

City of Dover CDBG Program

FY27 Action Plan - Proposed

Section 1

CDBG Program Description

CDBG PROGRAM DESCRIPTION

The City of Dover is designated as a CDBG Entitlement Community by HUD. This means that each year, the City receives funds directly from HUD rather than having to apply to the State for CDBG funds.

These funds may only be used to address one of HUD's three National Objectives:

1. Benefit low and moderate income persons.
2. Prevent or eliminate blight.
3. Meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs.

The City of Dover has traditionally used CDBG funding to address the first National Objective listed above.

CONSOLIDATED PLAN

The Consolidated Plan serves as a strategic plan for addressing issues such as of homelessness, housing, public services, community and development needs and expanding economic opportunities for very low, low and moderate income persons within the community. The FY26-FY30 Consolidated Plan includes the Goals provided below. Funded activities must meet one at least one of the Goals.

DOVER CONSOLIDATED PLAN GOALS: FY26-FY30

- | | |
|----------|------------------------------------|
| Goal #1: | Access to Services |
| Goal #2: | Barrier Removal and Transportation |
| Goal #3: | Affordable Housing |
| Goal #4: | Public Improvements |
| Goal #5: | Economic Development |

ACTION PLAN

To implement the Consolidated Plan, the community must annually adopt an Action Plan that identifies activities and projects that the community has decided to fund with CDBG funds. The Action Plan serves as a means to assure that the Goals and Objectives of the Consolidated Plan are being addressed. As part of the Action Plan process, citizens must be allowed an opportunity to provide comments on the Plan during the review process and after it has been approved by the City. After approval by the City, and a subsequent 30-day public comment period, the Action Plan must be sent to HUD for their review and approval.

This is the second Action Plan of the FY26-FY30 Consolidated Plan.

ELIGIBLE ACTIVITIES

Examples of eligible activities include:

Acquisition: Acquisition of real property for any public purpose.

Activity Delivery Costs (ADC): Separate from general administration and planning activities, these are costs associated with administering specific grant awards. These costs include activities such as contract provision monitoring, Davis Bacon related activities and performing environmental reviews for each recipient.

Administration and Planning: Payment of administrative costs and carrying charges related to the general planning and execution of Community Development program. The amount shall not exceed 20 percent of the grant plus 20 percent of the current year's estimated program income.

Clearance and Remediation Activities: Clearance, demolition, and removal of buildings and improvements.

Disposition: Disposition of real property acquired with CDBG funds.

Economic Development: Activities include direct economic development assistance to for-profit entities and job training programs.

Housing Rehabilitation: Single family, multi-family, low income public housing or other publicly owned residential buildings.

Loss of Rental Income: Payments to owners for losses of rental income during relocation of individuals or families displaced by Community Development program activities.

Planning: Planning activities, data gathering, studies and analysis.

Public Facilities and Improvements: Acquisition, construction, reconstruction, rehabilitation or installation of public facilities and improvements.

Public Services. Provision of public services including labor, supplies, and materials. The amount shall not exceed 15 percent of the grant plus 15 percent of program income from the previous year.

Section 2

Funding Pool, Funding Categories, Mandated
Funding Formulas, Proposed Funding by Category &
Contingency Funding Formula

AVAILABLE FUNDING

Overview

FUNDING POOL

The City of Dover calculates the total FY27 Action Plan funding pool based upon the following factors:

1. Anticipated FY27 Annual Allocation from HUD: **\$320,000.00**
2. Anticipated FY27 Program Income available for FY27 AP: **\$11,800.00**
3. Anticipated FY26 Program Income available for FY27 AP: **\$11,800.00**

Based upon items 1, 2 & 3 above, the total anticipated funding pool for the FY27 Action Plan is **\$343,600.00**

FUNDING CATEGORIES

All funded activities fall into one of four categories:

1. Public Services
2. Public Facilities
3. Economic Development
4. Administration (*General Administration & Planning; Activity Administration*)

HUD MANDATED FUNDING FORMULAS

Public Services: The maximum amount of funding that can be allocated for all Public Services equals fifteen percent of the *actual* FY27 grant amount plus fifteen percent of the *actual* FY26 program income: **\$49,770.00**

General Administration & Planning: The maximum amount of funding that can be allocated for General Administration & Planning equals twenty percent of the *actual* FY27 grant amount plus twenty percent of the *actual* FY27 program income: **\$66,360.00**

Note: There are no HUD mandated funding formulas/caps for Public Facilities, Economic Development or Activity Administration

PROPOSED FUNDING BY CATEGORY

Public Services: **\$49,400.00**

- Allocations to applicants under the Public Services category include activities such as operating expenses, supplies and rental security deposits.

Public Facilities: **\$217,840.00**

- Funding for construction based activities and projects.

Economic Development: **\$10,000.00**

- Funding for the DELP loan pool and related economic development activities.

Administration: **\$66,360.00**

- General Administration & Planning: \$66,360.00
General Administration of the CDBG program such as updating of the Consolidated Plan; development of the Action Plan; annual performance reporting to HUD (CAPER); quarterly and semi-annual reporting to HUD; training & legal notices.
- Activity Administration: \$0.00
Administrative costs associated with individual Activities. Activity specific costs include contract development & administration, processing requests for reimbursement, site visits, subrecipient monitoring and environmental review.

CONTINGENCY FUNDING FORMULA

In the event that that the FY27 Entitlement Grant amount and/or the FY26 or FY27 Program Income amounts are other than as listed above, allocations will be adjusted as follows:

1. *Public Services:* Public Service allocations will each be adjusted by an equal percentage, to achieve a total Public Service allocation amount that will meet, but not exceed, the 15% Public Services CAP.
2. *General Administration and Planning:* Allocation will be adjusted to meet, but not exceed, the 20% cap.
3. *Economic Development:* After adjusting for General Administration and Public Services, the Economic Development allocation will be adjusted as necessary to assure that the total of all FY27 allocations meet, but do not exceed, the total funding pool.
4. *Public Facilities:* In the event that after adjusting per steps 1-3 above the adjusted total is greater or less than the funding pool, each Public Facilities award shall be adjusted by an equal amount until the total FY27 allocations equal the FY27 funding pool.

Section 3

Funding Requests – Activity Summary

FUNDING REQUESTS – ACTIVITY SUMMARY

Public Services, Public Facilities, Economic Development & Administration

Following are the names of applicants with the amount requested and a brief description of proposed use of funds. See applications from organizations in Section 4 for a description of the program and expanded discussion regarding use of funds. See Section 2 for anticipated funding pool, HUD mandated spending caps for Public Services & Administration, proposed funding by category and contingency funding formula.

PUBLIC SERVICES

1. AIDS Response Seacoast

Amount Requested: \$10,000.00

Planning Board Recommendation: \$7,400.00

Funding will be used to partially support the salaries and benefits of the Case Management Department (4 positions).

2. Alliance for Community Transportation

Amount Requested: \$4,200.00

Planning Board Recommendation: \$4,400.00

Operate TripLink, a regional transportation call center; operate Community Rides, that provides transportation to healthcare for seniors and individuals with disabilities; provide staffing for the Regional Coordination Council to provide greater access to, and improve the operation of, community transportation resources.

3. Community Partners

Amount Requested: \$5,000.00

Planning Board Recommendation: \$4,400.00

Provide rental assistance including security deposits, and first month's rent assistance for adults and families in Dover with mental illness or a developmental disability who are in threat of becoming homeless.

4. Cross Roads

Amount Requested: \$15,000.00

Planning Board Recommendation: \$7,600.00

Provide emergency and transitional shelter and supportive services for families and individuals from Dover who are experiencing homelessness.

5. Dover Adult Learning Center of Strafford County (DALC)

Amount Requested: \$5,000.00

Planning Board Recommendation: \$4,000.00

Funding will be used to help operate a regional HISET testing site where low & moderate Dover youth and adults without a high school diploma can take a high school equivalency exams and earn a high school equivalency certificate from the state of New Hampshire.

6. Welfare Department - Dover

Amount requested: \$12,000.00

Planning Board Recommendation: \$3,500.00

Security deposit program. Help income qualified Dover residents move into apartments when they cannot afford security deposits.

7. HAVEN

Amount Requested: \$7,500.00

Planning Board Recommendation: \$6,400.00

Staff salary for the case management of HAVEN's domestic violence housing clients at the 6 unit Housing facility *HAVEN at the Falls* which is a partnership with Dover Housing Authority in Dover NH.

8. My Friend's Place

Amount requested: \$30,000.00

Planning Board Recommendation: \$8,100.00

General operating cost to run both the Emergency Shelter and the Transitional Housing programs.

9. Strafford Nutrition & Meals on Wheels

Amount requested: \$5,000.00

Planning Board Recommendation: \$3,600.00

Help provide meals to homebound, low-income, older and disabled residents.

PUBLIC FACILITIES PROJECTS

1. Barrier Removal - Infrastructure Projects

Amount Requested: \$4,000.00

Planning Board Recommendation: \$4,000.00

Removal of architectural and material barriers at existing facilities and spaces that serve Dover residents.

2. Cross Roads House – Mini Split System

Amount Requested: \$33,664.26

Planning Board Recommendation: \$1,000.00

Installation of mini split systems in cafeteria and men & women's dorms.

3. Dover ADA Doors – Indoor Pool & Ice Area

Amount Requested: \$27,500.00

Planning Board Recommendation: \$27,500.00

Install ADA door operators at main entrance of indoor pool and ice arena.

4. Dover Parks Barrier Removal Program

Amount Requested: \$181,500.00

Planning Board Recommendation: \$105,340.00

Removal of barriers to access, including parking and accessway barriers, at existing Dover parks and playgrounds.

5. Dover Rental Unit Rehab Program

Amount Requested: \$35,000.00

Planning Board Recommendation: \$15,000.00

Rehabilitation of existing rental units to address critical maintenance needs, preserve affordable rents, and ensure that income-qualified households continue to have access to safe and stable housing.

6. My Friend's Place Parking Area Improvements

Amount Requested: \$40,000.00

Planning Board Recommendation: \$40,000.00

Expansion and paving of parking area at Washington Street shelter

7. Weatherization & Energy Efficiency Program

Amount Requested: \$25,000.00

Planning Board Recommendation: \$25,000.00

Funding to supplement the Weatherization Assistance Program for Dover residents.

ECONOMIC DEVELOPMENT

1. City of Dover - Economic Development Activities:

Amount Requested: \$10,000.00

Planning Board Recommendation: \$10,000.00

Funding for business assistance, loan pool & micro enterprise program.

ADMINISTRATION

1. General Administration & Planning

Amount Requested: \$66,360.00

Planning Board Recommendation: \$65,300.00

Activities associated with overall administration of the CDBG program. Activities include development of the Action Plan; quarterly, semi-annual and annual reporting; training & legal notices. The amount proposed equals the maximum amount permissible per HUD regulations.

2. Activity Administration

Amount Requested: \$0.00

Planning Board Recommendation: \$0.00

Administrative costs associated with individual Activities. Activity specific costs include contract development & administration, processing requests for reimbursement, site visits, subrecipient monitoring and environmental review.

