs: \$ 1100

Salaries	\$ <u>0</u>
Fair Housing Activities	\$ <u>0</u>
Fringe	\$ <u>0</u>
Office Space (Program Only)	\$ <u>0</u>
Utilities	\$ <u>1000</u>
Communications	\$ <u>0</u>
Reproduction/Printing	\$ <u>0</u>
Supplies and Materials	\$ <u>0</u>
Mileage	\$ <u>0</u>
Audit	\$ <u>0</u>
Other: <u>Periodic Inspections</u>	\$ <u>100</u>
Other: _____	\$ _____
Other: _____	\$ _____
Indirect Costs*: _____	\$ _____
Indirect Costs*: _____	\$ _____
Indirect Costs*: _____	\$ _____

Construction <input checked="" type="checkbox"/>	Equipment <input checked="" type="checkbox"/>	\$ <u>71,100*</u>
Engineering Costs	(*Budget Estimate provided by TSP)	\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other		\$ _____
Other		\$ _____

Total CDBG Grant Requested: \$ 71,100

**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.*

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

Existing Liabilities Against the Property:	\$ <u>none</u>
Appraised Value:	\$ <u>1,358,332 in Fixed Assets</u>
Property Insurance Agent:	<u>Black Hills Agency</u>
Amount of Insurance Coverage:	

Property Coverage	\$1,178,800
Content Coverage:	\$ 55,000
Liability Coverage	\$1Million/occurrence with a \$2Million total
Project Cost Breakdown:	
As listed above in Item # M	\$ 71,100
Cost Estimate Prepared By: TSP	
Architect : Tim Cheever	

INFORMATION REGARDING YOUR ORGANIZATION

Brief Narratives describing your organization:

A. Mission of the organization: Canyon Lake Senior Citizens Center will provide a place where the senior community can meet together to pursue mutual interests, receive educational and nutritional services, participate in social and recreational activities that will enhance their dignity, support their independence and encourage their continued involvement in and with the community.

B. History of the organization: The Center was incorporated as a non-profit organization in January 1967 under the laws of South Dakota and incorporated with the name **Senior Citizens, Inc.** IRS granted the 501(3)(c) status in October 1980. The main building and annex occupy 22+ acres (originally leased from the Rapid City School District) and in 2005, the Center received full title to this land with the proviso that the land is used for municipal, military and educational purposes respectively. There have been at least seven major renovation projects since the original building was completed. The last major expansion was 1994 when Center completed a major expansion including the Viking Hall, poolroom, carpeted card room, and computer room. In 1997, the kitchen was expanded and remodeled. In 2005, a private office for the Director was created in the annex building. Membership started with 39 people and has grown to @ 1700 members. Membership is open individuals of Rapid City and surrounding Black Hills area. Volunteerism is the heart of this organization and in the last 5 years we have experienced an increase of 37% (19928 hours versus 17677 hours). Volunteer members have accomplished everything from construction, maintenance, office work, accounting, kitchen help to computer instruction and tutoring as well as many other basic and skilled areas.

C. Agency/Organization Goals:

To meet the needs of our mission statement.

To promote the wellness of our members through increased health related seminars and screening activities.

To enhance and promote participation in the Center's exercise area, targeting specific groups and procuring additional equipment and space for this area.

To continue to develop a strong core of active volunteers to serve with the Center and the community itself in all areas such as audit, accounting, fund raising, computer instruction and tutoring, tax counseling, crafts, and all other areas of activities.

D. To increase membership, providing multi-educational and nutritional information, as well as, recreational and life style enhancing activities.

E. To actively pursue community involvement and utilization of the Center's facility for health-related and/or disaster related needs.

F. Number of clients served during the last twelve (12) months: 69,317

G. Number of clients served in Rapid City: 64118 Outside Rapid City: 5109

H. Maximum number of clients your agency can serve at any one point in time: 833

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

J. Does your agency require information on: Family size Income NO

K. 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 a census tract, block groups, street boundaries, or other officially recognized boundaries: _____

Canyon Lake Senior Center is open to all persons primarily in Rapid City with regular membership available to individuals 50 years of age or older and associate membership ages 21-49. Many non-profit community agencies and organizations utilize the facility, with utilization rate of @ 85% (day and evening).

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

This project, when completed, will be maintained in the same manner as the rest of the facility which includes membership dues, activity fees, major fund raising events (rummage sales, football pool etc), donations, facility use fees, contributions from United Way and PCCA via annual budget.

M. Additional documentation requested:

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

These items are on file and would be submitted with the final submission of the formal CBDG request.

Michael LaBelle
Signature of Agency Director

Date: 11-14-05

Ronald R. Relau
Signature of Board President

Date: 11-14-05

2006

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: Children's Care Rehab & Development Center

Address: 2800 Jackson Blvd.

Address of Project: 7110 Jordan Drive
(if different from above)

Contact Information:

Agency Director: Lynn Clayton, COO/Interim CEO Phone: 605-782-2300

Fax Number: 605-782-2417 Email: lynn.clayton@cchs.org

Board President: Claudia Vucurevich
(attach list of board members)

PROGRAM INFORMATION

A. **Amount Requested** (Round numbers only): \$ 100,000

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):** Children's Care Rehab & Development Center will build a stand alone facility to serve children with disabilities and their families. The outpatient and outreach center will provide evaluations, special education services, and therapy services to children in Rapid City and all of western South Dakota. Over fifty eight percent of the children served in Rapid City via outpatient services are below the national poverty line (low income).

D. **Project Service Area:** Rapid City and all of western SD (this application will focus on RC only)

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
 If Neighborhood, specify boundaries _____

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: It is consistent in three priority areas:

1. Non-Housing Community Development: general public facilities and improvements. This new facility will be ultra-accessible, specially designed for individuals with disabilities; 2. Public Services: Handicapped services. Individuals served in the new building will have physical, speech, development, mental or other disabilities; and 3. Youth: Youth Services. Children served receive a variety of types of services including evaluations, therapy, behavior planning, summer preschool for speech delayed children, many times siblings and other family members are included in therapy sessions.

G. Why is this project needed in this community? The building is needed to provide an appropriate and large enough facility in which to provide pediatric and youth services to those with disabilities. There are no other organizations providing the same type of comprehensive services as Children's Care. There are no other pediatric facilities in the region. Children with disabilities need very specialized care and services and the children and professionals need adequate and specially designed spaces in which to hold therapy and treatment sessions. This building will allow for continued services to people in Rapid City and the region and increased services, bringing families from beyond Rapid City who need specialized 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 type="checkbox"/> Homeless persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input type="checkbox"/> Elderly persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>161</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 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>223</u>
<input type="checkbox"/> Above 80% of median income	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____

Other: Some of the children and families served have multiple issues. Families may be somewhat transient, illiterate, and the child's disability may be a result of abuse and/or neglect. Besides individuals served as outpatients in Rapid City, outreach services based from the new building serve another 752 children (about 90% are low income).

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: If individuals cannot pay and do not have a reimbursement source/payor of services (such as Medicaid, Insurance, school district) the Scottish Rite Foundation helps Children's Care to provide Speech and Communication Disorder services free of charge or at a reduced rate.

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: Fee schedule attached. Please note that Children's Care is not necessarily paid the full cost of services. Medicaid does not reimburse at the cost of providing services. Children's Care received a small increase in reimbursement in 2005 from Medicaid, after no increases for more than 14 years. This is an issue that the Board of Directors of Children's Care will work with the SD state legislature on this upcoming session.

L. Describe specifically how funds will be used: The CDBG funds will be used to pay for construction costs of the new building.

M. Budget Breakdown for Program/Project

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

Project Development	\$685,317
Project Costs	\$272,446
Building & Land	\$715,912
Construction	\$1,924,978

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	\$ 3,598,653	_____
Other funding sources:		
<u>Fundraising to date</u>	\$ <u>1,306,082</u>	<u>in hand</u>
<u>Bush Foundation</u>	\$ <u>350,000</u>	<u>1/2006</u>
<u>Other Foundations</u>	\$ <u>148,424</u>	<u>3-2006</u>
<u>Fundraising events</u>	\$ <u>220,000</u>	<u>8-2006</u>
<u>Other fundraising</u>	\$ <u>96,000</u>	<u>3-2006</u>
<u>Bonds</u>	\$ <u>1,378,147</u>	<u>10-15-05</u>
Total CDBG Funds Requested	<u>\$100,000</u>	

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
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*: _____	\$ _____	
Construction <input checked="" type="checkbox"/> Equipment <input type="checkbox"/>		\$ <u>100,000</u>
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		\$ <u>100,000</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:	\$ <u>0</u>
Appraised Value:	\$ <u>400,000</u>
Property Insurance Agent: <u>via Howalt McDowell, Sioux Falls: Allied Insurance</u>	
Amount of Insurance Coverage:	\$ <u>1m/3m</u>
Project Cost Breakdown:	
<u>Project Development</u>	\$ <u>685,317</u>
<u>Project Costs</u>	\$ <u>272,446</u>
<u>Building & Land</u>	\$ <u>715,912</u>
<u>Construction</u>	\$ <u>1,924,978</u>

Cost Estimate Prepared By: TSP./Gustafson Heavy Builders
 Architect (if applicable): TSP

INFORMATION REGARDING YOUR ORGANIZATION

Brief Narratives describing your organization:

A. Mission of the organization: Children's Care Hospital and School provides excellent family-centered services to children with special education and healthcare needs and their families. Children's Care meets its mission throughout the state of South Dakota via three facilities, two of which are located in Sioux Falls and one is in Rapid City. Professionals in the areas of special education, speech, physical and occupational therapy, psychologists, behavior specialists, specialists in assistive tech/augmentative communication, teachers, doctors and nurses work with the child and their family/caregivers to help the child have the most independence and functionality and highest quality of life possible.

B. History of the organization: Children's Care Hospital and School was founded in 1952 as "Crippled Children's Hospital and School to serve children with polio. Throughout the years the numbers of children and diagnoses and needs of children served has changed. In 1985, Children's Care began services in western South Dakota. For twenty years, Children's Care has been serving children with special needs and their families from rented properties, first on E. North Street, and currently from Jackson Boulevard.

C. Agency/Organization Goals: _____

D. Number of clients served during the last twelve (12) months: 2,400

E. Number of clients served in Rapid City: 384 **Outside Rapid City:** 752

F. Maximum number of clients your agency can serve at any one point in time: 165

G. Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons? Yes No
However, Speech & Communication Disorder services are provided to families, regardless of their ability to pay.

