

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

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Rapid City  
Planning Department

**A. General Information**

Agency Name: The Cornerstone Rescue Mission  
Address: 30 Main Street  
P.O. Box 2188  
Rapid City, SD 57709

Address of Project: 703 Quincy Street (former Ray Dental Clinic)

Agency Director: Dan Island Phone: 341-2741

Board President: Rod Schlauger

**B. Purpose of the organization:**

Provide food, shelter, counseling, job training for the homeless and disenfranchised members of the community.

**C. History of the organization:**

See attached.

**D. Agency/Organization Goals:**

2004 capital improvement goal is to obtain housing for displaced women and children who currently reside at the Mission.

**E. Program/Project Benefit:**

To meet the identified need of providing housing separate from the male homeless population for women and children.

1. Number of clients served during the last twelve months: As of 10/31/03: 102,718\*

2. Number of clients served in Rapid City: 102,718\* Outside Rapid City: 0

3. Maximum number of clients your agency can serve at any one point in time: Housing, 118; meals approximately 500

\* 102,718 = MEALS WE SERVE APPROXIMATELY 30,000/YEAR

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4. Does the agency have income eligibility requirements that limit services or activities exclusively to low/moderate income persons: No. It is presumed that we serve low-income clients.

5. Does your agency serve any of the following specific groups of clientele?

|                                  |                    |
|----------------------------------|--------------------|
| Abused and/or neglected children | Homeless persons   |
| Elderly persons                  | Disabled persons   |
| Battered spouse                  | Illiterate persons |

All the above are served

6. Does your agency require information on the following:

Family size and income  
Very low income (income below 30% of area median income)  
Low income (income between 31% - 50% of area median income)  
Above 80% of median income

Information is requested, not required

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

We make every effort to accommodate the needs of all who come through our doors.

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

| Completed | New | Improved |
|-----------|-----|----------|
|-----------|-----|----------|

Will the rental amounts remain affordable as per HUD guidelines?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

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

N/A. Funds are being requested to provide transitional, non-permanent housing.

**F. Fee schedule for services, if applicable, please attach: N/A.**

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

To renovate the former Ray Dental Clinic to provide living accommodations for approximately 18 families. This includes bedrooms, kitchen, living room, showers and some recreation space.

**H. Describe how funds will be used:**

Construction costs associated with renovation and bring building into code compliance.

**I. Please state program/project start and completion dates:**

Based on discussions with the owner, it is anticipated that construction could commence in early 2004.

**J. 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: \$1,028,338

Property Insurance Agent: Leo Jacobsen

Amount of Insurance Coverage: \$2,000,000

**Project Cost Breakdown:**

Architect fees \$10,000 *yes*

Furnishings, fixtures and equipment \$50,000 *no*

Construction costs, including labor and materials \$90,000 *-oic*

Cost Estimate Prepared By: Dan Island  
Architect (if applicable): N/A

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

Community Development Block Grant Funds Requested \$100,000

Other Funding Sources:

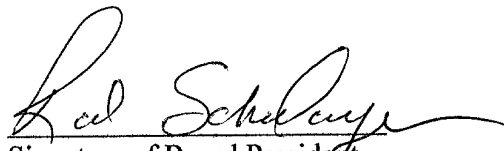
Donations \$50,000

**L. Financial Information**

Attached



Signature of Agency Director



Signature of Board President

Date: 11-14-03

Date: 11-14-03

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