Section 4

Applications, Funding Sources, Funding Requests
and Recommended Allocations

FY27 FUNDING SOURCES & ALLOCATIONS

FY27 Funding Pool

<u>Anticipated</u> FY27 Federal Award	\$320,000.00
<u>Anticipated</u> FY27 PI available for FY27 AP::	\$11,800.00
<u>Anticipated</u> FY26 PI available for FY27 AP:	\$11,800.00
Available for FY27 Funding Pool:	\$343,600.00

FY27 Activities

Public Services	Amount Requested	Current Year Allocation	Planning Board Recommendation
ARS	\$10,000.00	\$7,324.00	\$7,400.00
Alliance for Comm Transportation (ACT)	\$4,200.00	\$4,324.00	\$4,400.00
Community Partners	\$5,000.00	\$4,324.00	\$4,400.00
Cross Roads	\$15,000.00	\$7,524.00	\$7,600.00
Dover Adult Learning Center of Strafford County (DALC)	\$5,000.00	NA	\$4,000.00
Dover Welfare Sec Deposit	\$12,000.00	\$3,315.00	\$3,500.00
HAVEN	\$7,500.00	\$6,324.00	\$6,400.00
MFP	\$30,000.00	\$7,924.00	\$8,100.00
SNMoW	\$5,000.00	\$3,324.00	\$3,600.00
Total:	\$93,700.00	\$44,383.00	\$49,400.00

Economic Development	Amount Requested	Current Year Allocation	Planning Board Recommendation
Business Assistance, Loan Pool & Micro Enterprise	\$10,000.00	\$18,745.00	\$10,000.00
Total:	\$10,000.00	\$18,745.00	\$10,000.00

Public Facilities	Amount Requested	Current Year Allocation	Planning Board Recommendation
Barrier Removal - Infrastructure Projects	\$4,000.00	\$0.00	\$4,000.00
Cross Roads House Mini Split Systems	\$33,644.26	\$0.00	\$1,000.00
Dover ADA Doors - Pool & Ice Arena	\$27,500.00	\$0.00	\$27,500.00
Dover Parks Barrier Removal Projects	\$181,500.00	\$0.00	\$105,340.00
Dover Rental Unit Rehab Program	\$35,000.00	\$0.00	\$15,000.00
MFP Parking Area	\$40,000.00	\$0.00	\$40,000.00
Weatherization & Energy Efficiency Program - CAP	\$25,000.00	\$25,000.00	\$25,000.00
Total:	\$346,644.26	\$25,000.00	\$217,840.00

Administration	Amount Requested	Current Year Allocation	Planning Board Recommendation
General Administration	\$66,360.00	\$68,069.00	\$66,360.00
Business Assist., Loan Pool & Micro Enterprise - Admin	\$0.00	\$0.00	\$0.00
Cross Roads House Mini Split Systems - Admin	\$0.00	\$0.00	\$0.00
Dover ADA Doors - Pool & Ice Arena - Admin	\$0.00	\$0.00	\$0.00
Dover Parks Barrier Removal Projects - Admin	\$0.00	\$0.00	\$0.00
Dover Rental Unit Rehab Program - Admin	\$0.00	\$0.00	\$0.00
MFP Parking Area - Admin	\$0.00	\$0.00	\$0.00
Weatherization & Energy Efficiency Program - Admin	\$0.00	\$0.00	\$0.00
Total:	\$66,360.00	\$68,069.00	\$66,360.00

Grand Total:	\$516,704.26	\$156,197.00	\$343,600.00
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APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization AIDS Response Seacoast	
Name of Program or Project Medical Case Management	
Name of Executive Director Tamara Leibowitz	E-Mail tamaral@arsnh.org
Mailing Address 100 Campus Dr. Ste. 1, Portsmouth, NH 03801	
Physical Address 100 Campus Dr. Ste. 1, Portsmouth, NH 03801	
Contact Person Tamara Leibowitz	Phone 603-433-5377
E-Mail tamaral@arsnh.org	Website www.aidsresponse.org
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)	
<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of Government	
<input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education	
<input type="checkbox"/> Other (Explain):	
Tax ID # 22-2884488	
SAM UEI # V1F8M6GH2P98	SAM Expiration Date 1-10-2026

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 10,000.00
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4 th grade students. Repair of homeless shelter roof.) Funding will be use to partially support salaries and benefits of the case management department (4 positions).

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. 100 Campus Dr. Ste. 1, Portsmouth, NH 03801

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Persons Living with HIV, Low-income households
Beneficiaries: <p>For FY 2027 (7/1/2026 – 6/30/2027) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 20</p> <p>For FY 2025 (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 20</p> <p>Were Dover CDBG funds used to fund this activity or project in FY 2025 (7/1/2025 – 6/30/2026): yes If so, how much? 7324.00</p>

CLIENT POPULATION
<p>Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No</p> <p>If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No</p>

NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u>
<p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.</p> <p>The Department of Clients Services provides clients-centered Medical Case Management for people living with HIV/AIDS who live in Rockingham and Strafford Counties of New Hampshire. Case managers at ARS provide direct, face-to-face meetings for initial assessments, reassessments and informal ‘check-in’ meetings, phone support and medical and social referrals as indicated. Within this process, a client’s needs and goals are assessed and an individual service plan (ISP) is developed in collaboration with the client to attain their goals. A case manager coordinates this process by providing information, advocacy and referrals linking clients to primary and specialty health care, dental, mental health/substance misuse counseling, Medicaid, Medicare, fuel assistance, SNAP, Section 8 Housing and the AIDS Drug Assistance Program (ADAP) administered by the New Hampshire Department of Health and Human Services CARE program.</p> <p>CDBG funds will be used to partially cover the salaries and benefits of the Medical Case Managers, program director and financial administrator. The services provided by ARS Client Services Department directly benefit Dover residents, of which 90% are low or very low incomes, receive the medical care necessary for them to maintain their health and obtain viral suppression.</p>

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
95% of clients will maintain stable and satisfactory housing	Number of clients in stable housing and satisfactory housing divided by total number of clients
90% of clients will have an HIV viral load of <200 copies/ml at last viral load test during measurement year	Number of clients with viral load <200 copies/ml divided by number of clients with HIV diagnosis with at least one HIV viral load test in measurement year.

DESCRIPTION OF ORGANIZATION

Please provide a description of the organization or agency that is undertaking the activity or project.

AIDS Response Seacoast (ARS) is a non-profit community-based HIV/AIDS Service organization dedicated to providing direct assistance, education and advocacy for persons living with and affected by HIV/AIDS. ARS provides services to clients at all stages of HIV infection that live in Rockingham and Strafford counties of New Hampshire as well as providing educational programs though out our catchment area. It is the mission of ARS to support and assist those infected and affected by HIV/AIDS in maintaining a high quality of life through direct assistance and advocacy and to prevent the spread of new infections by promoting safer sex practices and education for local and regional communities.

AUDIT AND EVALUATION
Does your organization have an annual CPA audit or other financial statement? Yes
If yes, please submit most recent audit or financial statements as an attachment to this application.
Is your organization evaluated by outside agencies or programs? Yes
If yes, please note the agency/program and how often the evaluation occurs.
-NH Department of Health & Human Services, Bureau of Infectious Disease Control-Program & Fiscal annually.
-Boston Public Health Commission, HIV/AIDS Services Division (administering agency for Ryan White CARE Act for Boston Eligible Metropolitan Area (EMA)-Program and fiscal annually.

BOARD OF DIRECTORS	
Name	Residence (city/town)
David Steady	Portsmouth, NH
Raymond Ouellette	Dover, NH
Jordan McKenney	Somersworth, NH
Art Nicholson	Portsmouth, NH
Raymond Ouellette	Dover, NH
Tyra Bauguess	Somersworth, NH
Monica Dorley	Portsmouth, NH
Kelsey Elliot	Somersworth, NH

BUDGET: ACTIVITY or PROJECT-PLEASE SEE ATTACHED

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. <u>Public Services</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			

AIDS Response Seacoast
Projected Program Budget - Client Services Department
For Fiscal Year Ending June 30, 2027

<u>LINE ITEM DESCRIPTION:</u>	<u>DOVER FUNDS REQUESTED</u>	<u>OTHER FUNDING</u>	<u>TOTAL</u>
Client Services Dept. Staff Salaries	\$ 7,100.00	\$ 179,100.00	\$ 186,200.00
Program Manager			
Medical Case Manager 1			
Medical Case Manager 2			
Financial Administrator			
Payroll Taxes & Fringe Benefits	\$ 1,990.00	\$ 49,710.00	\$ 51,700.00
Clinical Supervision & Consultants	\$ -	\$ 4,700.00	\$ 4,700.00
Consultant - Tech Support	\$ -	\$ 1,500.00	\$ 1,500.00
Direct Financial Assistance to Clients			
Housing and Utilities Assistance	\$ -	\$ 23,000.00	\$ 23,000.00
Food & Nutrition	\$ -	\$ 20,000.00	\$ 20,000.00
Client Transportation	\$ -	\$ 3,200.00	\$ 3,200.00
Linguistic Services	\$ -	\$ 300.00	\$ 300.00
Other Direct Client Support	\$ -	\$ 3,000.00	\$ 3,000.00
Supplies - Office, PC and Software	\$ -	\$ 4,300.00	\$ 4,300.00
Copying & Printing	\$ -	\$ 1,800.00	\$ 1,800.00
Postage	\$ -	\$ 1,200.00	\$ 1,200.00
Audit & Professional Fees	\$ -	\$ 5,500.00	\$ 5,500.00
Insurance	\$ -	\$ 4,300.00	\$ 4,300.00
Telephone & Internet	\$ -	\$ 5,000.00	\$ 5,000.00
Training and Conferences	\$ -	\$ 200.00	\$ 200.00
Case Managers Travel - Home Visits	\$ -	\$ 1,500.00	\$ 1,500.00
Rent	\$ -	\$ 22,700.00	\$ 22,700.00
Direct Department Overhead	\$ 910.00	\$ 27,590.00	\$ 28,500.00
Total	<u>\$ 10,000.00</u>	<u>\$ 358,600.00</u>	<u>\$ 368,600.00</u>

Additional Housing Support -

In addition to the support shown above, AIDS Response Seacoast coordinates through a program titled "Housing Opportunities for People With AIDS" (HOPWA) for approximately **\$49,000** annually in direct housing and utilities assistance for our clients.

These funds are administered directly and are not part of our financial statements.

(See Note 7 of Financial Statements)

Other:			
TOTAL PROPOSED BUDGET:			

2. <u>Public Facilities</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
<i>TOTAL PROPOSED BUDGET:</i>			

* Use the following table (**Activity or Project Funding Sources**) to identify other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES-PLEASE SEE ATTACHED

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used **for this activity or project**.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):	Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:		
State:	Committed: Pending: Proposed:		
Local:	Committed: Pending:		

**AIDS RESPONSE SEACOAST
PROJECTED FUNDING SOURCES - CLIENT SERVICES DEPARTMENT PROGRAM
FOR FISCAL YEAR ENDING JUNE 30, 2027
All Pending**

FEDERAL GRANTS

Boston Public Health Ryan White Funding	\$ 162,500	
Portsmouth Community Development Block Grant	\$ 11,500	
Dover Community Development Block Grant <i>(Not included)</i>	\$ -	
	<u> </u>	\$ 174,000

STATE GRANTS & MUNICIPALITIES

NH DHHS Client Services	\$ 133,500	
Portsmouth Social Services	\$ 4,000	
Local Municipalities	\$ 12,000	
	<u> </u>	\$ 149,500

FOUNDATIONS :

Broadway Cares	\$ 7,500	
NH Charitable Foundation	\$ 7,500	
Gamma Mu	\$ 7,700	
Lindsay Trust	\$ 5,000	
Grail	\$ 2,000	
PhRMA & Gilead	\$ 1,000	
Other Misc. - Walmart, etc.	\$ 1,000	
	<u> </u>	\$ 31,700

DONATIONS -Restricted

In Kind Donations - Food	\$ 10,400	
In Kind Donations For Clients - Other Client Support	\$ 3,000	
	<u> </u>	\$ 13,400

TOTALS

\$ 368,600

NOTE:

Does not include funds that would be requested from Dover CDBG

	Proposed:			
Private:	Committed: Pending: Proposed:			
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:			
Other:	Committed: Pending: Proposed:			
Total:	Committed: Pending: Proposed:			

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)		Explanation
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION -PLEASE SEE ATTACHED

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from	to	Current Year	Next Year (projected)
REVENUES			
Federal Funds			
State Funds			
Foundations/Private Contributions			
United Way			
Fundraising or other income			

AIDS RESPONSE SEACOAST ANNUAL BUDGETS PERIOD JULY 1 TO JUNE 30

	CURRENT YEAR	PROJECTED
	ENDING	ENDING
Revenue Sources	June 30, 2026	June 30, 2027
Federal Grants	\$ 183,360	\$ 184,000
State Grants & Municipalities	\$ 150,590	\$ 149,500
Foundations	\$ 12,000	\$ 31,700
Special Events	\$ 27,000	\$ 28,400
Charitable Donations	\$ 27,000	\$ 26,400
Interest Income	\$ 50	\$ -
Total	\$ 400,000	\$ 420,000
Expenses	TOTAL BUDGET	TOTAL BUDGET
Salaries	\$ 241,280	\$ 241,300
Payroll Taxes & Employee Benefits	\$ 64,270	\$ 64,700
Contracted Services		
Clinical Supervision and Consultants	\$ 4,680	\$ 4,700
Consultants - Tech Support	\$ 1,200	\$ 1,500
Direct Client Financial Assistance		
Housing and Utilities Assistance	\$ 13,520	\$ 23,000
Food and Nutritional Supplements	\$ 16,000	\$ 20,000
Client Transportation	\$ 2,500	\$ 3,200
Linguistic Services	\$ 300	\$ 300
Other Direct Client Support	\$ 1,000	\$ 3,000
Supplies - Office and Software	\$ 4,300	\$ 4,600
Copying and Printing	\$ 1,850	\$ 2,000
Telephone and Internet	\$ 5,500	\$ 5,800
Training and Conferences	\$ 300	\$ 300
Travel for Client Home Visits	\$ 1,300	\$ 1,600
Insurance	\$ 5,000	\$ 4,800
Equipment Expense		
Equipment Purchase and Repairs - Office	\$ 200	\$ 2,000
Postage	\$ 1,000	\$ 1,600
Rent	\$ 25,300	\$ 25,300
Advertising	\$ 100	\$ 100
Dues and Subscriptions	\$ 500	\$ 500
Professional Fees / Audit / Consultants	\$ 8,500	\$ 6,300
Bank Charges	\$ 100	\$ 100
Miscellaneous	\$ 100	\$ 2,000
Fundraising Event Costs	\$ 1,200	\$ 1,300
Other Agency Overhead	\$ -	\$ -
Total	\$ 400,000	\$ 420,000