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

#1

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

CITY OF RAPID CITY

NOV 04 2005

General Information:

Agency Name: Corner Stone Rescue Mission COMMUNITY DEVELOPMENT DEPT.
Address: PO Box 2188 Rapid City, SD 57709
Address of Project: 30 Main Street, Rapid City 57701
(if different from above)

Contact Information:

Agency Director: James Castleberry Phone: 605.209.0152
Fax Number: 605.718.8712 Email: jdcastleberry@msn.com
Board President: Rodney Schlauger
(attach list of board members)

PROGRAM INFORMATION

- A. Amount Requested (Round numbers only): \$ 100,000
- 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): Acquisition or rehab for 24 units of transitional housing with 56 bedrooms. Upon which it is our intent to construct a new 26,900 sq. ft., 24-unit apartment building with a group meeting/classroom and office space for staff members.
- D. Project Service Area: Pennington County, South Dakota - USA
- 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
 If Neighborhood, specify boundaries _____

11

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: 2012 Committee and the Mayor's Housing Task Force
(Top Priority)

G. Why is this project needed in this community? Pennington County currently has an unmet need of 500 low-income housing units.

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 | _____ |
| X Homeless persons | Number of 72 persons | 24 households | _____ |
| <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 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 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 |
| X New multi-family housing | <input type="checkbox"/> Owner occupied | X 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? X Yes No

If not, explain the criteria for qualifying for the program: N/A

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 24 Rehabilitation units _____ Completed in program year _____

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

If not, explain rental structure: N/A

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

L. Describe specifically how funds will be used: Construction Infrastructure Acquisition of land at East Blvd (South of Quincy Street) Tract 6 Signal Heights 6.22 acres Rapid City, SD.

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
Total Project Cost	<u>\$2,612,016</u>	<u>7/05</u>
Other funding sources:		
<u>Section 108</u>	<u>\$ 100,000</u>	<u>3/05</u>
<u>Home</u>	<u>\$1,479,296</u>	<u>2/05</u>
<u>Homeless Consortium</u>	<u>\$ 642,720</u>	<u>11/05</u>
<u>2012 Funds</u>	<u>\$ 250,000</u>	<u>12/05</u>
<u>Donations & Inkind</u>	<u>\$ 40,000</u>	
Total CDBG Funds Requested	<u>\$ 100,000</u>	

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
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*:	\$ _____	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>	_____	\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ <u>100,000</u>
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		\$ <u>100,000</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: N/A

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:** To provide shelter, food, and work-incentive programs for the homeless. To promote self-determination through self-sufficiency. To encourage spiritual prosperity that will lead to greater dependence on the Lord Jesus Christ and independence in daily living. To inspire greater participation from community members in the furtherance of Cornerstone Rescue Mission services to the homeless. _____
- B. **History of the organization:** Cornerstone Rescue Mission grew out of the early 1980's-missionary work in Rapid City of Dave and Cheryl Adams. They operated a shelter in their home. Some neighbors got upset. After a period of conflict, the building, which had served as City Hall, was acquired to be operated as the Cornerstone Rescue Mission. The Mission shelter began in attentive, resourceful help to all homeless. That hasn't changed. The Mission also has become "the resource of first resort" for police and social service agencies whose staffs encounter homeless people in situations of danger or exposure, in the Black Hills. The Mission's importance as a community resource is widely recognized and levels of reliance and trust are high. Local contributions of cash, food, clothing and professional services provided over 80% of the Mission's 2004 budget. _____
- C. **Agency/Organization Goals:** See attached

- D. **Number of clients served during the last twelve (12) months:** 31,767 Nights Lodging/147,330 Meals
- E. **Number of clients served in Rapid City:** 346 Case Management **Outside Rapid City:** Note: We haven't historically tracked clients/guest by zip code.
- F. **Maximum number of clients your agency can serve at any one point in time:** 134
- 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:

Within the confines of Pennington County, South Dakota – USA`

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

SDH loans deferred until sale of property or change of use – operations.

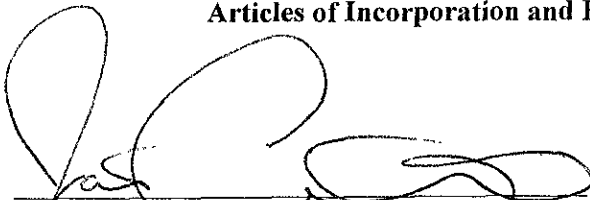
Build cash reserves on front-end.

Rents for operations.

SHP grant is a 5-year loan with three-year renewals.

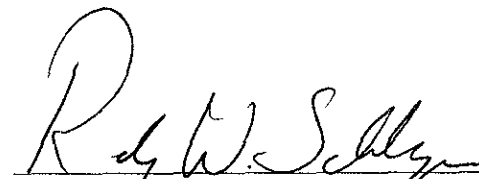
K. **Additional documentation requested:**

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



Signature of Agency Director

Date: 11-1-2005



Signature of Board President

Date: 11/2/05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

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: Public facilities Improvements and CDBG assistance to Institutions of Higher Education.

G. Why is this project needed in this community?

The expansion of the HSIC is needed to serve the average of 300 students a semester who take classes at the Center in Rapid City, SD and to accommodate all the programs that utilize the Center for meetings. The number of students taking classes at the He Sapa Center has gone from 168 in 1999 to 360 in the Spring of 2005. Part of this increase is due to the new Center that was constructed in 1999 and part is due to the increase of Indian people in Rapid City from 6,000 in 1990 to 15,000 in 2000. The increase is partly due to better counting of Native Americans by the US Census and part is due to many Oglalas leaving the Reservation to get housing, jobs and education.

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 type="checkbox"/> Homeless persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <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 | _____ |
| x <input type="checkbox"/> Very low income
(income below 30% of area median income) | Number of x <input type="checkbox"/> persons | <input type="checkbox"/> households | <u>155</u> |
| x <input type="checkbox"/> Low income
(income between 31% - 50% of area median income) | Number of x <input type="checkbox"/> persons | <input type="checkbox"/> households | <u>170</u> |
| x <input type="checkbox"/> Above 80% of median income | Number of x <input type="checkbox"/> persons | <input type="checkbox"/> households | <u>35</u> |
|
 | | | |
| <input type="checkbox"/> Other: <u>90% of our student population is Native American.</u> | | | |

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

- | | | |
|---|---|---------------------------------|
| <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 NA

If not, explain the criteria for qualifying for the program: NA _____

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

H. 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: NA

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:

OLC charges tuition at \$65 per credit hour for students eligible for Per Pupil Funding under the Tribal College Act and \$80 for students not eligible. Graduate credit is \$100 a credit hour. Most OLC students are eligible for PELL grants and other assistance.

Describe specifically how funds will be used:

The CDBG funds will be used to pay Construction costs for an expansion of the He Sapa Instructional Center at 127 Knollwood Rapid City 57709 including four classrooms, 3 offices, expansion of the student lounge/study area and expansion of parking.

L. Budget Breakdown for Program/Project

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

Construction	\$ 390,000	
Administration	\$ 60,000	
Equipment/furnishings	\$ 50,000	\$500,000

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>\$ 500,000</u>	
Other funding sources:		
<u>HUD Tribal Colleges and Universities Facilities</u>	<u>\$400,000</u>	<u>10/1/05</u>
<u>Oglala Lakota College</u>	<u>\$60,000</u>	<u>10/1/05</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total CDBG Funds Requested	<u>\$40,000</u>	

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
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*: _____	\$ _____	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>		\$40,000
Engineering Costs	\$ _____	
Land Acquisition	\$ _____	
Housing Rehabilitation	\$ _____	
Housing Down Payment/Closing Cost Assistance	\$ _____	
Other _____	\$ _____	
Other _____	\$ _____	
Total CDBG Grant		\$40,000

**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:	\$ 00
Appraised Value:	\$ 1,000,000
Property Insurance Agent:	Richard Kelley, Cannonball, ND
Amount of Insurance Coverage:	\$ 1,100,000_
Project Cost Breakdown:	
_____ Construction	\$ 390,000
_____ Administration	\$ 60,000
_____ Equipment/furnishings	\$ 50,000
Cost Estimate Prepared By:	_____
Architect (if applicable):	Colleen Oslund, Architect, with Scull Construction.

INFORMATION REGARDING YOUR ORGANIZATION

Brief Narratives describing your organization:

A. Mission of the organization: Oglala Lakota College is chartered by the Oglala Sioux Tribe. Its mission is to provide educational opportunities that enhance Lakota life. These opportunities include: community services; certificates; GED; associate, bachelor, and graduate degrees. Oglala Lakota College provides a framework of excellence for student learning of knowledge, skills, and values toward a piya wiconi—a new beginning for harmony in fulfillment of aspirations and dreams. Oglala Lakota College is committed to continuous improvement and is creating Oglala Lakota University through outstanding teaching, research, community service and assessment.

B. History of the organization: Oglala Lakota College was chartered by the Oglala Sioux Tribe in 1971 and registered as a non-profit corporation in the District of Columbia. The College operated under the accreditation of the State Universities until 1983 when we became accredited on our own by the North Central Association. In 1985 at the invitation of the Rapid City Indian Center OLC began offering classes in Rapid City at Mother Butler Center and, for a few years, at the Methodist Church downtown. In 1999 we built the He Sapa Instructional Center at 127 Knollwood Drive to accommodate the increasing enrollment and to provide a better environment for learning and more space for tutoring and counseling and student activities and community meetings.

C. Agency/Organization Goals:

The goals of Oglala Lakota College are to provide higher education to Lakota people and others who are unable to pursue it at other institutions and to study, preserve and teach the Lakota language and culture. The goals include maintaining open enrollment, striving for academic excellence, assisting communities with development, and providing the Tribe and other organizations with educated human resources.

D. Number of clients served during the last twelve (12) months: 1,447

E. Number of clients served in Rapid City: 360 **Outside Rapid City:** 1,087

F. Maximum number of clients your agency can serve at any one point in time: 1,600 (400 Rapid City)

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

We do not limit our activities to low/moderate income persons but over 90% of our students are low to moderate 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 officially recognized boundaries:

There are no boundaries to the service area although the majority of our students come from North Rapid. There are students from every area of Rapid City and some students come from the Pine Ridge Indian Reservation to take classes they need. The location of the He Sapa Center at 127 Knollwood Drive, Rapid City, SD, 57709 is in a low income tract and the area where the majority of our students come from in Rapid City is in this tract.

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

OLC receives base funding for students who are Tribal members of any recognized Indian tribe and we charge tuition for all students, Indian and non-Indian. These sources as well as other government grants and contracts, foundation grants and endowment for faculty positions ensure the continuation of the OLC program on the Reservation and in Rapid City. The He Sapa Instructional Center facility is maintained through the regular OLC Facilities budget and through the proceeds from the OLC Maintenance Endowment of \$1,200,000.

