



Capital Improvements for Non-profit Housing (CINH) Program – 2024 APPLICATION

- Applicants should read the [CINH program guidelines](#) document before completing this application.
- Applicants **must** be an already established non-profit corporation (Non-stock Corporation) organized under Chapter 181 of Wisconsin Statutes and in compliance with the Wisconsin Department of Financial Institutions (DFI) and own the property seeking rehabilitation support.
- The CINH program has a budget of approximately \$2,000,000 of Community Development Block Grant (CDBG) funds. Once funds are exhausted, applications will no longer be accepted. Applications are considered on a first-come, first-served basis.
- The CINH program **will not accept** applications from nonprofit agencies that have received a previous CINH grant award.
- Non-profit agencies **must** comply with all applicable federal and state guidelines (ex: **Davis-Bacon Act, Uniform Relocation Act**, etc.).
- Agencies may be required to work with the Department of Civil Rights on city and/or federal workforce goal setting and reporting.
- **Applications will be accepted by September 15th and October 15th.**
- Applications will be processed on a first come, first served basis.
- The maximum amount that can be requested is \$500,000.

Questions can be directed to cdd@cityofmadison.com or to Community Development Specialist, John Vogt jvogt@cityofmadison.com.

Organization Name: _____

Contact Name: _____

Phone: _____

Contact Email: _____

SAM/ Unique Entity Identifier # _____

Project Addresses (Street Number, Name and Zip Code)	Does this property already have City, HOME or CDBG Loan? Yes/No	Number of Units in the building?	Is this property currently occupied by 51% LMI households Yes/No	Year property was built?	Amount of CDBG funds requested?
<i>Ex: 215 Martin Luther King, 53703</i>	<i>Yes</i>	<i>15</i>	<i>Yes</i>	<i>1981</i>	<i>\$65,000</i>

Please attach separate page with the information requested if there is not enough space.

1. Is tenant income reviewed through self-certification or 24 CFR Part 5 Review?

2. Please describe, in detail, the proposed scope of the rehab project for each address. Please illustrate each cost by line item (see example below)

Example:

Address 1 – Upgrade exterior lighting - \$5,000

Address 2 – Replace building entry door and awning - \$10,000

3. Will the project require relocating tenants during construction/rehab work?

Yes No

If yes, please set up a meeting with CDD to discuss Uniformed Relocation Act costs prior to submitting the application (CINH grant funds can be used to cover some relocation costs).

4. Are at least 5% of its units in the development accessible to and usable by individuals with disabilities?

Yes No

5. If no, after project completion, will at least 5% of the units be accessible to and usable by individuals with disabilities?

Yes No

6. PROJECT TIMELINE

Description	Projected Dates (Mo/Yr)
Rehabilitation Bid Publishing	(Mo/Yr)
Rehabilitation Start	(Mo/Yr)
Rehabilitation Completion	(Mo/Yr)

7. SOURCES AND USES OF FUNDS

This is a statement of how much money is required to complete the project, its source, and how it will be used. By definition, sources must equal uses.

SOURCES OF FUNDS	Amount	Source: Lender, Grantor, etc.
First Mortgage Loan:		
Subordinate Loan:		
City Financing Requested:		
Project Equity (own funds):		
Other:		
TOTAL SOURCES:		

USES OF FUNDS	Amount	Source
Renovations/improvements (existing building):		
Relocation Costs:		
Other:		
TOTAL USES:		

ALL APPLICATIONS:

- Funded applicants are responsible for complying with all of the terms and conditions outlined in the CINH Program Guidelines.
- Applications to the Capital Improvements for Non-profit Housing Program will be considered on a first-come, first-served basis.
- Final approval of funds above \$50,000 will be awarded, via a Resolution, by the City’s Common Council with recommendations from the CDBG Committee. Timeline for a commitment of funds is contingent upon committee’s schedule.

APPLICATION CERTIFICATION

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of the City of Madison Capital Improvements for Non-profit Housing Program and is true and complete to the best of the applicant’s knowledge and belief.

Signature _____

Date: _____

Applications must be submitted to the Community Development Division by email:
cdd@cityofmadison.com