Other (describe)		
Community Dev. Block Grant (include anticipated request)		
TOTAL REVENUE		
EXPENSES		
Salaries		
Fringe Benefits		
Supplies (include printing/copying)		
Travel		
Training		
Communications		
Audit		
Property Maintenance		
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES		
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS-PLEASE SEE ATTACHED


	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
Total Expenditure of Federal Awards				\$	\$
NH Dept. of	[Agency Name]			\$	\$

Schedule of Expenditures of Federal Awards FY-2026

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	HRSA	93.686			16.3 billion
Direct Program	Ryan White Part A	Unknown	Unknown		
Passed Through	Boston Public Health Commission	93.914	Unknown		\$15,183,838
	ARS			\$162,442	
Total U.S. Dept. of	HRSA				
U.S. Dept. of	FEMA	97.024	Unknown		319.95 billion
Direct Program	Emergency Food and Shelter				117 billion
Passed Through	United Way	Unknown	Unknown		Unknown
	ARS			\$0	
Total U.S. Dept. of	FEMA			\$0	Unknown
U.S. Dept. of	HUD				318.75 billion
Direct Program	Housing Opportunities for People Living With AIDS	14.241	Unknown	Unknown	\$505,000,000
Passed Through	Merrimack Valley Assistance Program	Unknown	Unknown		\$944,877
	ARS			MVAP CUT ALL FUNDING-FY25	
Total U.S. Dept. of	HUD			\$0	
U.S. Dept. of	HUD				
Direct Program	CDBG	14.218			
Passed Through	Portsmouth			\$522,653	1,961,622
	ARS			11,000	
Total U.S. Dept. of	HUD/CDBG				Unknown
Total Expenditures of Federal Awards				\$173,442	~653 billion
NH Dept. of	NH DHHS Ryan White Part B	Unknown	Unknown		\$4,156,380
	Ryan White Part B to ARS			\$133,590	
Total NH Dept. of	Health and Human Services			\$133,590	
Local Assistance:	Various			\$11,000	\$0
Total Local Assistance:	Various			\$11,000	\$0
Total State and Local Awards				\$144,590	
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$318,032	

	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
Local Assistance:	[Agency Name]			\$	\$
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$	\$
Total State and Local Awards				\$	\$
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$	\$

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.


 SIGNATURE

11-20-2025
 DATE

TAMARA LEIBOWITZ
 PRINTED NAME

EXECUTIVE DIRECTOR
 TITLE

AIDS Response Seacoast
Dover CDBG FY 2027
Measurement Goals

Goal 1	90% of all clients will have had an HIV Viral Load <200 copies/ml at last HIV viral load test during the measurement period.		
Measurement Dates:	October 1, 2024 to September 30, 2025		
Your Agency Outcome:	94.74%	Statewide ASOs Outcome:	94.92%
Numerator:	Number of patients in the denominator with an HIV viral load <200 copies/mL at last HIV viral load test during the measurement period.		90
Denominator:	Number of patients, regardless of age, with a diagnosis of HIV with at least one HIV viral load test during the measurement period.		95

Goal 2	Less than 2% of clients self-identified as Homeless or Unstably Housed during the measurement period.		
Measurement Dates:	October 1, 2024 to September 30, 2025		
Your Agency Outcome:	1.87	Statewide ASOs Outcome:	2.28%
Numerator:	Number of clients who were homeless or unstable housed during the measurement period.		2
Denominator:	Number of persons receiving HIV services during the measurement period.		107

APPLICANT INFORMATION	
Organization Cooperative Alliance for Seacoast Transportation	
Name of Program or Project Alliance for Community Transportation	
Name of Executive Director Rad Nichols	
Mailing Address 42 Sumner Drive, Dover, NH 03820	
Physical Address Same	
Contact Person Jeff Donald	Contact Person Jeff Donald
E-Mail Info@CommunityRides.org	E-Mail Info@CommunityRides.org
Type of Organization Applying for Funds (Note: More than one may apply) X 501(c)(3)	
Tax ID # 02-0362579	
SAM UEI # RTMFG5LQG5A1	SAM Expiration Date October 7, 2026

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$4,200
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Operate TripLink, a regional transportation call center; operate Community Rides, a “suggested donation” service providing transportation to healthcare for seniors and individuals with disabilities; provide staffing for the Regional Coordination Council to provide greater access to, and improve the operation of, community transportation resources.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Services are provided throughout Strafford County, eastern Rockingham County, Wakefield, and Brookfield.

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.)
<p>Beneficiaries:</p> <p>For FY 2027 (7/1/2026 – 6/30/2027) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 65</p> <p>For FY 2025 (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 59</p> <p>Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026):</p> <p>If so, how much? \$4,324</p>

CLIENT POPULATION
<p>Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM ONLY
<p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. The Alliance for Community Transportation and COAST operate TripLink, a regional transportation call center. TripLink provides information and referral services to individuals looking for transportation services. ACT also operates Community Rides. Community Rides provides non-emergency medical transportation to seniors and individuals with disabilities if they do not qualify for another service such as COAST ADA Paratransit. Rides are provided by COAST, Meals on Wheels of Rockingham County, and the Community Action Partnership of Strafford County. In FY25, Community Rides provided 68 rides to 6 Dover residents. In FY24, 76 residents used the TripLink Common Application to apply for services.</p> <p>ACT is the Regional Coordination Council for Community Transportation for Strafford County (RCC), eastern Rockingham County, Wakefield, and Brookfield. RCC's around the state consist of transportation providers, social service agencies, healthcare providers, and regional planning commissions. They work to improve and expand transportation options for older adults and individuals with disabilities. ACT helped to establish a volunteer driver program serving rural communities and launched TripLink, a coordinated call center. TripLink helps agencies operate more efficiently and professionally, by consolidating call-taking, scheduling, and dispatching services at one agency. TripLink manages these services for COAST, Ready Rides, Rockingham Nutrition & Meals on Wheels, Community Rides, and the Community Action Partnership of Strafford County's senior shuttle.</p> <p>ACT and TripLink are supported by Federal Transit Administration (FTA) funding, transit agencies, and grant funding. While most of the funding for these programs are provided by the FTA, 20% local match is required to leverage the federal dollars. ACT also requests financial support from philanthropic foundations, hospitals, and others.</p> <p>This program benefits Dover residents by ensuring seniors and individuals with disabilities have access to a robust transportation network that will allow them to continue living in their community by providing reliable access to health care, grocery shopping, and other essential services. TripLink helps callers to find the services that they need, including COAST's ADA Paratransit, Community Rides, and Strafford CAP's senior shuttle. TripLink also provides advice on how to ride the bus,</p>

as it is often more cost-effective and can be ridden without clients having to call and request a ride. Community Rides provides rides to medical care for those who would otherwise often go without care.

The Common Application allows users to apply for multiple transportation services at the same time. For Dover residents, this means that they will be able to apply for ADA Paratransit, Community Rides, and the CAP senior shuttle at once.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Seniors and individuals with disabilities can remain living in their communities	Number of rides provided by Community Rides and Strafford CAP, and number of unduplicated clients
Seniors and individuals with disabilities can remain living in their communities	Number of new clients who register for a transportation service
Seniors and individuals with disabilities have access to health care	Number of rides provided to medical facilities and percentage of trip requests fulfilled

DESCRIPTION OF <u>ORGANIZATION</u>
<p>Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project. The Cooperative Alliance for Seacoast Transportation (COAST) is a regional public transit system serving the Seacoast since 1982. COAST is a nonprofit agency governed by a board of directors comprised of the communities served, planning commissions, and local agencies. COAST serves as ACT’s Lead Agency and fiscal sponsor.</p> <p>The Alliance for Community Transportation (ACT) is the state-designated Regional Coordination Council for Community Transportation, serving southeastern NH. ACT’s mission is to facilitate the implementation of coordinated community transportation and to encourage the development of improved and expanded regional community transportation services. ACT is comprised of transportation providers, regional planning commissions, healthcare providers, social service agencies, and riders.</p>

AUDIT AND EVALUATION
<p>Does your organization have an annual CPA audit or other financial statement? Yes</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application.</p> <p>Is your organization evaluated by outside agencies or programs? Yes</p> <p>If yes, please note the agency/program and how often the evaluation occurs. The Federal Transit Administration performs a Triennial Review of COAST every 3 years.</p>

BOARD OF DIRECTORS	
Name	Residence (city/town)
Dennis Shanahan	Dover
Scott Bogle	Rockingham Planning Commission
Margaret Joyce	Greater Dover Chamber of Commerce
Dave Sandmann	New Durham
Fred Butler	NH Department of Transportation
Arthur Capello	Berwick
Sean Clancy	Portsmouth
Sonke Dornblut	Newmarket
Jason Garnham	Kittery

Emmy Ham	Workforce Housing Coalition of the Greater Seacoast
Denis Hebert	Newington
Colin Lentz	Strafford Regional Planning Commission
Michael Mates	Pease Development Authority
Joann Neumann	Families First Health & Support Center
Crystal Paradis-Catanzaro	Somersworth
David Tovey	Exeter
Kiersten Wright	Rochester

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities	\$4,200	\$895	\$5,095
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:	\$4,200	\$895	\$5,095

2. Public Facilities			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
<i>TOTAL PROPOSED BUDGET:</i>			

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed:	\$895	\$895	FTA Section 5310 funds
	Pending:			
	Proposed:			
State:	Committed:			
	Pending:			
	Proposed:			
Local:	Committed:			
	Pending:			
	Proposed:			
Private:	Committed:			
	Pending:			
	Proposed:			
Portsmouth CDBG:	Committed:			
	Pending:			
	Proposed:			
Rochester CDBG:	Committed:			
	Pending:			
	Proposed:			
Other:	Committed:			
	Pending:			
	Proposed:			
Total:	Committed:			
	Pending:			
	Proposed:			

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)		Explanation
	Committed:		
	Pending:		
	Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from July 1 to June 30	Current Year	Next Year (projected)
REVENUES		
Federal Funds	\$555,701	\$584,913
State Funds		
Foundations/Private Contributions	\$44,100	\$45,000
Partner Match	\$27,998	\$30,503
Fundraising or other income	\$58,382	\$41,123
Other (describe)		
Community Dev. Block Grant (include anticipated request)	\$4,324	\$4,200
TOTAL REVENUE	\$690,506	\$705,748
EXPENSES		
Salaries	\$235,431	\$243,461
Fringe Benefits	\$96,480	\$99,857
Supplies (include printing/copying)	\$3,000	\$3,000
Travel	\$500	\$500
Training		
Communications	\$4,899	\$5,095
Audit		
Property Maintenance		
Service Contracts	\$47,303	\$47,012
Purchased Transportation	\$299,293	\$305,223
Planning & Marketing	\$3,600	\$1,600
TOTAL EXPENSES	\$690,506	\$705,748
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	Transportation (FTA)			\$584,913	\$584,913
Direct Program	FTA 5310				
Passed Through	NHDOT	20.513		\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
Total Expenditure of Federal Awards				\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Local Assistance:	City of Rochester			\$6,000	\$6,000
	General Fund				
Local Assistance:	Strafford County			\$8,000	\$8,000
	NonCounty Special				
Local Assistance:	Rockingham County			\$4,000	\$4,000
	NonCounty Special				
				\$	\$
Total Local Assistance:				\$	\$
Total State and Local Awards				\$18,000	\$18,000
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$602,913	\$602,913

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



SIGNATURE

November 3, 2025

DATE

Rad C. Nichols

PRINTED NAME

Executive Director

TITLE

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization Behavioral Health & Developmental Services of Strafford County, Inc. d/b/a Community Partners	
Name of Program or Project Rental Assistance	
Name of Executive Director Christopher Kozak	E-Mail ckozak@communitypartnersnh.org
Mailing Address 113 Crosby Road, Dover, NH 03820	
Physical Address 113 Crosby Road, Dover, NH 03820	
Contact Person Elizabeth Fourar-Laidi	Phone (603) 516-9321 (603) 767-4344 (cell)
E-Mail elaidi@communitypartnersnh.org	Website www.communitypartnersnh.org
Please Identify the Type of Organization Applying for Funds <i>(Note: More than one may apply)</i> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of Government <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain):	
Tax ID # 02-0366120	
SAM UEI # F6H7M3LQKZP4	SAM Expiration Date 12/27/25

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 5,000
<p>Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Community Partners is requesting CDBG funds to provide rental assistance including security deposits, and first month's rent assistance for individuals and families in Dover with mental illness or a developmental disability who are in threat of becoming homeless. This population is low-to-moderate income and often deals with mental illness or developmental disability. The goal of this program is to aid the target population in obtaining and maintaining permanent housing in Dover.</p>