K. Additional documentation requested:

Please attach:

Financial Statements

The audit for the Fiscal Year Ended 9/30/2004 is attached. The audit for the Fiscal Year ended 9/30/05 will be available inn April 2006.

List of Board Members

The List of the current Board of Trustees Members of OLC and their affiliations is attached in the Annual Report 2004.

Articles of Incorporation and By-Laws

The OLC Charter and Bylaws are attached.

Thomas Shattuck
Signature of Agency Director

Date: 11/9/05

Robert Cummings
Signature of Board President

Date: 11/09/05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: YMCA of Rapid City
Address: : 815 Kansas City Street, Rapid City, SD 57701
Address of Project: same
(if different from above)

Contact Information:

Agency Director: Roger Gallimore Phone: (605) 718-9622
Fax Number: (605) 348-6578 Email: roger@rcymca.org
Board President: Robin Eddy
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$12,000

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 YMCA of Rapid City is requesting funds from the City of Rapid City's Community Development Block Grant (CDBG) Program to help support the renovation of the front doors of the YMCA building to add ADA compliant automated doors. With hundreds of individuals with many types and levels of disabilities as well as the elderly coming to the YMCA on a daily basis, the heavy and cumbersome exterior doors prove to be extremely difficult and at times impossible for these people to open.

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
 If Neighborhood, specify boundaries _____

13

M. Budget Breakdown for Program/Project

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

The YMCA of Rapid City is requesting 100% of the project cost which amounts to \$12,000. This amount includes all renovation costs for materials and labor to complete the project.

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>\$12,000</u>	<u>upon notification</u>
Other funding sources:		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total CDBG Funds Requested	<u>\$12,000</u>	

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
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*: _____	\$ _____	
Construction <input checked="" type="checkbox"/> Equipment <input type="checkbox"/>		<u>\$12,000</u>
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		
Other _____		
Total CDBG Grant		<u>\$12,000</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:	\$ <u>548,868</u>
Appraised Value:	\$ <u>12,857,000</u>
Property Insurance Agent: <u>Western Dakota Insurers</u>	
Amount of Insurance Coverage:	\$ <u>15,900,000</u>
Project Cost Breakdown:	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Cost Estimate Prepared By: bids from local contractors
Architect (if applicable): _____

F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: The YMCA door renovation project is consistent with Rapid City's priority needs identified in the Five Year Consolidated Plan for FY 2003-FY 2007. By renovating the front doors of the YMCA to add automated doors, the YMCA will be able to address the city's high priority items of removing barriers for access and general public facilities and improvements under the non-housing community development category as well as providing a service to the handicapped. On a daily basis, hundreds of individuals come to the YMCA who live with chronic health, strength and mobility conditions including, but not limited to, heart disease, back problems, arthritis, asthma, diabetes, cancer, neurological and muscular disorders and full or partial paralysis. The automated doors will create greater usability, functionality and access for those individuals who struggle or are incapable of opening the current manual doors that are in place.

G. Why is this project needed in this community? As a community based organization, the Rapid City YMCA is constantly striving to provide programming tailored to meet the needs of all individuals in our community. Over the years, the YMCA of Rapid City focus has been on targeting programming for individuals dealing with aging and a wide variety of health, strength and mobility conditions. Each day at the YMCA there are hundreds of individuals from all age groups who benefit physically, mentally and emotionally from taking part in YMCA wellness and aquatic programs.

As the YMCA has undergone several building expansions over the past decade, usability, accessibility and functionality of the building has always been a priority. When each of these projects were in the design phase of the building, the Rapid City YMCA utilized the expertise of the YMCA of the USA's Division of Building & Furnishing Systems/Property Management Department, the South Dakota Advocacy Services, and several focus groups to address optimal facility design. Due to the initial upfront costs of the renovating the front doors, the YMCA has been unable to afford this project. The YMCA is excited for the opportunity to apply for the Rapid City CDBG funds to help make this long-awaited project a reality.

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 type="checkbox"/> Homeless persons	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____
<input checked="" type="checkbox"/> Elderly persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>2,000</u>
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	<u>400</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>2,850</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>715</u>

Above 80% of median income Number of persons households _____
 Other: children _____

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 YMCA is available to all members of the community regardless of their income. However, the ADA compliant automated doors are being installed for the benefit of the elderly, disabled populations and young children who experience difficulty in utilizing the main entrance to the YMCA.

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: YMCA membership rates are listed on page 14 of the enclosed Program Guide. Daily rates are also available for non-members. Please note that the YMCA has a policy of never turning away anyone due to inability to pay. Financial assistance is available for those who are unable to pay.

L. Describe specifically how funds will be used: Funds from the Rapid City Community Development Block Grant will be used to help with the reconstruction costs of replacing the current manual front doors with fully ADA compliant automated doors. Included in the fund request are labor and material costs for the project.

INFORMATION REGARDING YOUR ORGANIZATION

Brief Narratives describing your organization:

- A. Mission of the organization:** The mission of the YMCA of Rapid City is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. The vision of the YMCA of Rapid City is to build strong kids, strong families and strong communities. The YMCA strives to be a community/family center that is available and welcoming to *all* members of our community, regardless of age, ability, gender, race, religion, nationality or their ability to pay. The YMCA does not turn anyone away due to inability to pay.
- B. History of the organization:** For 55 years, the YMCA of Rapid City has served as a meeting place where families and young people gather to participate in activities that promote personal growth, strengthen family life, develop social and physical skills and provide good wholesome fun.
- The YMCA of Rapid City is one of the largest youth serving organizations in South Dakota. In 2004, 11,595 children ranging from preschool to high school were involved in the YMCA in the following program areas: afterschool time, summer camps, child care, youth sports, aquatics, teen development, and outreach programs. The YMCA also has programs which promote better health for the elderly and handicapped.
- C. Agency/Organization Goals:** The goal of all YMCA programs and practices is to help participants:
- Grow personally: Build spirit, mind and body.
 - Develop values for daily living: Develop moral and ethical behavior based on Judeo-Christian principles.
 - Improve personal and family relations: Learn to care, communicate, and cooperate with others close to them.
 - Appreciate diversity: Respect people of different ages, abilities, incomes, races, faiths, cultures, and beliefs.
 - Become leaders and supporters: Learn the give and take necessary to work toward the common good.
 - Develop specific skills: Acquire new knowledge and skills with which to improve self and others.
 - Have fun: Enjoy life.
- D. Number of clients served during the last twelve (12) months:** 22,260 individuals of all ages
- E. Number of clients served in Rapid City:** 20,500 **Outside Rapid City:** 1,760
- F. Maximum number of clients your agency can serve at any one point in time:** no maximum
- 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:


While the YMCA facility is open to the general public, the ADA compliant automated doors will specifically benefit the elderly, disabled populations and young children who utilize the YMCA.

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

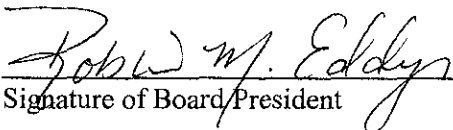
Once the initial costs of renovating the doors is completed, the YMCA does not anticipate any associated future costs with the doors. Any upkeep and maintenance will be fully taken care of by the YMCA out of the maintenance and/or capital reserve funds.

K. Additional documentation requested:

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



Signature of Agency Director
Date: 11-14-05



Signature of Board/President
Date: 11-14-05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: Youth & Family Services (YFS)

Address: P.O. Box 2813, Rapid City, SD 57709

Address of Project: 410 E. Monroe, Rapid City, SD
(if different from above)

Contact Information:

Agency Director: Susan Fedell, Executive Director Phone: 342-4195

Kate Shreeve, Rapid City Prenatal to Five Head Start Director Phone: 341-6448

Fax Number: 342-0693 Email: yfscbhs@rapidnet.com; yfsfunds@rapidnet.com

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

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 25,058

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): This project includes the following requests (if there is not enough funding for all requests, requests are listed in order of priority): 1. (Top Priority - \$14,081) To replace the old fire alarm and security system at the Head Start facility at 410 E. Monroe, which Youth & Family Services leases from the City of Rapid City; a repairman has stated the system may fail at any time and no replacement parts are available due to its age. 2. (Second Priority - \$8,190) To conduct an architectural analysis on the Monroe Head Start facility to determine potential expansion possibilities. The Monroe facility is in need of renovation and expansion to be able to continue to meet the community's need for Head Start services. 3. (Third Priority - \$2,787) To replace all of the locks at the Monroe facility. The locks are failing because of age. The internal mechanisms inside the locks are worn out and replacement parts are already becoming unavailable. The Head Start program provides preschool education, dental exams and follow-up, screening and developmental testing, parent education, transportation, services for children with disabilities and their families, family-oriented counseling, family literacy, alcohol and drug dependency prevention, family self-sufficiency and health screening services for families who meet household income guidelines.

D. Project Service Area: Rapid City, Pennington County

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
 If Neighborhood, specify boundaries _____

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: Public Facilities and Improvements; Youth Programs; Homeless and Special Needs Populations

G. Why is this project needed in this community? The Head Start program helps young children and their families, especially those of low-income status, get off to a better start with regard to education, health, developmental and social issues, and encourages families toward self-sufficiency. The fire alarm/security system needs to be in good working order to ensure the safety of the children, their parents and the staff. The facility itself is in need of renovation and expansion to continue to meet the needs of the community for Head Start services. An architectural analysis/facility study is needed to determine the potential expansion possibilities in order to assess the needs and the most cost-effective and efficient way to undertake an expansion and renovation project. New locks and new keys are needed for the Monroe facility to ensure that access is limited to Head Start staff so that the safety of staff and children is secured.

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>14</u>
<input checked="" type="checkbox"/> Homeless persons	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>2</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>27</u>
<input checked="" type="checkbox"/> Battered spouse	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>1</u>
<input checked="" type="checkbox"/> Illiterate persons	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>6</u>
<input checked="" type="checkbox"/> Very low income (income below 30% of area median income)	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>40</u>
<input type="checkbox"/> Low income (income between 31% - 50% of area median income)	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u> </u>
<input type="checkbox"/> Above 80% of median income	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	<u> </u>
<input type="checkbox"/> Other: _____			<u> </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 _____ 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: Funds will be used to replace the fire alarm and security system at the Center-Based Head Start facility located at 410 E. Monroe. The current fire alarm and security system are linked together. Upon inspection by a repairman, it was noted that since the system is so old, replacement parts are no longer available. The repairman stated the fire alarm/security system is likely to fail in the near future. In addition, funds will be used to conduct an architectural analysis of the Monroe facility to determine potential renovation and expansion. Scope of work will include (1) visiting with staff and administration concerning expansion of existing kitchen facilities, classrooms and offices; (2) evaluating site plans to determine potential expansion areas at existing building; (3) evaluating construction drawings for existing facility to determine mechanical, electrical and structural systems; (4) developing design alternatives to address expansion desires at Monroe facility; (5) reviewing potential expansion alternatives with appropriate staff; (6) revising expansion studies as necessary following review with appropriate staff; (7) developing preliminary construction cost estimates for the various studies presented; and (8) creating a final facility expansion study for use by Youth & Family Services. Funds will also be used to install new locks at the Monroe facility. A keying system is also included in the bid.

M. Budget Breakdown for Program/Project

Please provide a breakdown for the total program/project budget: See attached expense budget. Figures for the fire alarm and security system are from a bid submitted by DSP, Rapid City; Sales Mgr. Dave Webb extended the bid deadline for up to one year (July 1, 2006). Figures for the architectural analysis are from a bid submitted by Williams & Associates Architecture, Inc. in June 2005. The lock replacement figures are from a June 22, 2005 bid from North Central Supply, Inc.

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	\$ 25,058	_____
Other funding sources:		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total CDBG Funds Requested	\$ 25,058	_____

**Youth & Family Services Head Start, 410 E. Monroe, Rapid City, SD
CDBG Budget**

Components for fire alarm and security system including control panels, manual pull station, photoelectric sensor, thermal heat sensor, mounting bases, control devices, multiselectable horn/strobe, batteries, phone terminal, motion detector, wiring, connectors, mounting hardware and miscellaneous materials.	\$ 6,281
Labor to install all fire alarm and security system equipment, test, train and turn over to owners.	\$ 7,800
Labor to conduct an architectural analysis of the Monroe facility to determine potential renovation and expansion. Scope of work will include (1) visiting with staff and administration concerning expansion of existing kitchen facilities, classrooms and offices; (2) evaluating site plans to determine potential expansion areas at existing building; (3) evaluating construction drawings for existing facility to determine mechanical, electrical and structural systems; (4) developing design alternatives to address expansion desires at Monroe facility; (5) reviewing potential expansion alternatives with appropriate staff; (6) revising expansion studies as necessary following review with appropriate staff; (7) developing preliminary construction cost estimates for the various studies presented; and (8) creating a final facility expansion study for use by Youth & Family Services.	\$ 8,190
Components for lock replacement including keyed knobsets, keyed leversets, passage knobsets, deadbolt, rim cylinders and installation	\$ 2,587
Keys	\$ 200
Total	\$ 25,058

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ <u>25,058</u>
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*:	\$ _____	
Construction <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> Fire Alarm/Security System		\$ <u>6,281</u>
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other <u>Labor (Fire Alarm/Security System, Architectural Analysis)</u>		\$ <u>15,990</u>
Other <u>Locks & Installation</u>		\$ <u>2,587</u>
Other <u>Keys</u>		\$ <u>200</u>
Total CDBG Grant		\$ <u>25,058</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 Youth & Family Services is to support children and their families in being capable, caring and contributing members of the community.
- 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. YFS currently serves more than 10,000 children and their families in seven programs: YFS Girls Incorporated®, YFS Prenatal to Five Head Start, YFS Child Care, YFS Nutrition Services, YFS Western Prevention Resource Center, and the YFS Counseling Center. YFS has sponsored Head Start services in the Rapid City area since 1984.
- 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. YFS Head Start's goal is to build parents' capacity to effectively support and nurture their children, to help develop family self-sufficiency skills, and to increase the social competence of low-income children and children with disabilities, ages 3- 5, through comprehensive preschool programming.
- D. **Number of clients served during the last twelve (12) months:** Monroe Head Start served 175 children in the last 12 months.
- E. **Number of clients served in Rapid City:** 175 **Outside Rapid City:** _____
- F. **Maximum number of clients your agency can serve at any one point in time:** 134 at Monroe
- G. **Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?** Yes* No
*By federal regulation, Head Start can serve 10% over income; however, 100% of Rapid City Head Start families are very low income.
- 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:
-
-

- J. **Sustainability**
Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.
The fire alarm and security system components all come with a one-year warranty. DSP has a labor warranty of 30 days from the date of installation. Head Start is funded through a noncompetitive on-going grant through the Head Start Bureau, an agency in the US Department of Health and Human Services.

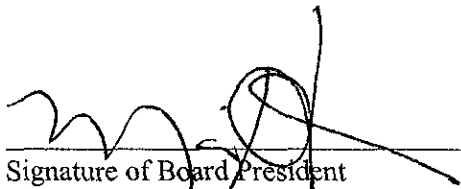
- K. **Additional documentation requested:**

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



Signature of Agency Director
Susan Fedell

Date: 11-10-05



Signature of Board President
Marnie Herrmann

Date: 11-8-05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: Behavior Management Systems

Address: 350 Elk Street

Address of Project: 111 North Street

(if different from above)

Contact Information:

Agency Director: Sandra L. Diegel Phone: 605-343-7262

Fax Number: 605-343-7293 Email: sdiegel@behaviormanagement.org

Board President: Darrel Riddle
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 24,000 _____

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): Our client's ability to live successfully in the community depends on their taking medications. These medications can cost from \$100 to \$1,000 monthly. For people barely living above poverty, the cost of their prescriptions is prohibitive. Fortunately, pharmaceutical companies will donate these drugs to our clients but extensive paperwork and reporting are required. We have one person on staff here in Rapid City that does medication assistance requests. While her services are essential to the well being of our clients, her work is non reimbursable from our regular funding mechanisms. We are asking for support to pay wages to keep this very essential portion of care operable.

D. Project Service Area: 111 North Street

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

15

If Neighborhood, specify boundaries _____

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: Chronic substance abuse, dually diagnosed, and approximately 25% of our clients are victims of domestic violence.

G. Why is this project needed in this community? The clients we serve at our Mainstream office of Behavior Management Systems are adults with serious, long-term mental illnesses, such as schizophrenia, bi-polar disorders and severe depression. Although these conditions are serious, they may be controlled with medication. The need for our clients to be on medication and take it regularly is paramount for them to function in society. Unfortunately, all of the client's we serve are living below poverty standards or just barely above. Many of these clients are unable to keep a regular job or if they do have a job, they are living independently, and trying to meet their room and board requirements on a minimum pay level job. Assistance for patient medication is offered by the pharmaceutical companies through Patient Assistance Programs. To apply and receive assistance, involves interviewing the patient, consulting with the medical staff for the right prescription and then applying to the pharmaceutical companies. Our staff spends a minimum of 2 to 4 hours per client getting the paperwork in place. Some clients have to apply every 3 months to keep their medications current. For a small number of clients, we have to apply monthly for medications. Every time a dosage or prescription changes, we have to reapply. Our clients need 2 to 5 separate psychotropic medications monthly. Keeping our clients on their medication is essential to their well being. Without it, or if they suffer a lapse in medication, they are prone to be incarcerated or hospitalized.

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	40
<input checked="" type="checkbox"/> Elderly persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	35
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons	<input type="checkbox"/> households	200
<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	200
<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	30
<input type="checkbox"/> Above 80% of median income	Number of <input type="checkbox"/> persons	<input type="checkbox"/> households	_____

Other: _____

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:

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:

Describe specifically how funds will be used: Funding will be used to pay for .75 FTE salary and benefits. This is the amount of time spent on clients' medical assistance.

L. 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
Total Project Cost	<u>\$24,000</u>	_____
Other funding sources:		
_____ None _____	\$ _____	_____
Total CDBG Funds Requested	\$24,000 _____	

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:	\$ _____
Salaries	\$18,600 _____
Fair Housing Activities	\$ _____
Fringe	\$ 5,400 _____
Office Space (Program Only)	\$ _____
Utilities	\$ _____
Communications	\$ _____
Reproduction/Printing	\$ _____
Supplies and Materials	\$ _____
Mileage	\$ _____
Audit	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Indirect Costs*: _____	\$ _____
Indirect Costs*: _____	\$ _____
Indirect Costs*: _____	\$ _____
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>	\$ _____
Engineering Costs	\$ _____
Land Acquisition	\$ _____
Housing Rehabilitation	\$ _____
Housing Down Payment/Closing Cost Assistance	\$ _____
Other Salary & benefits	\$24,000 _____
Other _____	\$ _____
Total CDBG Grant	\$24,000 _____

**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:** 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 organization helping nearly 9,000 people each year. This number reflects people attending our educational programs and family members of clients that we see. Although we can only count the client as one person our treatment involves the entire family.
- 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 resources, so that we may expand our social mission.
- D. Number of clients served during the last twelve (12) months:** 4,960 _____
- E. Number of clients served in Rapid City:** 3,604 _____ **Outside Rapid City:** 1,356 _____
- 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

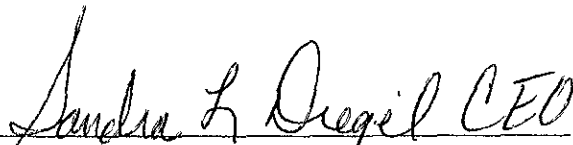
City of Rapid City CDBG Application
Continued, page 6 of 6

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:
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.
Unfortunately, this program is non billable for Federal payment programs. We will continue to search for Grants that may be applicable to funding this very essential portion of our client care.

K. Additional documentation requested:

Please attach: **Financial Statements** - with previous project
List of Board Members - with previous project
Articles of Incorporation and By-Laws - with previous project
Logic Mode


Signature of Agency Director

Date: 11-9-05


Signature of Board President

Date: 11-9-05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: 7th Circuit CASA Program

Address: 2650 Jackson Blvd, Rapid City, South Dakota 57702

Address of Project: _____

(if different from above)

Contact Information:

Agency Director: Sheila Troxel Snyder Phone: 605-394-2203

Fax Number: 605-394-3382 Email: STCASA@Rushmore.com

Board President: _____

(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 38,200

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): Due to 275 children waiting for a volunteer to advocate for them, this grant will be used for a full-time Volunteer Coordinator and a Volunteer/Recruiter position.

D. Project Service Area: Rapid City, Pennington County

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

Serves low income Households Creates jobs for low income individuals

Serves a low income Neighborhood Eliminates blighted conditions

Creates housing for low income households

If Neighborhood, specify boundaries _____

16

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 – legal services for low income and youth activities.

G. Why is this project needed in this community? The CASA Program is the only program in Rapid City serving abused and neglected children in court through volunteer advocates. 275 children are currently on a waiting list for a volunteer advocate.

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>50 additional</u> |
| <input type="checkbox"/> Homeless persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <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
(income below 30% of area median income) | Number of <input checked="" type="checkbox"/> persons | <input type="checkbox"/> households | <u>50 additional</u> |
| <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: <u>All clients under 18 are receiving services through DSS</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: _____

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

N/A

If not, explain rental structure: _____

K. Fee schedule for services, if applicable, please attach: _____ N/A _____

Describe specifically how funds will be used: The continuing and expanding work of advocating for abused and neglected children in Rapid City, moving towards a advocate for every child.