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Community Partners main office: 113 Crosby Road, Dover, NH 03820

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Homeless, disabled or mental health issues, low-to-moderate income households.
<p>Beneficiaries:</p> <p>For <u>FY 2027</u> (7/1/2026 – 6/30/2027) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): <u>4 -6</u></p> <p>For <u>FY 2025</u> (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: <u>0 – no funds received</u></p> <p>Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026):</p> <p>If so, how much? <u>No Funds Received</u></p>

CLIENT POPULATION
Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <u> X </u> Yes <u> </u> No
If yes, are the criteria/protocols in writing?: <u> X </u> Yes <u> </u> No

NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u>
<p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. CDBG funds are critical in financing Community Partners’ rental assistance services which affect low-to-moderate income households. Funds will be used to assist households in danger of losing housing and those who may need to find new housing. This may take the form of rental assistance, first month’s rent and/or security deposits. Funds are needed for those households who may have lost jobs or experienced a health crisis preventing them from paying these bills. The funds will help Dover residents in need to stay in their homes, preventing the homelessness of an individual or a family with children and taking financial pressure off the city’s welfare department. Funds may be distributed unevenly throughout the year as they are disbursed as the need arises.</p> <p>These funds will be administered through Behavioral Health Adult Services and Developmental Services Case Management. The former works with individuals with severe and persistent mental illness who may need assistance in managing their daily lives. Services provided in this program include budgeting and financial management including Representative Payee services if needed; nutrition planning and grocery shopping; vocational services and supports; social skills; supportive counseling; medication monitoring; home care and other life skills; and benefits planning.</p>

Many of the clients in Behavioral Health Adult Services receive assistance with housing-related issues including help with negotiation and communication with landlords, help with arranging seasonal payment plans to offset utility increases during the winter months, or education and guidance on appropriate tenant behavior (such as making timely rent payments and keeping the apartment clean).

The Developmental Services Case Management program works with adults and parents of children with developmental disabilities, helping them to manage and coordinate benefits; residential and day programs and activities; and connecting them to mainstream resources. For individuals living independently, Case Managers will advocate for Community Support Services which assist them with cleaning, shopping, budgeting, and other independent living skills.

All program participants will receive vocational assessments. If employment is a viable option, they will work with vocational staff and Vocational Rehabilitation to find and secure a job. Vocational staff will assist with job development, job placement, and job coaching; and individuals with mental illness will utilize Supported Employment, an evidence-based practice currently in use at community mental health centers throughout the state.

In addition to employment, program participants will be required to apply for benefits. Their case manager will assist them with determining what benefits they are eligible to receive and will facilitate the application process. These resources may include, but are not limited to, Section 8, Fuel Assistance, Social Security Disability, Medicaid, TANF, and food stamps. Community Partners regularly makes coordinated referrals to the Dover Adult Learning Center, Community Action Partnership of Strafford County, and Goodwin Community Health Center, and can make referrals for education, child-care/parenting, and health programs.

The Agency staff has a positive relationship with the area homeless shelters and city welfare offices, and there is open communication regarding clients who may benefit from CDBG funds. The program continues to be a valuable source of financial support for people who need assistance in obtaining permanent housing. When one lacks safe and affordable housing, the experience has a significant impact on their mental and emotional health. Community Partners' Dover CDBG program helps to ensure that a vulnerable population will be at less risk.

Community Partners is grateful for the long-standing CDBG support of its Dover program, dating back to 2003. With CDBG funding, Community Partners has been able to effect great positive change for our homeless consumers and those at risk of homelessness in Dover. Over the past 20 years, our Dover CDBG program has impacted over five hundred individuals, aiding them in securing permanent and affordable housing. We hope that we will be able to continue this important work in FY2025 with CDBG support.

Description of Need: CDBG dollars are critical in financing Community Partners' rental assistance services. Since the end of the pandemic, funding for rental assistance has dropped precipitously and funding for this service has been severely curtailed with a number of private foundations totally stopping any type of rental assistance. The majority of our consumers are in the low to very low-income bracket, and many struggle to find decent, affordable housing for themselves or their family. The need for more affordable housing in Strafford County and Dover, NH is well documented. According to the New Hampshire 2024 Residential Rental Cost Survey Report, rents have increased steadily over the past 10 years. The 2024 statewide median monthly gross rent (including utilities) for 2-bedroom units was \$1,833, a 3.9% increase from last year (\$1,764) and a 36% increase from five years ago (\$1,347 in 2019). To afford the statewide median cost of a typical two-bedroom apartment with utilities, a New Hampshire renter would have to earn 137% of the estimated statewide median income, or over \$70,600 a year. Thus, only 13% of two-bedroom units in New Hampshire are affordable to median income households. Increased rental rates, coupled with only a .06% vacancy rate, have converged to make affordable housing impossible for vulnerable populations in our county. A vacancy rate of 4 to 5% is considered a balanced market for supply and demand. Figures are not available for low to very low-income families.

When affordable housing is not available, many are forced into homelessness. According to the 2024 latest annual New Hampshire Coalition to End Homelessness report, the overall number of homeless people in New Hampshire increased 52.1% from 2022 – 2023, the highest single-year percent rise that NH has experienced in PIT Count numbers in the past five years. Nationally, PIT Count increased 12% for the same time period. This statistic coupled with a decrease in median household income, a loss of private foundation funding, an increase in gross rent and a reduced vacancy rate paints a concerning picture for the homeless of Strafford County.

Even in a better economic climate, the affordability of permanent housing is a constant struggle for the clients served by Community Partners. Most of these individuals are reliant on Social Security Disability benefits as many are unable to work due to their disability. In 2024, the average monthly disability benefit was \$1,537; this is barely enough to keep an individual above the poverty level (Social Security Administration) and not enough to cover even the rent portion of their expenses. Individuals and families who are chronically homeless typically have complex and long-term health conditions, such as

mental illness, substance use disorders, or physical disabilities. Once they become homeless, they may experience longer or repeated episodes of homelessness and have an increased difficulty returning to stable, long-term housing. Per the National Alliance to End Homelessness Report 2025, disabled people are often at a disadvantage when trying to access stable housing — they are paid subminimum wages and benefits, excluded from economic and housing opportunities, and face a high risk of eviction. Often, available housing does not meet their needs. As more people need assistance and elected officials fail to invest enough resources to keep pace with this demand, people experiencing chronic homelessness will increase rapidly. The ever-increasing and staggering costs of an apartment can, oftentimes, exacerbate symptoms of mental illness and lead to further distress for people with disabilities. Providing a specialized funding stream for the populations that Community Partners serves alleviates the burden on City Welfare, leaving those funds for the public, more of whom are finding they need assistance in this current economy.

Community Partners’ CDBG program will work to ensure that our Dover consumers are placed in sustainable, long-term housing. Clients will work with Case Mangers to establish realistic housing goals, and secure placement in affordable housing utilizing CDBG funded rental assistance, security deposits and/or first month’s rental payments to help establish themselves in their new residence. Clients at risk of homelessness will be given the support needed to prevent eviction.

In FY 24 -25, Community Partners assisted Nine (9) Dover households (twenty-eight (28) individuals) with rental assistance totaling over \$8,000. Due to a lack of private foundation funding, that money was pulled from other accounts to keep these people in their homes.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY
<p>Please provide the following information for the proposed <u>project</u> (not the organization):</p> <p>Describe the nature of the project:</p> <p>Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :</p> <p>Proposed project starting date:</p> <p>Proposed project completion date:</p> <p>Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):</p> <p>Note: Written estimates, <u>based upon the information provided above</u>, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.</p>

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Decrease the number of people with mental illness or a disability at risk for homelessness.	Number of people/families helped to retain their homes

DESCRIPTION OF <u>ORGANIZATION</u>
<p>Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>Community Partners has been in operation since September of 1982 as the Area Agency for Developmental Services in Strafford County. In 2001, we were also designated by the State of New Hampshire as the Community Health Center; and the ServiceLink location for Strafford County. In 2018 we began providing case management for the Choices for Independence waiver program and in 2025 brought on board Southeastern NH Services, providing substance use services to Strafford County.</p> <p>The organization is overseen by the Board of Directors and executive officers with directors and managers in each department. The agency has currently updated the five-year strategic plan with the intention of increasing the efficient delivery and quality of its programming. This agency-wide examination has already proven to be valuable in developing innovative programming for our clients and their families.</p> <p>Our mission is to connect our clients and their families to the opportunities and possibilities for full participation in their communities. This feeds our vision to serve those who experience emotional distress, mental illnesses, substance use disorders, developmental disabilities, chronic health needs, acquired brain disorder, as well as those in need of information and referral to access long term supports and services. We strive to be an organization that consistently delivers outstanding services and supports that are person-focused and dedicated to full participation in communities. We take leadership roles in educating our community network, families, and the public to reduce stigma and to increase self-determination and personal empowerment. We are committed to evidence-based and outcome-driven practices and invest in our staff to further professional development and foster an environment of innovation. Currently under a grant provided by SAMHSA and other funders, we have trained over a thousand community members (mostly in Dover and Dover schools) in Mental Health Awareness.</p> <p>Behavioral Health Services include 24/7 crisis intervention services, group, individual and family therapy, youth and family services, community support programs for people with severe and persistent illness, psychiatry, and medication monitoring. Developmental Services include case management; adult residential and day programs; community support services; and family support, including respite and transition planning, vocational supports, and nursing. Family Centered Early Supports and Services are also available for children from birth to age three with a developmental disability or delay and their families. The Partners in Health program is available for children with chronic health conditions.</p> <p>Community Partners served over 3,600 non-duplicated individuals and families in Fiscal Year 2024; of this total, 857 (23%) were Dover residents.</p>

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. Community Partners is evaluated by the New Hampshire Bureau of Behavioral Health through quarterly billing reports, annual work plan submission, contractual outcomes, and a formal re-approval process every five years; last completed and approved August 2021. The New Hampshire Bureau of Developmental Services requires monthly billing and attendance reports, strategic plan submission, and a formal re-designation process. In the past, this process occurred every five years, but it has recently shifted to an annual procedure. We are also required to achieve client outcomes for each funded program.

BOARD OF DIRECTORS	
Name	Residence (city/town)
Bryant Hardwick, President	Dover, NH
Margaret Wallace, Vice President	Dover, NH
Gary Gletow, Treasurer	Dover, NH
Ann Landry, Secretary	Dover, NH
Ken Muske	Portsmouth, NH
Kristine Baber	Dover, NH
Judge Daniel Cappiello	Barrington, NH
Kathleen Boisclair	E. Rochester, NH
Tracy Hayes	Middleton, NH
Sharon Reynolds	Dover, NH
Phillip Vancelette	Rochester, NH
Danielle Pomeroy	Dover, NH
Mark Santoski	Dover, NH
Anthony Demers	Newfields, NH
John “Jack” Dalton	Durham, NH
Christopher Roundy	Nottingham, NH
Lawrence Kane	Newmarket, NH
Edward Milliken	Newmarket, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. <u>Public Services</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other: Rental Assistance	\$ 5,000	0	\$5,000
TOTAL PROPOSED BUDGET:	\$5,000	0	\$5,000

2. <u>Public Facilities</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
Total Hard Costs			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
Total Soft Costs			
TOTAL PROPOSED BUDGET:			

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):	Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:		
State:	Committed: Pending: Proposed:		
Local:	Committed: Pending: Proposed:		
Private:	Committed: Pending: Proposed:		
Portsmouth CDBG:	Committed: Pending: Proposed:		
Rochester CDBG:	Committed: Pending: Proposed:		
Other:	Committed: Pending: Proposed:		
Total:	Committed: Pending: Proposed:		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)	Explanation
	Committed: Pending: Proposed:	
Total:		

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from to	Current Year	Next Year (projected)
REVENUES		
Federal Funds	4,205,433	4,205,433
State Funds	37,864,643	37,864,643
Foundations/Private Contributions	1,146,545	1,146,545
United Way	0	0
Fundraising or other income	0	0
Other (describe)	3,843,847	3,843,847
Community Dev. Block Grant (include anticipated request)	5,000	5,000
TOTAL REVENUE	\$47,065,468	\$47,065,468
EXPENSES		
Salaries	22,611,104	22,611,104
Fringe Benefits	6,022,446	6,022,446
Supplies (include printing/copying)	285,000	285,000
Travel	670,735	670,735
Training	185,546	185,546
Communications	369,500	369,500
Audit	90,000	90,000
Property Maintenance	481,100	481,100
Service Contracts	224,500	224,500
Construction Supplies/Materials	91,800	91,800
Other (describe)	16,033,737	16,033,737
TOTAL EXPENSES	\$47,065,468	\$47,065,468
NET (Income - Expenses)	0	0

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
NH DOE Summer Camp – Rekindling Curiosity	NH DHHS	84.425D		\$	\$ 4,600
Health Care Coordination	Bureau of Developmental Services	93.667		\$	\$ 77,625
Health Care Coordination – Health Related Expenses	Bureau of Developmental Services	93.667		\$	\$ 5,000
Part C – ESS	Bureau of Developmental Services	84.181A		\$	\$ 69,222
Part C – ESS – Autism Proposal	Bureau of Developmental Services	84.181		\$	\$ 10,527
MH Awareness Training	SAMHSA	93.243		\$	\$ 98,031
				\$	\$
				\$	\$
				\$	\$
Total Expenditure of Federal Awards				\$	\$265,005
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
Local Assistance:	[Agency Name]			\$	\$
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$	\$
Total State and Local Awards				\$	\$
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$	\$265,005

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Elizabeth Fourar-Laidi

SIGNATURE

11/14/25

DATE

Elizabeth Fourar-Laidi

PRINTED NAME

Grant Coordinator

TITLE

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization Cross Roads House	
Name of Program or Project Emergency & Transitional Shelter	
Name of Executive Director Anna Kay Vorsteg	E-Mail a.vorsteg@crossroadshouse.org
Mailing Address 600 Lafayette Rd. Portsmouth, NH 03801	
Physical Address 600 Lafayette Rd. Portsmouth, NH 03801	
Contact Person Bridget Thompson, Associate Director of Development	Phone 603-436-2218
E-Mail b.thompson@crossroadshouse.org	Website crossroadshouse.org
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)	
<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of Government	
<input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education	
<input type="checkbox"/> Other (Explain):	
Tax ID # 22-2549963	
SAM UEI # QJRJLRNRMAC4	SAM Expiration Date 2026/13/08

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 15,000
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (<i>i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) To provide emergency & transitional shelter and supportive services for families and individuals from Dover who are experiencing homelessness.