L. **Budget Breakdown for Program/Project** Please see attached 2006
Please provide a breakdown for the total program/project budget: 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
Total Project Cost	\$ <u>372,050</u>	<u>2006</u>
Other funding sources:		
<u>United Way</u>	\$ <u>95,000</u>	<u>2006</u>
<u>Fire & Ice Fundraiser</u>	\$ <u>40,500</u>	<u>2/2006</u>
<u>VOCA</u>	\$ <u>19,000</u>	<u>2006</u>
<u>Court Improvement</u>	\$ <u>18,000</u>	<u>3/2006</u>
<u>Playhouse Raffle</u>	\$ <u>15,000</u>	<u>11/2006</u>
Total CDBG Funds Requested	\$ <u>38,200</u>	

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ 38,200
Salaries	\$ 20,000	
Fair Housing Activities	\$	
Fringe	\$	
Office Space (Program Only)	\$ 6,000	
Utilities	\$ 1,500	
Communications	\$	
Reproduction/Printing	\$	
Supplies and Materials	\$ 2,700	
Mileage	\$ 1,500	
Audit	\$	
Other: <u>Recruitment</u>	\$ 4,000	
Other: <u>Training of Volunteers</u>	\$ 2,500	
Other: _____	\$	
Indirect Costs*: _____	\$	
Indirect Costs*: _____	\$	
Indirect Costs*: _____	\$	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>		\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		\$ 38,200

**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: N/A

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 Court Appointed Special Advocate (CASA) Program recruits, trains, & supervises volunteers to advocate in court for the best interest of abused and neglected children.

B. History of the organization: The 7th Circuit CASA Program was founded in Rapid City in August of 1986. The CASA concept was brought to our community by Judge Marshall Young. Judge Young was a past president of the National Council of Juvenile and Family Court Judges, and had heard about CASA Programs springing up all over the nation. Most importantly, Judge Young also heard the positive testimony of programs making a great deal of difference in a child's life, and that CASA Programs were being successful in communities where the program had been instituted. Working together with members of the community, a grant was written through Health and Human Services, and thus the program began. Within a few years the program was picked up as a United Way Agency. In 1990, the CASA Program had grown to 18 volunteers serving 35 children. After being chosen as the Black Hills Advertising Federation Public Service Project for 1991 the program expanded at a tremendous rate. Each year the program strives to serve more children.

C. Agency/Organization Goals: The focus of the CASA Program is to continue to strive towards our goal of "a voice in court for every child that needs one". Since 1990, the CASA Program has increased advocacy services to abused and neglected children by 1,654%. Unfortunately, at this time approximately 275 children have been assigned to CASA and are awaiting a volunteer. Awareness and support for the CASA Program continues at a very high rate in Rapid City, and the community is continuing to accept the challenge that abuse of children is not tolerable in our community. Our greatest challenge now is to continue with planned growth to meet the needs of the children who don't have a "voice in court". Without the support of the CDGB Program we will not be able to continue to meet the current needs or the expanded needs of these child victims. Although CASA volunteers save the community money each year, the program still must struggle to meet financial operating goals. As the Program struggles to meet the need of the expansion, an increase in funding is inevitable. Funds are needed in order to expand services to more children. In order to do this CASA will need to recruit and supervise more advocates to serve the child victims.

D. Number of clients served during the last twelve (12) months: 630

E. Number of clients served in Rapid City: 630 **Outside Rapid City:** _____

30 children for every

F. Maximum number of clients your agency can serve at any one point in time: 1 Vol. Coordinator

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 N/A

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:
All cases are court ordered by the Judge to have a CASA Volunteer.

J. Sustainability
Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.
Continue support through legislation.
Local fundraising activities (Playhouse Raffle, Fire & Ice Gala, Car Show)
United Way Funding

K. Additional documentation requested:

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

Shula Troy Engler
Signature of Agency Director

Date: 11/9/05

Barbara Lehman
Signature of Board President

Date: Nov 9, 2005

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

RECEIVED

General Information:

Agency Name: Catholic Social Services NOV 14 2005
Address: 918 Fifth St., Rapid City, SD
Address of Project: _____ **Rapid City Growth
Management Department**
(if different from above)

Contact Information:

Agency Director: Jim T. Kinyon Phone: 348-6086
Fax Number: 348-1050 Email: jkinyon@rapidnet.com
Board President: Dr. John Usera
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 15,000

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): This project involves 4 professional counselors from CSS working with youth, and their parents at the RC Juvenile Service Center. The counselors will provide individual counseling for youth identified by JSC staff, and hold 2 groups per week, with an average of 4-6 youths in each group, utilizing the "Power Source" or other curriculum mutually agreed upon by JSC and CSS staff. In addition, this year we are adding interaction with parents in the form of a half hour informational presentation directly following parent visitation nights in order to make parents aware of the work we have done with their child, and let them know our services are available after the youth is released in order to accomplish a continuity of care.

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
 Serves a low income Neighborhood Eliminates blighted conditions
 Creates housing for low income households If Neighborhood, specify boundaries

①7

F. **This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007:** This program is centered on strengthening children already incarcerated in the Juvenile Service Center, focusing on goal setting and healthy decision making in order to break the cycle of recidivism that is so prevalent with these youth. This year we are planning to expand services to include meeting with their parents to encourage them to be positive role models and to take a proactive role in their children's life.

G. **Why is this project needed in this community?** The programming is designed to help break the cycle of addiction and delinquency that feeds the high level of recidivism. This programming began by request of the court system because of the increase in the number of children detained at the facility. If the cycle can be broken while youth are incarcerated they will re-enter society as productive members, reducing the demands on the community and the prison system.

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 type="checkbox"/> Homeless persons | Number of <input type="checkbox"/> persons | <input type="checkbox"/> households | _____ |
| <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
(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 | _____ |

Other: Youth at JSC, (and some of their parents) many who lack basic family support and structure.

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 _____ 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: CSS bills on a sliding fee scale, striving to make services affordable to all. This does not apply to JSC work. What is not covered by grant funding is covered by agency unrestricted funding.

L. Describe specifically how funds will be used: The requested funds would cover a portion of the salaries for professional counseling services for the hours spent working with youth and their parents at JSC.

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
Total Project Cost	\$46,437	_____
Other funding sources:		
<u>Unrestricted funds from donor base, other foundations, the United Way</u>	<u>\$31,437</u>	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total CDBG Funds Requested	\$ 15,000	_____

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		<u>\$15,000</u>
Salaries	\$ <u>15,000</u>	
Fair Housing Activities	\$ <u>0</u>	
Fringe	\$ <u>0</u>	
Office Space (Program Only)	\$ <u>0</u>	
Utilities	\$ <u>0</u>	
Communications	\$ <u>0</u>	
Reproduction/Printing	\$ <u>0</u>	
Supplies and Materials	\$ <u>0</u>	
Mileage	\$ <u>0</u>	
Audit	\$ <u>0</u>	
Other: _____	\$ <u>0</u>	
Other: _____	\$ <u>0</u>	
Other: _____	\$ <u>0</u>	
Indirect Costs*: _____	\$ <u>0</u>	
Indirect Costs*: _____	\$ <u>0</u>	
Indirect Costs*: _____	\$ <u>0</u>	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/> _____		\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		<u>\$ 15,000</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 Catholic Social Services (CSS) is to provide professional social services to people of all faiths in western South Dakota. CSS is not an evangelical-based organization; services are provided to families of all socio-economic, religious affiliations and age groups. Special effort is made to reach out to the economically disadvantaged populations and regions.

B. History of the organization: Catholic Social Services was founded in 1971, and was then known as The Office of Social Concerns and Services. In 1975 the agency was licensed to operate as a child placement service and was incorporated as a 501 (c3) nonprofit organization. The agency's purpose remains the same, to serve the needs of the poor in our region. In 1981 the agency name was changed to Catholic Social Services. CSS has grown and expanded over the last 30 years. In addition to adoption and free unplanned pregnancy services, we offer individual, marital, family and group outpatient mental health counseling, workshops and educational presentations. We now have eight outreach offices in rural and underserved regions of western South Dakota.

C. Agency/Organization Goals: CSS' goal is to sustain and expand current services in order to reach more families in need. We strive to collaborate with other agencies and organizations for greater impact, are always on the lookout for possible funding sources and strive to create programming that addresses problems and issues negatively effecting families in our service area.

D. Number of clients served during the last twelve (12) months: 12,555

E. Number of clients served in Rapid City: 5882 **Outside Rapid City:** 6673

F. Maximum number of clients your agency can serve at any one point in time: 13,000 annually

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

Total Project Cost Breakdown

Office Expense \$9,000 (In-Kind donation from Knights of Columbus.)

Staff prep time and travel \$5,794 (One half hour prep time per counselor, per week, 1 hour travel time.)

Manuals/Parent handouts \$143 (12 Student books, 1 facilitator manual to cover increased groups)

Total Salary, professional staff \$31,500 (Calculated at reduced rate of \$50 per hour, normal rate, \$85)

Total Project Cost \$46,437

- 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:

All counties in western South Dakota

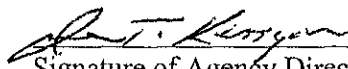
J. Sustainability

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

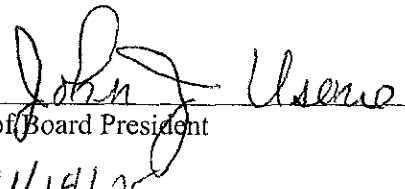
CSS was originally contacted by a Juvenile Justice Judge requesting we provide mental health services at JSC. After meeting with JSC staff, we began donating services in May of 2004. Services were provided for almost 1 year before we received the City Block Grant funding. These services were covered by unrestricted donor funds while we sought alternative funding. The agency has experienced significant growth over the years. In the fiscal year 1999/2000 we served 6,673 individuals. Last year we served 12,555. Our donor base continues to grow, and we continue to seek foundation and grant funding. Our counselors emphatically state the work they are doing at JSC is the most vital and rewarding of all their tasks. Based on their recommendation and the obvious need, CSS would seek funding through local foundations and dedicate unrestricted donor funds to continue these services. We have not had to discontinue services for lack of funding in the past, and have every reason to believe this will continue to be true in the future.

K. Additional documentation requested:

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


Signature of Agency Director

Date: 11/14/05


Signature of Board President

Date: 11/14/05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: Dakota Plains Legal Services
Address: PO Box 727, Mission, SD 57555
Address of Project: 528 Kansas City St., Suite 1, Rapid City, SD 57709
(if different from above)

Contact Information:

Agency Director: Eric J. Antoine Phone: 605-856-4444
Fax Number: 605-856-2075 Email: dpls1@gwtc.net
Board President: Michael T. Swallow
(attach list of board members)

PROGRAM INFORMATION

- A. Amount Requested (Round numbers only): \$ 20,000
- 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): This is a public service project to support direct civil legal assistance, including services for the homeless, the elderly, and Rapid City residents who meet income guidelines. Community education will also be provided in the area. Services will also be provided to domestic violence victims.
- D. Project Service Area: City 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
 If Neighborhood, specify boundaries _____

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F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: _____

Legal services (05C) was given high priority in the five year plan. The plan specified that actions to address the need will be funded by Rapid City during the five year period.

G. Why is this project needed in this community? DPLS is the only entity or organization in the Rapid City area that provides free legal assistance in civil matters to low-income and elderly people.

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 type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>25</u>
<input checked="" type="checkbox"/> Homeless persons	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>5</u>
<input checked="" type="checkbox"/> Elderly persons	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>50</u>
<input checked="" type="checkbox"/> Disabled persons	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>25</u>
<input checked="" type="checkbox"/> Battered spouse	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>50</u>
<input checked="" type="checkbox"/> Illiterate persons	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>5</u>
<input checked="" type="checkbox"/> Very low income (income below 30% of area median income)	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>100</u>
<input checked="" type="checkbox"/> Low income (income between 31% - 50% of area median income)	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>100</u>
<input checked="" type="checkbox"/> Above 80% of median income	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>25</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: _____

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 N/A Rehabilitation units N/A Completed in program year N/A

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: Not applicable.

L. Describe specifically how funds will be used: CDBG funds will be used for staffing costs and related expenses directly attributed to the provision of initial intake and subsequent legal assistance. Community education regarding housing/homeownership, domestic violence, employment and consumer issues will also be provided.

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
Total Project Cost	\$ <u>42,320</u>	<u>4/1/06</u>
Other funding sources:		
<u>Legal Services Corporation</u>	<u>\$ 10,000</u>	<u>1/1/06</u>
<u>Older Americans Act</u>	<u>\$ 2,320</u>	<u>1/1/06</u>
<u>CDBG</u>	<u>\$ 20,000</u>	<u>4/1/06</u>
<u>VAWA</u>	<u>\$ 10,000</u>	<u>1/1/06</u>
_____	\$ _____	_____
Total CDBG Funds Requested	\$ <u>20,000</u>	

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ 20,000
Salaries	\$ 20,000	
Fair Housing Activities	\$	
Fringe	\$	
Office Space (Program Only)	\$	
Utilities	\$	
Communications	\$	
Reproduction/Printing	\$	
Supplies and Materials	\$	
Milcage	\$	
Audit	\$	
Other: _____	\$	
Other: _____	\$	
Other: _____	\$	
Indirect Costs*: _____	\$	
Indirect Costs*: _____	\$	
Indirect Costs*: _____	\$	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>		\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		\$ 20,000

**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: N/A

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: To provide high quality legal services to low-income clients in a wide range of areas and to provide community education and information to groups and individuals to enable them to make better informed decisions.

- B. History of the organization: DPLS, a private non-profit community and legal services program, has provided civil legal assistance to low-income people since 1967.

- C. Agency/Organization Goals: To provide access to justice under the law for low-income and elderly residents by providing high quality legal assistance in civil matters. Our clients include the elderly.

- D. Number of clients served during the last twelve (12) months: 1,271
- E. Number of clients served in Rapid City: 853 Outside Rapid City: 304
- F. Maximum number of clients your agency can serve at any one point in time: As needed.
- 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

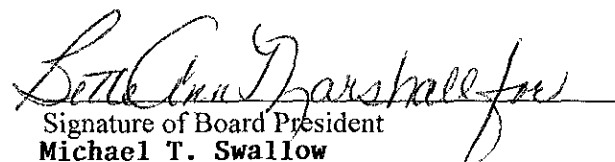
- I. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:
Clients must meet the low-income/family size requirement and live in DPLS' service area. Elderly clients do not have to meet income guidelines if seen under the SD Elderly Grant (OAA) funding.
- J. Sustainability
Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.
Along with CDBG funds, legal assistance in civil matters rendered to all eligible clients in DPLS' Rapid City office is financed by a number of sources, including the Legal Services Corporation, VAWA, and OAA. CDBG funds comprise approximately 7.5% of total funds used to provide those services. While this project or program is currently provided without the use of CDBG funds, the need for services is greater than we can provide with current staff. It is our intention to hire an attorney, either part time or full time to help provide services. Funding for this attorney position will be solicited annually from any resources that may be available. It is hoped that DPLS and City can continue their long-standing partner-
- K. Additional documentation requested: ship through this program.

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



Signature of Agency Director

Date: 11-10-05



Signature of Board President
Michael T. Swallow
Date: 11/14/05

Deadline for Applications:

Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

City of Rapid City
Community Development Block Grant (CDBG) Program

RECEIVED

NOV 15 2005

Rapid City Growth
Management Department

General Information:

Agency Name: **Rapid City Community Health Representative Program**
Address: **Post Office Box 9193, Rapid City, South Dakota 57709**
Address of Project: **3200 Canyon Lake Drive, Building 22**

Contact Information:

Agency Director: Sharon Richards
Fax Number: (605)-355-8808

Phone: (605) 3437832
Email: sharon@ihs.gov

Board President: Kathy Janis

Program Information

A. **Amount Requested (Round Numbers only):** \$10,588.62

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 Community Health Representatives provide quality outreach health care and
health promotion /disease prevention services to Native Americans in the Rapid City
Community for thirty five years. Services include case managed care to high risk
through home visits, transports, advocacy, health education and referral services.

D. **Project Service Area:**

The project service area includes the Rapid City township.

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

If Neighborhood, specify boundaries. **The primary service area is the North Rapid
area which includes Lakota Homes and Sioux Addition. The secondary service area
is all of Rapid City.**

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City of Rapid City CDBG Application

Continued, page 2 of 6

F. This project is consistent with the following Rapid City priority need(s) in the Five Year Consolidated Plan for FY 2003-FY2007: The Rapid City Community Health Representative program meets the criteria required in the City High Priority items contained in the

- 1. Homelessness category: "Support services for homeless" General services.**
- 2. Public Services category: A: "General public services" B: Handicapped Services.**

G. Why is this project needed in the community?

The Rapid City Community Health Representative program has been a viable program in the community for thirty years. The program has provided transportation to medical appointments, medical supply, medication deliveries and follow up on referrals. During the past year the program has changed the focus to include home based case management services to high risk clients who are elderly, handicapped and chronically ill needing ongoing paraprofessional primary care services. The number of dialysis clients needing transportation has substantially increased during the past year making it difficult to carry out the day to day duties of case management.

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 type="checkbox"/> persons <input type="checkbox"/> households_ |
| <input checked="" type="checkbox"/> Elderly persons | Number of <input type="checkbox"/> persons <input type="checkbox"/> households_ |
| <input checked="" 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 | Number of <input type="checkbox"/> persons <input type="checkbox"/> households |
| <input checked="" type="checkbox"/> Low 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"/> household |
| <input type="checkbox"/> Other_ | |

I. If this is a housing program, it will be used to provide: Does not apply

- | | | |
|---|---|---------------------------------|
| <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 household? XX Yes No

If not, explain the criteria for qualifying for the program: Participants are enrolled members of a federally recognized tribe and or eligible to receive third party reimbursement for services .

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 home/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: Not applicable

L. Describe specifically how funds will be used: The funds will be used to hire a part time dialysis transporter who will work three times a week for twenty hours per week to provide relief services to the staff that transport sixteen clients. The program will be working to get third party funding to eventually fund this position.

M. Budget Breakdown for Program/Project
 List total cost for the program/project and all expected funding sources and date funds expected to be available/received: **The proposed part time staff position will supplement the existing services. The position is new and in addition to the existing services. The program will use the time that the position is funded to seek third party reimbursement to continue services after the grant period is exhausted.**

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	\$ 10, 672	- -
Other funding sources:	\$ 00	-
Total CDBG Funds Requested	\$ 10, 672	

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

N. Breakdown of how CDBG funds will be used: \$

Program or Program Administration Cost:

Salaries:	\$ 8,337.50
Fair Housing Activities	\$00
Fringe	\$2,334.50
Office Space	
Utilities	
Communications	
Reproduction/Printing	
Supplies and Materials	
Mileage	
Audit	
Other:	
Other:	
Other:	
Indirect Cost	
Indirect Cost:	

Construction <input type="checkbox"/> Equipment <input type="checkbox"/>	\$
Engineering Costs	\$
Land Acquisition	\$
Housing Rehabilitation	\$
Housing Down Payment/Closing Cost Assistance	\$
Other_	\$
Other_	\$

Total CDBG Grant \$ 10,672

*Any indirect costs charged must be consistent with the conditions of Paragraph V111 © (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:**
To provide quality outreach health care services and health promotion/disease prevention services to American Indians and Alaska Natives within their communities through the use of well-trained CHRs as mandated by Section 107 of P.L. 100-713, dated November 23,1988.
- B. **History of the Organization:**
The Sioux San Public Health Nursing Program initiated the Rapid City Community Health Representative project in the late 1960s. The Rapid City Indian Health Board became the grantee agency in 1969. The Rapid City Indian Health Board lost the 638 funding and the program retroceded back to the control of the Indian Health Services.
- The Oglala Sioux Tribe entered into contract with IHS under resolution #98-77 and assumed responsibility for the three 93-638 Master Health Contracts in Rapid City in 1998,
- C. **Agency/Organization Goals:**
The CHR program was implemented to improve the health knowledge, attitudes and practices of Indian people by promoting, supporting and assisting the IHS in delivering a total health care program. The efforts of the CHR program staff have produced an American Indian and Alaska Native health delivery system, which provides for follow-up and continued contact with the health care delivery system at the community level, thereby meeting the most basic needs of the American Indian and Alaska Native population.
- The goal of the of the CHR program is to address health care needs through the provision of community-based, well trained, medically-guided health care workers.
- D. **Number of clients served during the last (12) months:**
E. **Number of clients served in Rapid City:** 1,500 **Outside Rapid City** 50
F. **Maximum number of clients your agency can serve at any 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:** Yes Family size Yes Income

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

RECEIVED

General Information:

Agency Name: The Salvation Army

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

NOV 10 2005

Address of Project: _____
(if different from above)

**Rapid City Growth
Management Department**

Contact Information:

Agency Director: Major 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: Bob Riggio

(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 50,000.00
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 CDBG to pay past due rents, assist with utility bills, provide food and clothing to people in need. Most of the funding will be used for assistance for one month; however circumstances of those in our transitional housing program may require assistance up to four months. The Salvation Army currently sees an average of 100 cases per month requesting financial assistance. About 75 cases qualify for assistance, an average of 45 cases receive assistance, leaving approximately 30 cases denied due to lack of funding. Due to the increase in fuel costs and the anticipated increase in heat costs the number of requests for assistance is expected to drastically increase, thus increasing the number of individuals who will be denied due to lack of funding.