PROJECT LOCATION

Location(s) where services will be provided or physical improvements will be made.

600 Lafayette Rd. Portsmouth, NH 03801

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Homeless, low-income individuals

Beneficiaries: Residents living in phase 2 men's and women's dorms and cafeteria – including resident from Dover who make up a significant portion of Cross Roads House residents.

For FY 2027 (7/1/2026 – 6/30/2027) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 43

For FY 2025 (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 43

Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026):

If so, how much? N/A

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☒ Yes ☐ No

No If yes, are the criteria/protocols in writing?: ☒ Yes ☐ No

All services are provided on a space-available basis. Emergency shelter is available to anyone without a safe alternative place to stay, and without the means to rent suitable shelter. Individuals with felony convictions for arson and or sex offenses are Not eligible for services. All adult individuals must be able to independently manage their activities of daily living, including eating, dressing, getting out of bed or chair, showering, using the toilet and any other personal hygiene requirements. Staff may limit the stay of person(s) from outside New Hampshire and southern York County, Maine. For anyone that does not meet eligibility requirements, Staff will assist with referrals to both public and community resources to make arrangements to secure other shelter or appropriate services as deemed necessary.

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (not the organization). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

Cross Roads House is seeking funding to support the delivery of our emergency and transitional shelter programs. This is accomplished in part by the Direct Care Staff who work 24/7/365 at our shelter in conjunction with our Social Work Team. Cross Roads House is funded by a patchwork of public and private sources, and other funds come from a variety of fundraising activities. Roughly 15% of our revenue is from federal funding, that is received from HUD, EFSP, USDA and CDBG. The State of NH provides funding through the StateGrant-in-Aid, and municipalities in the region make annual grants through town warrant appropriations totaling 15% of our annual revenue. Fundraising events, private grants, and donations from individuals, businesses, foundations, and civic groups cover the remaining 70% of our costs. Given the substantial amount that we need to raise through private fundraising efforts, CDBG funds from the City of Dover (and other cities) remain a critical source of revenue.

Magnitude of Need: Last year we provided 35,731 bed nights of shelter to 409 people, including 36 families with 20 children. Among those, 43 were residents of Dover who stayed for 4,367 bed nights.

Dover's low-moderate income individuals will benefit from CDBG funds granted to Cross Roads House through the

availability of the programs described below. If shelter beds were not available to meet the needs of Dover's unhoused residents, the City Welfare office would need to place them in motel rooms. While this can serve as a temporary housing solution, it can be very expensive for the town. Additionally, motels typically do not receive the multitude of supportive services and assistance in finding permanent housing that is offered at Cross Roads House.

The overall goals of our programs are to provide emergency and transitional shelter for the unhoused with case management to move them toward permanent housing. We also strive to have our residents learn to make choices to lessen the likelihood of them becoming homeless in the future. Our Emergency Shelter program is accessible 24 hours per day, seven days a week. Residents are provided with a place to sleep and store their belongings; access a phone, laundry facilities, etc. Each resident has a comprehensive needs assessment performed by a case manager. This assessment focuses on basic survival needs first and then addresses long-range goals. Topics covered in the assessment include:

- Housing and Employment History
- Safety Net Benefits
- Legal History and Outstanding Problems
- Sources of Income
- Educational and Employment Goals
- Personal Support Network
- Children's Health, Education, and Emotional Needs
- Substance Use Disorders, Mental Illness, or Health Problems

Anyone residing in our Emergency Shelter who is actively working with their case manager on their housing goals and is living drug and alcohol free is eligible to apply to our Transitional Shelter Program, or Phase II. Participants in the Transitional Shelter Program stay in more private quarters, which allows for varied work schedules and personal meal preparation. The staff helps individuals and families to identify the patterns and choices which may have contributed to their becoming unhoused, assists in identifying their strengths, and provides guidance to make choices to enhance their well-being. After completing the Transitional Shelter Program, most who have fully participated feel ready to return to independent living in the community.

Case management is provided for all residents by our Social Work Team. Supervised by our Program Director, this team is made of a Master's Level Social Worker, three shelter Case Managers, three Post Shelter Case Managers, one Housing Liaison, and UNH graduate and undergraduate interns. They work closely with Direct Services and other providers to help our residents move to safe, decent, and permanent housing in the most timely and successful way possible. The approach for each resident is customized. The goals, supportive services, and housing targets are based upon the resident's skills, needs, assets, and preferences. Our team uses clinical expertise and experience to create effective, collaborative, and individualized action plans to meet each individual or family where they are.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations

Proposed project starting date

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Cross Roads House will provide Dover families and individuals who are experiencing homelessness with emergency and transitional shelter, meals, case management, and supportive services	Number of individuals and families from Dover that receive shelter, case management, and supportive services.

DESCRIPTION OF <u>ORGANIZATION</u>
<p>Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>Cross Roads House is a transitional shelter helping individuals and families find and maintain permanent housing in the Seacoast region.</p>

AUDIT AND EVALUATION
<p>Does your organization have an annual CPA audit or other financial statement? Yes</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application.</p> <p>Is your organization evaluated by outside agencies or programs? Yes</p> <p>If yes, please note the agency/program and how often the evaluation occurs.</p> <p>The State of New Hampshire, through the Bureau of Housing Supports (BHS), audits our program for regulatory and financial compliance. The United Way of the Greater Seacoast conducts organizational and financial reviews during each grant cycle. During funding renewal years, the United Way also conducts site visits. Also, the Planning Departments of the cities of Dover, Rochester, and Portsmouth perform annual reviews for CDBG funds.</p>

BOARD OF DIRECTORS	
Name	Residence (city/town)
Please see attached.	

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies		\$11,652	\$11,652
Utilities		\$108,441	\$108,441
Repairs/Maintenance		\$200,292	\$200,292
Travel		\$17,785	\$17,785
Salaries (List relevant positions)	\$15,000	\$2,619,453.90	\$2,634,453.90
**Direct Care Staff			
Other: Resident Services		\$178,388	\$178,388
Professional Fees		\$38,219	\$38,219
Insurance & Bad Debt		\$51,374	\$51,374
Development and Marketing		\$149,692	\$149,692
TOTAL PROPOSED BUDGET:	\$15,000	\$3,375,296	\$3,390,296

2. Public Facilities			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
<i>TOTAL PROPOSED BUDGET:</i>			

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed:		\$8,043	FY26 USDA
	Pending:			
	Proposed:	\$8,043		
State:	Committed:	\$895,149	\$859,149	Committed: FY26 SGIA and Cold Weather Shelter
	Pending:			
	Proposed:			
Local:	Committed:	\$103,735.50	\$103,735.50	Committed: FY26 Portsmouth and Dover CDBG and Portsmouth Welfare
	Pending:			
	Proposed:			
Private:	Committed:		\$2,687,434.90	FY26 Donations and Fundraising Events Revenue
	Pending:			
	Proposed:	\$2,687,434.90		
Portsmouth CDBG:	Committed:	18,500	18,500	FY26
	Pending:			
	Proposed:			
Rochester CDBG:	Committed:	\$6,656	\$6,656	FY26
	Pending:			
	Proposed:			
Other:	Committed:		\$105,000	Committed: FY25 United Way and Charitable gaming
	Pending:			
	Proposed:	\$105,000		
Total:	Committed:	\$1,204,873.50	\$3,825,351.40	FY26 Budget
	Pending:			
	Proposed:	\$2,800,477		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)		Explanation
Cross Roads House	Committed:		
	Pending:		
	Proposed:		
Total:		\$0	

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from	to	Current Year	Next Year (projected)
REVENUES			
Federal Funds		\$395,965	We do not have next years project budget at this time.
State Funds		\$975,729	
Foundations/Private Contributions		\$1,521,049	
United Way		\$2,500	
Fundraising or other income		\$879,758.90	
Other (describe)			
Community Dev. Block Grant (include anticipated request)		\$105,072	
TOTAL REVENUE		\$4,302,082.90	
EXPENSES			
Salaries		\$1,934,544	
Fringe Benefits		\$290,788.90	
Supplies (include printing/copying)		\$11,652	
Travel		\$17,785	
Training		\$9,277	
Communications		\$149,692	
Audit		\$35,000	
Property Maintenance		\$23,632	
Service Contracts			
Construction Supplies/Materials			
Other (describe)			
TOTAL EXPENSES		\$4,302,082.87	
NET (Income - Expenses)		\$0.03	

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of BHS/HUD	[Agency Name]	14.267		\$ 495,325	\$ 150,235
Direct Program PSH	[Program Name]				
Passed Through	[Entity Name]			\$	\$
Permanent Supportive Housing	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of USDA	[Agency Name]	N/A		\$	\$2,478.94
Direct Program	[Program Name]				
Passed Through CACFP	[Entity Name]			\$	\$
Children's Supper Reimbursement	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of DHHS	[Agency Name]			\$ 80,000	\$ 600
Direct Program	[Program Name]				
Passed Through NH	[Entity Name]			\$	\$
Cold Weather Shelter	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
Total Expenditure of Federal Awards	YTD - FY2026			\$ 575,325	\$ 152,714.40
NH Dept. of DHHS	[Agency Name]	14.231		\$ 1,114,475	\$403,206
State Grant in Aid	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of City of Portsmouth Welfare	[Agency Name]	14.218		\$ 80,000	\$ 26,667
Total NH Dept. of CDBG	[Agency Name]	14.218		\$ 21,500	\$ 5,375
Public Service - City of Portsmouth					
NH Dept. of CDBG	[Agency Name]	14.218		\$ 7,524	\$ 1,881
Public Service - City of Dover	[Program Name]				
Total NH Dept. of CDBG	[Agency Name]	14.218		\$ 8,498	\$ 2,124
Public Service - City of Rochester					
Local Assistance:	[Agency Name]			\$	\$
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$	\$
Total State and Local Awards				\$ 1,231,997	\$ 439,253
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$ 1,807,322	\$

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Bridget Thompson
SIGNATURE

12/12/2025
DATE

Bridget Thompson
PRINTED NAME

Associate Director of Development
TITLE

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization Dover Adult Learning Center of Strafford County	
Name of Program or Project High School Equivalency Testing Site	
Name of Executive Director Deanna Strand	E-Mail d.strand@doveradulthoodlearning.org
Mailing Address 61 Locust St Dover, NH	
Physical Address 61 Locust St Dover, NH	
Contact Person Deanna Strand	Phone 603-742-1030
E-Mail d.strand@doveradulthoodlearning.org	Website www.doveradulthoodlearning.org
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) __X__ 501(c)(3) ____ For-profit authorized under 570.201(o) ____ Unit of Government ____ Faith-based Organization ____ Institution of Higher Education Other (Explain):	
Tax ID # 02-0339922	
SAM UEI # JEXYZSP91GU8	SAM Expiration Date Dec 31, 2029

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 5000
Provide a very brief summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Funds will be used to help operate a regional HISET testing site where youth and adults without a high school diploma can take a high school equivalency exams and earn a high school equivalency certificate from the state of New Hampshire.

PROJECT LOCATION

Location(s) where services will be provided or physical improvements will be made. 61 Locust St. Dover NH

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Undereducated youth and adults, low-income households, unemployed individuals.

Beneficiaries: Dover residents, youth and adults who have not completed high school.

For **FY 2027 (7/1/2026 – 6/30/2027)** please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 50

For **FY 2025 (7/1/2024 – 6/30/2025)** please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 50

Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026): No
If so, how much?

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☒ Yes ☐ No If yes, are the criteria/protocols in writing?:
☒ Yes ☐ No

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

In FY 2025, 117 HiSET subtests were administered to Rochester residents to 36 unique individuals. Fifteen of them passed all 5 tests, earning a New Hampshire High School Equivalency certificate.

High school completion is the baseline credential required for successful advancement to higher education, training and employment. More high school graduates in a community mean less demand for social support services, a lower unemployment rate, more engaged citizens and better educational outcomes for children of high school graduates.

Dover Adult Learning Center of Strafford County operates the only HiSET testing site in Strafford County. Having a test site within a reasonable distance and co-located within the adult learning center is beneficial because access to testing is increased and familiarity with the location means test takers are more comfortable, creating better outcomes. HiSET testing is offered several times a month onsite in Rochester and in Dover weekdays, evenings, and Saturdays.

In FY 2025, 238 HiSET subtests were administered to Dover residents to, 50 unique individuals. Fourteen of them passed all 5 tests, earning a New Hampshire High School Equivalency certificate.

CDBG funds will be used to pay for operating expenses, administration and tech support for a regional HiSET testing site as well as the wages of a HiSET test administrator.

The funds are needed now because this year, the NH state legislature eliminated nearly all funding for the statewide adult high school program making the need for alternative sources of funding critical. The loss of grant funding has had a profoundly negative impact on DALC's financial security. Additionally, HiSET testing is offered by contract with the test publisher (PSI) to authorized testing sites (DALC). The per test rate paid to the test site is determined by the publisher, is non-negotiable and does not cover the full costs of running a test site. CDBG funds will help to fill the gap.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Increase in high school attainment	20 Dover residents will earn a high school equivalency certificate.
Decrease in the high school dropout rate	10 in Dover youth will finish high school with DALCSC
Progress toward high school completion	50 Dover residents will take at least one HiSET test

DESCRIPTION OF ORGANIZATION

Please provide a description of the organization or agency that is undertaking the activity or project.

Dover Adult Learning Center of Strafford County (DALCSC) is one of the largest adult learning centers in New Hampshire. It is a comprehensive, full service, regional adult education program with literacy classes, high school equivalency preparation and testing, adult high school diploma, corporate and computer training, and adult post-secondary transitions services. DALCSC is a pioneer and leader in the state for teacher training, piloting new initiatives and implementing innovative programming. Its mission is to help all who seek to learn, youth and adults, to enhance their skills and improve their lives through basic education, job training, high school completion, and transition into college, training and careers. In DALCSC programs, adults and youth build self-confidence, find opportunity, and move toward economic self-sufficiency.

Our philosophy is to:

1. Treat participants with respect; we value their opinions and take their personal goals, experiences, and needs into account.
2. Individualize instruction, building on participants' strengths and prior learning, as well as helping them advance their educational skills.
3. Remove barriers to participation by providing an accepting atmosphere and offering a variety of learning options, flexible schedules, free or affordable classes, and support services such as childcare.
4. Seek the development of each participant to their fullest potential, designing educational experiences to maximize each person's independence and to empower them to carry out their personal, family, and community responsibilities and to become as economically independent as possible.
5. Emphasize opportunities for the least educated adults, removing barriers to participation to the greatest extent possible.

DALCSC provides classes in Dover, Rochester, and at the Strafford County Department of Corrections. Students in every Strafford County community have access to trained volunteer tutors. We see approximately 2,500 enrollments across all programs annually. As a high school equivalency testing center and adult high school diploma program, we graduate 90-125 people each year

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. The Office of Adult Education, NH DOE conducts a quarterly reviews and an annual evaluation.

BOARD OF DIRECTORS

Name	Residence (city/town)
Anand, Jenna M., President	Rochester
Badgley, William	Newmarket
Baxter, Laura, Secretary	York, ME
Belair, Kimberly, Treasurer	Somersworth

Boudreau, Anna	Dover
Cotta, Barbara	Dover
Hoyt, Charlene	Kittery, ME
Janetos, Rollins L.	Rollinsford
Kisil, Anne	Dover
Leite, Tereza	Wolfeboro
Mahoney, Shawn M.	Somersworth
Odor, Andrew, Vice President	Rochester
Parry, Karen	Dover
Renshaw, Bob	Madbury

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. <u>Public Services</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies	50		50
Utilities copier		400	400
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Test Administrator	2800	2140	4900
Admins Asst.	1010		1010
Computer Support	450		450
Program Management		1250	1250
Other:			
Official practice tests	105		105
Test Vouchers	425		425
Rent		4500	4500
TOTAL PROPOSED BUDGET:	5000	9065	14065

2. <u>Public Facilities</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
<i>TOTAL PROPOSED BUDGET:</i>			

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):	Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:		
State:	Committed: Pending: Proposed:		

Local:	Committed:			
	Pending:			
	Proposed:			
Private:	Committed:			
	Pending:			
	Proposed:			
Portsmouth CDBG:	Committed:			
	Pending:			
	Proposed:			
Rochester CDBG:	Committed:			
	Pending:			
	Proposed:			
Other:	Committed:			Testing fees, donations, fundraising, charitable gaming
	Pending:			
	Proposed:	9065	9065	
Total:	Committed:			
	Pending:			
	Proposed:	9065	9065	

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)		Explanation
	Committed:		
	Pending:		
	Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from 7/1 to 6/30			Current Year	Next Year (projected)
REVENUES				
Federal Funds			106267	0
State Funds			189979	190000
Local Funds: Dover School District			276853	285000
Foundations/Private Contributions			46000	50000
United Way			6000	0
Fundraising or other income			45000	50000
Other (describe) Contracts, fees grants, tuition, investment income			207170	210000
Community Dev. Block Grant (include anticipated request)			5000	5000
TOTAL REVENUE			866269	790000
EXPENSES				
Salaries			480766	494766
Fringe Benefits			230599	237517
Supplies (include printing/copying)			7152	8000
Travel			300	400
Training			150	200
Communications			4700	5000
Audit			6500	6800
Property Maintenance			53382	75000
Service Contracts			43700	45000

Construction Supplies/Materials		
Other (describe) postage, office equipment, computer licenses, memberships and dues	15700	20000
TOTAL EXPENSES	866269	892683
NET (Income - Expenses)	0	-102683

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

*This schedule reflects FY26 federal funds. The current proposal is to eliminate the federal adult education program, so these funds are unlikely to be available next year.

	Federal Grantor/Pass Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of Housing & Urban Development	HUD			\$ 5000	\$ 5000
Direct Program	CDBG				
Passed Through	City of Rochester	14.218		\$ 5000	\$ 5000
	Dover Adult Learning Center of Strafford County				
Total U.S. Dept. of Housing & Urban Development	HUD			\$ 5000	\$ 5000
U.S. Dept. of Education	WORKFORCE INNOVATION AND OPPORTUNITY ACT			\$106267	\$ 106267
Direct Program	ADULT EDUCATION - STATE GRANT PROGRAM				
Passed Through	NH DOE-Office of Adult Education			\$ 106267	\$ 106267
	Dover Adult Learning Center of Strafford County				
Total U.S. Dept. of Education	WIOA			\$ 106267	\$ 106267
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
Total Expenditure of Federal Awards				\$ 111267	\$ 111267

NH Dept. of Education	NH DOE-Office of Adult Education			\$ 189979	\$ 189979
	Dover Adult Learning Center of Strafford County				
Total NH Dept. of	NH DOE-Office of Adult Education			\$ 189979	\$ 189979
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
Local Assistance:	City of Dover			\$ 276853	\$ 276853
	Dover Adult Learning Center of Strafford County				
Total Local Assistance:	City of Dover			\$ 276853	\$ 276853
Total State and Local Awards				\$466832	\$ 466832
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$ 578099	\$ 578099

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

SIGNATURE

Deanna Strand
PRINTED NAME

November 21, 2015

DATE

Executive Director

TITLE

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization Dover Public Welfare	
Name of Program or Project Security Deposit Program	
Name of Executive Director David Balian	E-Mail d.balian@dover.nh.gov
Mailing Address 61 Locust Street, Suite 334, Dover, NH 03820	
Physical Address Same	
Contact Person David Balian	Phone 603-516-6500
E-Mail d.balian@dover.nh.gov	Website www.dover.nh.gov
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)	
<input type="checkbox"/> 501(c)(3) Government <input type="checkbox"/> For-profit authorized under 570.201(o) <input checked="" type="checkbox"/> Unit of	
<input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education	
<input type="checkbox"/> Other (Explain):	
Tax ID # 02-66000230	
SAM UEI #	SAM Expiration Date

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 12,000
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4 th grade students. Repair of homeless shelter roof.) To assist residents of Dover NH to move into or relocate to Dover apartments when they cannot afford security deposits and first month's rent.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. City of Dover Public Welfare Department.

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.)

Beneficiaries: Homeless individuals and low- income families.

For **FY 2027** (7/1/2026 – 6/30/2027) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 6 families.

For **FY 2025** (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 4 families.

Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026): Yes

If so, how much? 8,000

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☒ Yes ☐ No

If yes, are the criteria/protocols in writing?: ☒ Yes ☐ No

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. To provide safe and permanent housing to those clients that are unhoused and to assist clients who are unstably housed to procure stable, safe and permanent housing. Being able to provide Security Deposits will allow families and individuals without financial resources to move into secure permanent housing rather than staying in emergency shelters or in unsafe or “doubled up” housing situations.. First month rent and security deposit are all too often beyond client’s ability to afford.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Decrease in the number of people living in temporary emergency shelters or "doubled up" in overcrowded situations because they cannot afford both first months rent and Security Deposits.	Number of emergency shelter spaces that open up and shorter shelter stays that allow the shelter wait list times to be shorter.
Decrease number of people living in cars, motels and unsafe locations.	People move into safe, stable and permanent housing.

DESCRIPTION OF ORGANIZATION

Please provide a description of the organization or agency that is undertaking the activity or project. Dover Public Welfare

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs. Yearly

BOARD OF DIRECTORS

Name	Residence (city/town)

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies	0	City of Dover, NH	
Utilities	0	City of Dover, NH	
Repairs/Maintenance	0	City of Dover, NH	
Travel	0	City of Dover, NH	
Salaries (List relevant positions)	0	City of Dover, NH	
Other:			
Security Deposit Program	\$12,000		\$12,000
TOTAL PROPOSED BUDGET:	\$12,000		\$12,000

2. Public Facilities			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs Note: Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			

TOTAL PROPOSED BUDGET:			
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- * Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):	Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:		
State:	Committed: Pending: Proposed:		
Local:	Committed: Pending: Proposed:		
Private:	Committed: Pending: Proposed:		
Portsmouth CDBG:	Committed: Pending: Proposed:		
Rochester CDBG:	Committed: Pending: Proposed:		
Other:	Committed: Pending: Proposed:		
Total:	Committed: Pending: Proposed:		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)	Explanation
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	Committed:		
	Pending:		
	Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from	to	Current Year	Next Year (projected)
REVENUES			
Federal Funds			
State Funds			
Foundations/Private Contributions			
United Way			
Fundraising or other income			
Other (describe)			
Community Dev. Block Grant (include anticipated request)		\$12,000	\$12,000
TOTAL REVENUE		\$12,000	
EXPENSES			
Salaries			
Fringe Benefits			
Supplies (include printing/copying)			
Travel			
Training			
Communications			
Audit			
Property Maintenance			
Service Contracts			
Construction Supplies/Materials			
Other (describe)			
TOTAL EXPENSES		\$12,000	\$12,000
NET (Income - Expenses)			

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
Total Expenditure of Federal Awards				\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
Local Assistance:	[Agency Name]			\$	\$
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$	\$
Total State and Local Awards				\$	\$

TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$	\$

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.


SIGNATURE

12-15-2025
DATE

DAVID BALIAN
PRINTED NAME

Director, Public Welfare
TITLE

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization HAVEN Violence Prevention & Support Services	
Name of Program or Project Domestic Violence Supportive Housing Program	
Name of Executive Director Kathy Beebe	E-Mail kbeebe@havennh.org
Mailing Address 20 International Drive, Ste. 300, Portsmouth, NH 03801	
Physical Address same as above	
Contact Person Kathy Beebe	Phone 603-436-4107
E-Mail kbeebe@havennh.org	Website www.havennh.org
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of Government <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain):	
Tax ID # 02-0337620	
SAM UEI # QBL1NLSB4U51	SAM Expiration Date July 9, 2026

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 7,500
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) HAVEN will be using these funds for our Staff salary for the case management of our domestic violence housing clients at the 6 unit Housing facility HAVEN at the falls which is a partnership with Dover Housing Authority n Dover NH.