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, Hill City, and Edgemont. 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
 If Neighborhood, specify boundaries

20

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 agencies 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.

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 type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>96</u>
<input checked="" type="checkbox"/> Elderly persons	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>20</u>
<input checked="" type="checkbox"/> Disabled persons	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>24</u>
<input checked="" type="checkbox"/> Battered spouse	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>20</u>
<input checked="" type="checkbox"/> Illiterate persons	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>10</u>
<input checked="" type="checkbox"/> Very low income <small>(income below 30% of area median income)</small>	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>111</u>
<input checked="" type="checkbox"/> Low income <small>(income between 31% - 50% of area median income)</small>	Number of <input type="checkbox"/> persons	<input checked="" type="checkbox"/> households	<u>81</u>
<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: _____

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: Funds received from CDBG will be used to pay first month's rent, deposit, past due rent, and assist with utility bills. Usually this service is limited to one month; however circumstances of those in our transitional housing program may require assistance for up to four months.

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
Total Project Cost	<u>\$275,525.00</u>	_____
Other funding sources:		
<u>FEMA</u>	<u>\$ 3,500.00 approx</u>	<u>July 2006</u>
<u>United Way</u>	<u>\$ 82,000.00</u>	<u>January 2006</u>
<u>General Account - Donations</u>	<u>\$140,025.00</u>	<u>October 2005</u>
_____	\$ _____	_____
_____	\$ _____	_____
Total CDBG Funds Requested	<u>\$ 50,000.00</u>	<u>March 2006</u>

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ _____
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*: _____	\$ _____	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>		\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other <u>Rental Assistance/Rental Deposit Assistance/Utility Assistance</u>		\$50,000.00
Other _____		\$ _____
Total CDBG Grant		<u>\$50,000.00</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

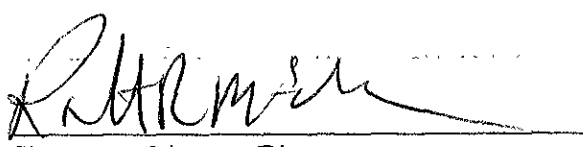
Brief Narratives describing your organization:

- 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:** 14,305 persons / 5,726 cases
- E. **Number of clients served in Rapid City:** 5415 cases **Outside Rapid City:** 311 cases
- F. **Maximum number of clients your agency can serve at any one point in time:** Directly linked to the availability of funds.
- 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

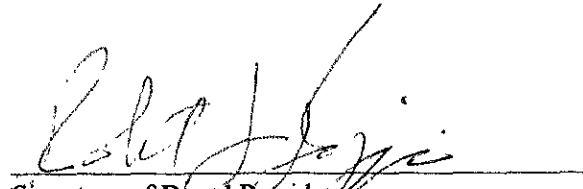
I. If the benefits or service that your agency provides is open to all persons in the area regardless of income, list the boundaries of the entire area served. This can be census tracts, block groups, street boundaries, or other officially recognized boundaries:
The area served by The Salvation Army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

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



Signature of Agency Director
Date: 11-10-05



Signature of Board President
Date: 11/10/05

Deadline for Applications:
Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 Application for Funding**

General Information:

Agency Name: Working Against Violence, Inc.

Address: 527 Quincy Street Rapid City, South Dakota 57701

Address of Project: _____
(if different from above)

Contact Information:

Agency Director: Melanie Flatt Phone: (605) 341-3292

Fax Number: (605) 718-7582 Email: melaniewavi@rushmore.com

Board President: Tamara M. Pier
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 58,500

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): This project will assist Working Against Violence, Inc. in managing a substantially increasing case load of domestic violence clients and their families, as well as inform the community about issues of violence and prevention. The project will also give low-income, victims of domestic violence an opportunity to have access to emergency shelter, life skills training and relocation assistance.

D. Project Service Area: Working Against Violence, Inc. offers services predominately to clients in low-income areas of our local community through our facility in 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
 If Neighborhood, specify boundaries _____

F. This project is consistent with the following Rapid City priority need(s) identified in the Five Year Consolidated Plan for FY2003-FY2007: Serving victims of domestic violence, offering emergency shelter for families, offering legal services to low income clients, educating the general public on issues of violence, and offering support services for the homeless-general services, case management, and life skills.

G. Why is this project needed in this community? Violent incidences, specifically related to domestic situations are increasing in the community. The issue of domestic violence has stepped into the spotlight this year in an alarming way, with new cases of violence and assault being reported through our local media almost daily. There has been a substantial increase in the number of families seeking emergency shelter as a result of violence in the home. Current, year-to-date organizational statistics reflect an increase of emergency shelter assistance by ten percent over 2004.

Crisis situations need to be attended to immediately by specially trained advocates on crisis 24-hour telephone lines. Amazingly, over 2,600 crisis calls have already been answered this year. This number is expected to surpass 3,500, which is nearly a 35 percent increase over 2004. Families need immediate safe housing alternatives, specialized case management and access to resources such as legal advocacy, relocation assistance and training in life skills. All of these services are now provided free of charge to clients through Working Against Violence, Inc.

The community needs to have greater access to information on the issues of violence-aimed at prevention-to break the cycle, making our community a safer place to live. The community has benefited from educational presentations, reaching over 1,200 individuals. Victim support resources need to be published and displayed within the community to raise awareness.

Working Against Violence, Inc.'s commitment to solving violence issues within our community has not changed over the 27 years of existence. However, the work load and demands of a growing client base have increased at a steadily disturbing rate forcing the organization to adapt and grow despite financial constraints. Community support is needed to ensure that Working Against Violence, Inc. continues to be able to provide the quality services it has been recognized for.

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>728</u> |
| <input checked="" type="checkbox"/> Homeless persons | Number of <input checked="" type="checkbox"/> persons | <input type="checkbox"/> households | <u>703</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 checked="" type="checkbox"/> Battered spouse | Number of <input checked="" type="checkbox"/> persons | <input type="checkbox"/> households | <u>1,032</u> |
| <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>176</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>1,496</u> |
| <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 checked="" type="checkbox"/> Down payment or closing cost assistance | | |

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

While the majority of our clients are low income, we do not discriminate on decisions involving housing assistance. All of our clients are eligible for services based upon our only requirement-that all clients must be survivors of domestic violence or sexual assault.

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: _____

City of Rapid City CDBG Application
Continued, page 4 of 9

K. Fee schedule for services, if applicable, please attach: Working Against Violence, Inc. provides all services free of charge.

L. Describe specifically how funds will be used:

- .50 FTE Program Director \$14,000
Manage five case managers as well as a specialized case load.
 - .50 FTE Case Manager \$10,000
Assist clients with regards to issues of domestic violence.
 - .50 FT Day Advocate \$ 9,500
Assist clients with daily issues of counsel, transport and training.
 - Shelter Operations \$10,000
Utilities, food and supplies for increased emergency shelter needs.
 - Operating Expenses \$ 7,000
Occupancy, supplies, insurance, telephone and misc. expenses.
 - Relocation Assistance \$ 6,500
Twenty-six security deposits at \$250 each to relocate victims of domestic abuse.
 - Life Skills Training \$ 1,000
Ten scholarships at \$100 each to assist in vocational training expenses.
 - Community Education \$ 500
Presentation materials to educate the community issues of violence and prevention.
- TOTAL \$58,500

City of Rapid City CDBG Application
Continued, page 5 of 9

M. Budget Breakdown for Program/Project

Working Against Violence, Inc.

Proposed 2006 Budget

Salaries and Wages	\$433,000
Depreciation and Amortization	\$ 65,000
Employee Benefits	\$ 42,000
Payroll Taxes	\$ 33,000
Interest Expense	\$ 31,000
Occupancy	\$ 24,000
Professional Services	\$ 19,000
Office Supplies	\$ 19,000
Miscellaneous Expenses	\$ 17,000
Insurance	\$ 16,000
Telephone and Communications	\$ 14,000
Food and Supplies	\$ 9,000
Direct Client Assistance	\$ 7,000
Postage	\$ 7,000
Membership Dues	\$ 4,000
Printing and Publications	\$ 4,000
Travel & Training	<u>\$ 3,000</u>
TOTAL	\$747,000

City of Rapid City CDBG Application
Continued, page 6 of 9

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:

Total Project Cost	<u>\$ 747,000</u>	
Other ANNUAL funding sources:		Estimated Date funds available
<u>In-Kind Donations</u>	<u>\$ 100,000</u>	<u>Ongoing</u>
<u>United Way of the Black Hills</u>	<u>\$ 70,000</u>	<u>Quarterly</u>
<u>Family Violence Prevention Services Grant</u>	<u>\$ 59,000</u>	<u>Quarterly</u>
<u>Victims of Crime Act Grant</u>	<u>\$ 54,000</u>	<u>Monthly</u>
<u>Marriage Licenses and Divorce Filing Fees</u>	<u>\$ 50,000</u>	<u>Monthly</u>
<u>Annual Appeal-Community Wide</u>	<u>\$ 40,000</u>	<u>January 2006</u>
<u>Federal Emergency Shelter Grant</u>	<u>\$ 23,000</u>	<u>Quarterly</u>
<u>Services Training Officers Prosecutors Grant</u>	<u>\$ 22,000</u>	<u>Monthly</u>
<u>Rural Outreach Grant</u>	<u>\$ 12,000</u>	<u>Monthly</u>
<u>Domestic and Sexual Abuse Grant</u>	<u>\$ 12,000</u>	<u>Monthly</u>
<u>Peace Promotion-Organization Fundraiser</u>	<u>\$ 10,000</u>	<u>August 2006</u>
<u>Gwendolyn L. Stearns Foundation Grant</u>	<u>\$ 10,000</u>	<u>October 2006</u>
<u>Visitation Grant</u>	<u>\$ 9,000</u>	<u>Monthly</u>
<u>Employee Fundraisers</u>	<u>\$ 5,000</u>	<u>Ongoing</u>
<u>Vucurevich Foundation</u>	<u>\$ 5,000</u>	<u>October 2006</u>
<u>Zonta of the Black Hills</u>	<u>\$ 4,500</u>	<u>February 2006</u>
<u>F.E.M.A Emergency Food and Shelter Grant</u>	<u>\$ 4,500</u>	<u>Monthly</u>
<u>Local Community Grants</u>	<u>\$ 3,500</u>	<u>Ongoing</u>
<u>Annual Appeal-Employee</u>	<u>\$ 3,000</u>	<u>January 2006</u>
Proposed Sources		
<u>Avon Foundation Grant</u>	<u>\$ 50,000</u>	<u>October 2006</u>
<u>Public Welfare Foundation Grant</u>	<u>\$ 50,000</u>	<u>June 2006</u>
<u>Verizon Foundation Grant</u>	<u>\$ 50,000</u>	<u>March 2006</u>
<u>Nick Traina Foundation Grant</u>	<u>\$ 30,000</u>	<u>January 2006</u>
<u>Rapid City Subsidy</u>	<u>\$ 4,500</u>	<u>Early 2006</u>
Total CDBG Funds Requested	<u>\$ 58,500</u>	

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		<u>\$ 52,000</u>
Salaries	\$ 33,500	
Fair Housing Activities	\$	
Fringe	\$	
Office Space (Program Only)	\$ 3,000	
Utilities	\$ 4,000	
Communications	\$ 1,000	
Reproduction/Printing	\$ 500	
Supplies and Materials	\$ 4,000	
Mileage	\$	
Audit	\$	
Other: Food for Shelter	\$ 4,000	
Other: Life Skills Training	\$ 1,000	
Other: Insurance	\$ 1,000	
Indirect Costs*:	\$	
Indirect Costs*:	\$	
Indirect Costs*:	\$	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>		\$
Engineering Costs		\$
Land Acquisition		\$
Housing Rehabilitation		\$
Housing Down Payment/Closing Cost Assistance		\$ 6,500
Other		\$
Other		\$
Total CDBG Grant		<u>\$ 58,500</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:** Working Against Violence, Inc. works to create a community free of domestic violence and sexual assault through advocacy, education and support services.
- B. **History of the organization:** Working Against Violence, Inc. was established in 1978 as a grassroots organization to provide the community with services relating to violence prevention and assistance. A shelter was purchased in 1980 and has been operating since. In 1996, a children's program was added to address the needs of youth in shelter. Services to victims of sexual assault have been expanded and now include a separate 24-hour crisis line. In 1999, Commonground, West River's first visitation and exchange center was opened. The center provides safe, child centered, supervised visitation services. In 2004, a new facility was opened to house administrative offices, case management offices and a 38-bed shelter.
- C. **Agency/Organization Goals:** Working Against Violence, Inc. has a goal to eliminate domestic violence and sexual assault in our community. This goal is being worked towards through our current programs.
Our current programs include:
- Shelter
 - Safe housing
 - Meals
 - Support services
 - Domestic Violence Program Services
 - Crisis intervention and support groups
 - Personal and legal advocacy
 - Case management
 - Sexual Assault Program Services
 - Crisis intervention and support groups
 - Personal and legal advocacy
 - Case management
 - Specialized children's case management
 - Commonground
 - Supervised visitation
 - Supervised exchange
 - School, community and professional training

D. Number of clients served during the last twelve (12) months: 1,960

E. Number of clients served in Rapid City: 1,764 Outside Rapid City: 196

F. Maximum number of clients your agency can serve at any one point in time: 38 in Shelter
64-70 Total

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:
To receive services clients must be survivors of either domestic violence or sexual assault or a family in need of visitation services.

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

Working Against Violence, Inc. is financed through Federal, State, Local and Private National Grants and community fundraising efforts. The sustainability of the program is based upon accurate reporting, research, and application to new funding sources. New funding sources are proposed annually and pursued throughout the year. Pursuing funding opportunities is the responsibility of the Development Director, Executive Director and the Board Members. Increased demand for services will result in more funding opportunities being pursued. The 2006 proposed funding sources have increased by \$180,000 from 2005 sources. Working Against Violence, Inc. also participates in an annual audit to account for all financial information.

K. Additional documentation requested:

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

Melanie Flatt
Signature of Agency Director

J. Manning Eggo
Signature of Board President

Date: 11/15/05

Date: 11-15-05

**City of Rapid City
Community Development Block Grant (CDBG) Program
FY 2006 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 57701
(if different from above)

Contact Information:

Agency Director: Susan Fedell, Executive Director Phone: 605-342-4195
Holli Vanderbeek, Counseling Center Director Phone: 605-342-4789
Fax Number: 605-399-0833 (Holli) Email: yfscc@rapidnet.com and yfsdev@rapidnet.com
Board President: Marnie Herrmann
(attach list of board members)

PROGRAM INFORMATION

A. Amount Requested (Round numbers only): \$ 22,120

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 Counseling Center 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 western 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
 If Neighborhood, specify boundaries _____

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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 provides support services for the homeless, chronic substance abusers, victims of domestic violence and the dually diagnosed; offers general public services and substance abuse services; and offers youth services, our primary 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 essentials 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; we do not limit calls to a single 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, issues which are critical to the 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 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>543</u>
<input checked="" type="checkbox"/> Homeless persons	Number of <input checked="" type="checkbox"/> persons <input type="checkbox"/> households	<u>37</u>
<input checked="" type="checkbox"/> Elderly persons	Number of <input checked="" type="checkbox"/> persons <input type="checkbox"/> households	<u>3</u>
<input checked="" type="checkbox"/> Disabled persons	Number of <input checked="" type="checkbox"/> persons <input type="checkbox"/> households	<u>35</u>
<input checked="" type="checkbox"/> Battered spouse	Number of <input checked="" type="checkbox"/> persons <input type="checkbox"/> households	<u>91</u>
<input checked="" type="checkbox"/> Illiterate persons	Number of <input checked="" type="checkbox"/> persons <input type="checkbox"/> households	<u>11</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>1,001</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>176</u>
<input type="checkbox"/> Above 80% of median income	Number of <input checked="" type="checkbox"/> persons <input type="checkbox"/> households	<u>2</u>
<input checked="" type="checkbox"/> Other: <u>804 crisis hotline phone calls</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 _____ 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: The fee schedule is attached

L. Describe specifically how funds will be used: We are requesting funds for a significant increase in our program to cover people who have had to be turned away for lack of funds. Last year we served 442 people in 1,103 hour-long appointments; this year we want to increase our appointments to 1,200. This is an 8% increase and represents 97 potential clients who could not be served in 2005 because of lack of funds.

M. Budget Breakdown for Program/Project

Please provide a breakdown for the total program/project budget: See attached for expense 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
Total Project Cost	\$ <u>276,499</u>	_____
Other funding sources:		
<u>Federal Government</u>	\$ <u>24,200</u>	<u>Ongoing</u>
<u>State Government</u>	\$ <u>23,800</u>	<u>Ongoing</u>
<u>United Way</u>	\$ <u>35,000</u>	<u>Ongoing</u>
<u>Fees</u>	\$ <u>33,528</u>	<u>As Earned</u>
<u>Fees from Title XIX</u>	\$ <u>105,600</u>	<u>As Earned</u>
<u>Private Contributions</u>	\$ <u>12,000</u>	<u>Ongoing</u>
<u>Lemley Trust Fund</u>	\$ <u>1,500</u>	<u>January 2006</u>
<u>Rasmussen</u>	\$ <u>500</u>	<u>January 2006</u>
<u>Vucurevich Foundation</u>	\$ <u>13,000</u>	<u>January 2006</u>
<u>Endowment Earnings</u>	\$ <u>3,000</u>	<u>Board Decision</u>
<u>Kids Fair Proceeds</u>	\$ <u>4,000</u>	<u>May 2006</u>
<u>Weed & Seed/City of RC</u>	\$ <u>7,600</u>	<u>As Earned</u>
Total CDBG Funds Requested	\$ <u>22,120</u>	

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

N. Breakdown of how CDBG funds will be used:

Program or Program Delivery Costs:		\$ <u>22,120</u>
Salaries	\$ _____	
Fair Housing Activities	\$ _____	
Fringe	\$ _____	
Office Space (Program Only)	\$ _____	
Utilities	\$ _____	
Communications	\$ _____	
Reproduction/Printing	\$ _____	
Supplies and Materials	\$ _____	
Mileage	\$ _____	
Audit	\$ _____	
Other: <u>To provide Counseling, Intervention,</u>		
<u>and Crisis Hotline services</u>	\$ <u>22,120</u>	
Other: _____	\$ _____	
Other: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Indirect Costs*: _____	\$ _____	
Construction <input type="checkbox"/> Equipment <input type="checkbox"/>	_____	\$ _____
Engineering Costs		\$ _____
Land Acquisition		\$ _____
Housing Rehabilitation		\$ _____
Housing Down Payment/Closing Cost Assistance		\$ _____
Other _____		\$ _____
Other _____		\$ _____
Total CDBG Grant		\$ <u>22,120</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:

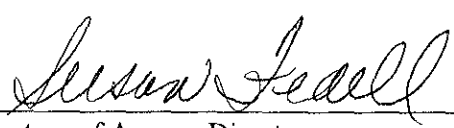
- A. **Mission of the organization:** The mission of Youth & Family Services is to support children and their families in being capable, caring and contributing members of the community. The purpose of the Counseling Center is to provide community-based counseling to youth and their families.
- B. **History 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 service agencies in western South Dakota. YFS currently serves more than 10,000 children and their families through seven programs: YFS Girls Incorporated®, YFS Prenatal to Five Head Start, YFS Child Care, YFS Nutrition Services, YFS Western 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:** 1,103 total appointments (442 clients, unduplicated)
- E. **Number of clients served in Rapid City:** 328 (unduplicated) **Outside Rapid City:** 114 (unduplicated)
- F. **Maximum number of clients your agency can serve at any one point in time:** 24/day
- G. **Does the agency have income eligibility requirements which limit services or activities exclusively to low/moderate income persons?** Yes No, but 84% of our clients are 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 officially recognized boundaries:**
The area served is basically western South Dakota with most clients living in Rapid City, Rapid Valley, Box Elder, Ellsworth Air Force Base, Black Hawk and Piedmont.

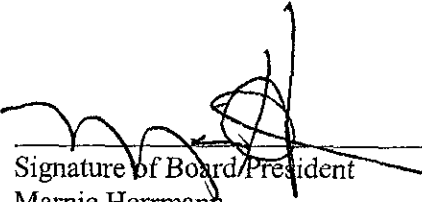
J. **Sustainability**
Explain how the project or program will be financed and/or maintained in the future. Please be as specific as possible.
The Counseling Center has been part of Youth & Family Services since 1971. Every year since 1971, YFS has been able to raise enough funds to sustain this program. This is accomplished by a combination of private donations, fees, grants and contracts from federal, state and local governments, trust funds, United Way and earnings from investments.

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



Signature of Agency Director
Susan Fedell

Date: 11-10-05



Signature of Board/President
Marnie Herrmann

Date: 11-8-05

Deadline for Applications:
Tuesday, November 15, 2005 for FY 2006 CDBG Annual Allocation