PROJECT LOCATION

Location(s) where services will be provided or physical improvements will be made.

HAVEN at the Falls - a 6-unit Supportive Housing facility through Dover Housing Authority on Whittaker Street in Dover NH.

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Low Income

Beneficiaries: Domestic violence who are eligible for a housing voucher through Dover Housing Authority that need supportive housing. All are low income.

For FY 2027 (7/1/2026 – 6/30/2027) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year):

HAVEN will provide supportive housing services on-site to the domestic violence survivors and their families (6-10) living in the units at HAVEN at the Falls.

For FY 2025 (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population:

In FY25 funds were used to partially support our shelter lease costs. Shelter bed nights are hard to predict as it depends on when people leave shelter and availability to shelter those in need. In FY25, 4 dover residents benefited from staying in our shelter with 707 bed nights

Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026):

If so, how much? \$7,500.00

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☒ Yes ☐ No

If yes, are the criteria/protocols in writing?: ☒ Yes ☐ No

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

Our housing program begins a new chapter at HAVEN at the falls in Dover NH. We have 6 units for our clients to start getting back on their own, where they can be free and safe from domestic violence.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Increase access to support services for domestic violence victims by providing services on site at HAVEN at the Falls housing units.	Number of Dover Domestic violence victims living at HAVEN at the Falls receiving supportive services.
Increase the number of Dover domestic violence to obtain housing	Number of individuals successfully living at HAVEN at the Falls and remaining as long-term tenants in permanent housing.

DESCRIPTION OF ORGANIZATION
<p>Please provide a description of the organization or agency that is undertaking the activity or project.</p> <p>HAVEN, the largest violence prevention and support services agency in NH, is dedicated to addressing public health through violence prevention and improving the well-being of children and families. Preventing abuse and providing support for those impacted by domestic and sexual violence can lead to healthier and more secure children and adults. Our mission is to prevent sexual assault, domestic violence and stalking and to support and empower women, men, youth and families to heal from abuse and rebuild their lives. HAVEN accomplishes this mission through Prevention Education, Client Services, and Shelter and Housing. Education has a longstanding reputation working with local schools and thousands of kids each year to provide evidence-based programming to increase resiliency. HAVEN's 24/7 client services program that includes information and referral services; a 24-hour confidential crisis and support hotline; accompaniment and support at police stations, hospital emergency rooms, courts and local Child Advocacy Centers; and support groups. The goal of the client services program is to ensure that individuals and their non-offending family members have access to the support they need and deserve in the after-math of domestic or sexual violence. HAVEN also provides emergency shelter for victims of domestic violence who are in imminent danger and fleeing abuse. The shelter program provides temporary shelter until a domestic violence victim is ready to transition into safe permanent housing. In 2017, HAVEN implemented our Housing First initiative that engages landlords and finds housing for victims who are not in imminent danger but still need safe housing. Survivors work with HAVEN staff in identifying additional support systems, basic needs, and potential barriers related to the survivor's health and well-being, including transportation and permanent housing. The goal at HAVEN is to prevent family homelessness and keep domestic violence victims in their homes or help transition them into safe and permanent housing. HAVEN utilizes the empowerment model and works with each survivor to determine their individual or family long-term needs. HAVEN has a 45-year proven track record of helping individuals and families impacted by domestic violence to rebuild their lives.</p>

AUDIT AND EVALUATION
<p>Does your organization have an annual CPA audit or other financial statement? Yes</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application.</p> <p>Is your organization evaluated by outside agencies or programs? Yes</p> <p>If yes, please note the agency/program and how often the evaluation occurs.</p> <p>NH Coalition Against Domestic and Sexual Violence (NHCADSV) monitors HAVEN, as well as other federal agencies, such as the Department of Justice, as their audit schedules require, typically biennially</p>

BOARD OF DIRECTORS	
Name	Residence (city/town)
Mary Clark, Chair	Kittery, Maine
Kristina Goumas, Vice Chair	Portsmouth, NH
Marc Ouellette, Immediate Past Chair	
Jesse Antosiewicz, Treasurer	Barrington, NH

Bobby Eckstein, Secretary	South Berwick, Maine
Jayne Begala, Member	Portsmouth,, NH
Catherine Bonneau, Member	Milton, NH
Leah Cole Durst, Member	Manchester, NH
Donna Gandt, Member	Hampton, NH
Maxx Graves, Member	Greenland, NH
Steve Pappajohn, Member	Madbury, NH
Devan Quinn, Member	Portsmouth, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies		15,000	15,000
Utilities		6,800	6,800
Repairs/Maintenance		33,053	33,053
Travel		30,000	30,000
Salaries (List relevant positions)	7500.00	1,793,316	1,800,816
Shelter & Housing Managers/Director			
605,915CS, Shelter & Housing Staff			
Staff Fringe		442,847	442,847
Other:			
Shelter rent & maint, utilities		190,500	198,000
HR, Insurances, Organization expenses		171,200	171,200
Other Program Expenses		407,915	407,915
TOTAL PROPOSED BUDGET:	7,500.00	3,098,131	3,105,631

2. Public Facilities			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
<i>TOTAL PROPOSED BUDGET:</i>			

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$): FY25		Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:	1,493,078	1,321,541	Grant funding is on the decline. Awards are coming in lower than we anticipated.
State:	Committed: Pending: Proposed:	545,983	538,012	State funding of grants are coming in lower than expected
Local:	Committed: Pending: Proposed:	120,000	114,287	Town funding has decreased
Private:	Committed: Pending: Proposed:	833,000	938,907	Increased development efforts
Portsmouth CDBG:	Committed: Pending: Proposed:	0	0	
Rochester CDBG:	Committed: Pending: Proposed:	2,000	2,000	
Other:	Committed: Pending: Proposed:	51,500	74,941	Honorarium donations have increased from Education efforts
Total:	Committed: Pending: Proposed:	3,045,561	2,989,677	

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)		Explanation
	Committed: Pending: Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from	to	Current Year	Next Year (projected)
REVENUES		FY26	Fy27 Projected
Federal Funds		1,117,190	1,100,000
State Funds		506,958	500,000
Foundations/Private Contributions		150,000	150,000
United Way		0	0
Fundraising and individual donations		848,983	1,100,000
Other (describe) Honorarium, Municipal, in-kind		473,000	450,000
Community Dev. Block Grant (include anticipated request)		9,500	12,500
TOTAL REVENUE		3,105,631	3,312,500
EXPENSES			
Salaries		1,800,816	1,980,816
Fringe Benefits		442,847	487,134
Supplies (include printing/copying)		17,500	17,500
Travel		30,000	30,000
Training		25,000	25,000
Communications		41,857	42,000
Audit		30,000	30,000
Property Maintenance -Office & Shelter rents		280,000	271,000
Service Contracts		44,900	45,000
Construction Supplies/Materials			
Other (describe) Direct client support, other programs, org. costs fundraising exp		392,711	384,050
TOTAL EXPENSES		3,105,631	3,312,500
NET (Income - Expenses)			

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

SEE ATTACHED SEFA FORM

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
Total Expenditure of Federal Awards				\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
Local Assistance:	[Agency Name]			\$	\$
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$	\$
Total State and Local Awards				\$	\$
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$	\$

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Kathy Beebe
Digitally signed by Kathy Beebe
Date: 2025.11.20 15:18:58 -05'00'

SIGNATURE

November 20, 2025

DATE

Kathy Beebe

PRINTED NAME

Executive Director

TITLE

[illegible]

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization My Friend's Place	Tax ID 02-0407497
Name of Program or Project Emergency Shelter and transitional Housing	
Name of Executive Director Susan Ford	
Mailing Address 368 Washington Street, Dover, NH 03820	
Physical Address Emergency Shelter is SSA, Transitional Housing: 21/23 Hough Street and 25 East Concord Street, Dover, NH	
Contact Person Susan Ford	Phone 603-749-3017
E-Mail sford@myfriendsplacenh.org	Website www.myfriendsplacenh.org
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)	
<input checked="" type="checkbox"/> 501(c)(3)	For-profit authorized under 570.201(o) Unit of Government
Faith-based Organization	Institution of Higher Education
Other (Explain):	
Tax ID # 02-0407497	
*UEI # (DUNS REPLACEMENT): NHTBK7J56F76	*SAM Expiration Date 10/20/26

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 30,000
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Emergency Shelter/Transitional housing and Case Management for single men, women and families.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Emergency Shelter is located at 368 Washington Street, Dover, NH 03820. Two Transitional housing units located at 21/23 Hough Street and 25 East Concord Street, Dover NH

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Homeless Men, Women and Families
Beneficiaries: For <u>FY 2025</u> (7/1/2026 – 6/30/2027) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 30 For <u>FY 2025</u> (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 30 Were Dover CDBG funds used to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026): Yes If so, how much? \$7,700

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: XX Yes No

If yes, are the criteria/protocols in writing?: XX Yes No

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. Funds will be applied to general operating cost to run both the Emergency Shelter and the Transitional Housing programs. Historically My Friend's Place sees a good number of Dover residents, the funding off sets monies that would typically be charged to the City Welfare office..

My Friend's Place offers a safe, warm place for a family or individual to stay, as well as basic necessities such as access to our pantry, bath/showers, etc. We also provide case management for every admitted client. Clients through case management will set out goals and steps to obtain those goals. Depending on the individual this plan may be to job search or housing search but it may also include being connected to DHHS for food stamps or Medicaid, or setting up medical appointments for either physical or mental health issues that have not been addressed or treatment has lapsed or just obtaining a medical home. Access to a telephone and online computer to assist them with connecting to a multitude of services, job searching, housing searching, making necessary appointments, etc.

Client's that City Welfare has to put up in a motel, not only costs the city more money than that of the shelter, the city is now burdened with attempting to case manage the client from off site. This is very difficult to do even under the best of circumstances.

98% of individuals who enter My Friend's Place emergency shelter is below the low-income threshold, some have no income at all and most have significant barriers to obtaining permanent affordable housing. My Friend's Place not only takes a monetary burden off the City Welfare Department for these individuals it also provides the necessary on-site case management services that your City Welfare Department would then have to provide to ensure that clients are doing the things they need to do to progress towards permanent housing. Our transitional housing program offers this same service as well, giving the client more time to work on larger barriers. In some cases, it may just be the wait time for public assisted housing; currently this is 18 months to 2 years.

Please indicate who prepared the overall cost estimate for the activity. Susan M. Ford

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Decrease the amount of families/individuals Dover City Welfare would have to put up in a motel.	# of Dover Families/Individuals admitted to shelter

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. My Friend's Place provides short term emergency shelter for homeless individuals and families. The average stay for a single person is 90 days while family's stays are 120 to 180 days. Due to our contract with the state, we can no longer mandate case management services. We have therefore put together two options for clients who wish to stay at MFP. Option 1 is to opt out of case management services in which case they are given a 30 day stay and must pay the full 30% of gross income to the shelter for service fees. Example someone staying here and earning \$500 a week will pay \$150 a week in service fees. Option 2 is to work with case management and as long as they are compliant, they are can stay as long as they need to and are compliant with the program. Compliance with the program means weekly, mandatory 30% of income in savings, budget sheets with receipts for purchases, schedules, weekly in person meetings to lay out goals and steps to obtain those goals as long with progress on those steps. We only require to pay 30% of gross or \$100 a week, whichever is lower. The

transitional housing program provides longer term stays for families who have serious obstacles to obtaining permanent housing. Families may stay in this program for up to 2 years

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? No

If yes, please note the agency/program and how often the evaluation occurs.

BOARD OF DIRECTORS

Name	Residence (city/town)
FX Bruton, Esq., President	Dover, NH
Stan Robbins, Vice President	Dover, NH
Robert Fuller, CPA, Treasurer	Dover, NH
Janet Insolita, Secretary	Dover, NH
Phyllis LaPointe, Member	Barrington, NH
John Lewis, Esq., Member	Durham, NH
Jacqueline Williams, Member	Dover, NH
Brad Gould, Member	Dover, NH
Debra Hackett, Member	Dover, NH
Erica Johnson, Member	Dover, NH
John Doane, Member	Barrington, NH
Mark Bowen	Greenland, NH
Dan Hickman	Dover, NH
Lindsay Hickman	Dover, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services

	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies			
Utilities	\$28,000	\$15,000	\$43,000
Repairs/Maintenance	\$2,000	\$21,000	\$23,000
Travel			
Salaries (List relevant positions)			
Other:			
TOTAL PROPOSED BUDGET:	\$30,000	\$36,000	\$66,000

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:	\$8,000	\$8,000	There is no contract for FY27, however we based this number on history with FEMA funding
State:	Committed: Pending: Proposed:	\$ \$268,545	\$268,545	There is no contract in place for FY27 however we expect it to be no less then a\$27 a bed night (28 beds*364)*\$27
Local	Committed: Pending: Proposed:	\$ \$10,000	\$10,000	Again there is no contract for FY 27 however we based this number on funds we have received in the past from Dover as well as other towns billed for services
Private	Committed: Pending: Proposed:	\$ \$141,100	\$141,100	This budgeted amount for this years projected cash donations, investments, interest, United Way Contributions and other public grants.
Portsmouth CDBG:	Committed: Pending: Proposed:	\$9,000	\$9,000	We based this number on the amount we received this fiscal year.
Rochester CDBG:	Committed: Pending: Proposed:	\$ \$25,000 \$	\$25,000	This is a projected amount based on years past funding
Fundraising	Committed: Pending: Proposed:	\$217,700	\$217,700	This is our budget number based on history from all our fundraising efforts including but not limited to Bingo, Games of Chance and Annual Appeal
Total:	Committed: Pending: Proposed:	\$ \$679,345	\$679,345	

BUDGET: ORGANIZATION

Please provide a breakdown of your *organization's* overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.


Budget Period: from July 1 to June 30	Current Year	Next Year (projected)
REVENUES		
Federal Funds	\$8,000	\$8,000
State Funds	\$268,545	\$270,000
Foundations/Private Contributions	\$119,000	\$120,000
United Way	\$1,000	\$1,000
Fundraising or other income	\$180,000	\$180,000
Other (describe) Direct Public Grants, interest, investment, rents, service fees etc.	\$55,100	\$56,000
Community Dev. Block Grant (include anticipated request)	\$51,700	\$52,000
TOTAL REVENUE	683,345	\$687,000
EXPENSES		
Salaries	\$386,801	\$400,000
Fringe Benefits	\$29,009	\$32,000
Supplies (include printing/copying)	\$26,600	\$28,000
Travel	\$1,350	\$1,500
Training & Audit	\$1,700	\$2,000
Communications	\$6,000	\$7,000
Utilities (Heat, Elec, Water)	\$43,000	\$46,000
Property Repairs & Maintenance	\$38,500	\$40,000
Contract Services	\$14,600	\$15,000
Resident Support Services and Volunteer Expenses	\$3,200	\$3,500
Insurance (Liability, Workers Comp, D & O	\$64,620	\$68,000
Misc Expenses (Resident Support Services, Volunteer Expenses, Fundraising expenses, Advertisement)	\$4,050	\$5,000
TOTAL EXPENSES	\$619,430	\$648,000
NET (Income - Expenses)	*\$63,915	\$38,000

This item is larger than it will be due to maintenance jobs that have been need and approved by the board but not built into the general operating allotments for unexpected maintenance issues. .

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	FEMA			\$8,000	\$8,000
Direct Program	EFSP				
Passed Through	United Way			\$	\$
Total Expenditure of Federal Awards				\$8,000	\$8,000
NH Dept. of	DHHS			\$268,545	\$268,545
	SGIA				
Total State and Local Awards				\$268,545	\$268,545
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$276,545	\$276,545

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.


 SIGNATURE

10/27/25
 DATE

SUSAN M. FORD
 PRINTED NAME

EXECUTIVE DIRECTOR
 TITLE

FFATA Checklist (contracts \$30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over \$300,000 in the agency's previous tax year, **and**
- have been awarded \$30,000 and over.

Please check box, sign and date below and return form if your agency **does not** meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By <u>Agency</u>	
Name of agency receiving award	My Friend's Place
Address of the entity including:	368 Washington Street, Dover, NH 03820
Place of performance including:	SAA
Congressional district	First
Total compensation and names of top five executives*	1. Susan Ford, 72,145 Salary (\$83,310 with Fringe)
	2.
	3.
	4.
	5.
DUNS number	Sams Number NHTBK7J56F76 expires 10/20/26
Central Contractors Registration (CCR) number**	Cage Code 37NQ5

***Must give total compensation and names of top five executives if:**

(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than \$25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?

The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: <http://fedgov.dnb.com/webform>

****What is a CCR and how do you register?**

CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions. The link to information needed to register and become familiar with CCR is provided below.

Registration information: <http://www.ccr.gov/startregistration.aspx>



 Signature of Authorized Person

10/27/25

 Date

 Executive Director
 Title

APPLICATION: DOVER CDBG FY 27

APPLICANT INFORMATION

Organization Strafford Nutrition & Meals on Wheels	
Name of Program or Project Home Delivered Meals	
Name of Executive Director Katy Cordova-Brooks	
Mailing Address 25 Bartlett Avenue - Suite A, Somersworth, NH 03878	
Physical Address 25 Bartlett Avenue - Suite A, Somersworth, NH 03878	
Contact Person Katy Cordova-Brooks	Phone (603) 692-4211
E-Mail ExecutiveDirector@SNMOW.org	Website www.straffordmealsonwheels.org
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)	
<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of Government	
<input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education	
<input type="checkbox"/> Other (Explain):	
Tax ID # 26-4545462	
*UEI # (DUNS Replacement) FNENMHYEZJ65	*SAM Expiration Date 03/07/2026

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION

Amount of Dover CDBG funds requested for activity/project: \$ 5,000
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Funding will be used to help provide meals to homebound, low-income, older and disabled Rochester residents. Estimated serving 5,000 meals

PROJECT LOCATION

Location(s) where services will be provided or physical improvements will be made. Meals will be delivered to eligible participants throughout the Dover community.
--

BENEFICIARIES

Beneficiaries Type: Older, most low-income and low-income disabled adults

Beneficiaries:

For FY 2027 (7/1/2026 – 6/30/2027) please provide the estimated number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): This funding would help provide an average of 83 meals throughout the year, per person for about 60 individuals.

For FY 2025 (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: We served 57 individuals with the help of CDBG funds.

Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026):

If so, how much? \$3,121

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☒ Yes ☐ No

If yes, are the criteria/protocols in writing?: ☒ (OAA & State Regs) Yes ☐ No

NARRATIVE – PUBLIC SERVICE ACTIVITY ONLY

Please provide a detailed description for the proposed activity (not the organization). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

Strafford Nutrition & Meals on Wheels delivers hot, nutritious meals to older and disabled adults in Strafford County. These funds will be used specifically to deliver meals to qualified Dover residents. Our Federal/State grants only cover about 70% of the cost of a contracted number of units. They require us to raise matching funds from local sources for the difference. In addition, meals served beyond the contracted amounts are not reimbursed at all. The funds requested will be combined with other funding sources to pay for the cost of each home delivered meal provided to 60 Dover residents. It allows us to meet the actual needs of Dover residents, since we are serving more meals than allotted in our state contracts.

Although our clientele must meet certain eligibility requirements, they are not charged a fee for the service. We do ask for regular donation, but eligibility is not contingent on their ability to donate. These meals help free up limited income to be used on other areas such as rents and medical expenses, potentially lessening the need for other welfare services that may be offered by the city.

NARRATIVE – PUBLIC FACILITY PROJECT ONLY

Please provide the following information for the proposed project (not the organization):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations:

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
More seniors and disabled individuals will be able to stay health and independent in their homes longer, without the need for interventions	57 Dover senior and disabled individuals will receive daily hot meals and safety checks.
More seniors will have ample nutrition throughout their day	SNMOW will not have to implement a waiting list throughout the fiscal year 2027

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. Strafford Nutrition & Meals on Wheels has been providing meals and support services to the older and low-income disabled adults in Dover since 1973. Our mission is to help these populations remain independent and safe in their homes by providing them a healthy meal and monitoring for potential issues on a regular ongoing basis.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? yes

If yes, please note the agency/program and how often the evaluation occurs. We are annually reviewed by the state, county, several towns, grantors, etc. These evaluations vary in form from reports to in person reviews depending on the source and sometimes the year.

BOARD OF DIRECTORS

Name	Residence (city/town)
Steve Goff	Somersworth
Chris Maxwell	Somersworth
Lindsey Gagnon	Somersworth

Robert Lussier	Concord
Michelle Robbins	Somersworth
Harry Tagan	Rochester

BUDGET

Use box 1 or 2 below to provide a budget. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. <u>Public Services</u> (Non-Construction Projects)			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Office Supplies			
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
Other: Meals	5,000	52,500	57,500
TOTAL PROPOSED BUDGET:	5,000	52,500	57,500

2. <u>Public Facilities:</u> (Project)			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
<i>TOTAL PROPOSED BUDGET:</i>			

FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed for this project, if any. *Do not include Rochester CDBG amount requested.*

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed:	49,000	49,000	Federal & State are combined under one contract
	Pending:			
	Proposed:			
State:	Committed:			Federal & State are combined under one contract
	Pending:			
	Proposed:			
Local:	Committed:			
	Pending:			
	Proposed:			
Private:	Committed:			
	Pending:			
	Proposed:			
Portsmouth CDBG:	Committed:			
	Pending:			
	Proposed:			
Rochester CDBG:	Committed:			
	Pending:			
	Proposed:			
Other: (ie. Fundraising, client donations, etc):	Committed:		3,500	Combination of client donations and fundraising efforts.
	Pending:			
	Proposed:	3,500		
Total:	Committed:	49,000	52,500	
	Pending:			
	Proposed:	3,500		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)		Explanation
	Committed:		
	Pending:		
	Proposed:		
Total:			

AGENCY BUDGET

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from July 1 to June 30	Current Year	Next Year (projected)
REVENUES		
Federal Funds	1,049,439	1,002,352
State Funds	Combined above	Combined Above
Foundations/Private Contributions	68,592	73,600
United Way		
Fundraising or other income	175,778	182,428
Other (describe) Grants	84,155	85,000
Community Dev. Block Grant (include anticipated request)	8,000	8,000
TOTAL REVENUE	1,385,964	1,351,380
EXPENSES		
Salaries	500,289	500,477
Fringe Benefits - payroll taxes	38,640	38,306
Supplies (include printing/copying)	45,402	47,800
Travel	62,272	62,400
Training & Association Dues	3,410	4,350
Communications	10,325	10,000
Audit, IT Professionals, & Insurance	31,487	49,924
Property Maintenance – Rents & Utilities	12,338	11,604
Service Contracts - Copier & Payroll	6,771	7,019
Construction Supplies/Materials (Equipment)	7,566	2,500
Other (describe) Food/Meals	587,711	617,000
TOTAL EXPENSES	1,306,211	1,351,380
NET (Income - Expenses)	79,753	0

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
	<i>This section doesn't not appear applicable to any of our funding sources</i>				
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of	[Agency Name]			\$	\$
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$	\$
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
Total Expenditure of Federal Awards				\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name}				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name}				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of	[Agency Name]			\$	\$
	[Program Name}				
Total NH Dept. of	[Agency Name]			\$	\$
Local Assistance:	[Agency Name]			\$	\$
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$	\$
Total State and Local Awards				\$	\$
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$	\$

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

I FURTHER CERTIFY THAT NO CONTRACTS WILL BE AWARDED, FUNDS COMMITTED (INCLUDING PURCHASE OR LEASE AGREEMENTS), OR CONSTRUCTION BEGUN ON THE PROPOSED PROJECT PRIOR TO ISSUANCE OF A RELEASE OF FUNDS BY THE CITY OF ROCHESTER

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.



November 18, 2025

KATY CORDOVA-BROOKS
EXECUTIVE DIRECTOR

DATE

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization: City of Dover – Community Development Department	
Name of Program or Project: Barrier Removal and Accessibility Program	
Name of Executive Director J. Michael Joyal	
Mailing Address 288 Central Ave. Dover, NH 03820 Physical Address 288 Central Ave, Dover, NH 03820	
Contact Person Dave Carpenter	Phone 603-516-6008
E-Mail d.carpenter@dover.nh.gov	Website https://www.dover.nh.gov/
Please Identify the Type of Organization Applying for Funds <i>(Note: More than one may apply)</i> <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input checked="" type="checkbox"/> Unit of Government <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain):	
Tax ID # 02-6000230	
SAM UEI # CJFYYJTK9YE5	SAM Expiration Date

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$4,000.00
<p>Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>)</p> <p>To remove architectural and material barriers in existing facilities and spaces to ensure equal access for elderly persons and adults with severe disabilities.</p>

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Within the City of Dover. Locations to be determined.

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Disabled individuals

Beneficiaries:

For FY 2027 (7/1/2026 – 6/30/2027) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 3,700-5,100

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☐ Yes ☐ No ☒ N/A

If yes, are the criteria/protocols in writing?: ☐ Yes ☐ No ☒ N/A

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project: The Barrier Removal and Accessibility Program aims to remove architectural and material barriers that limit access to existing public buildings, public spaces, and eligible privately owned facilities that provide public services. The proposed program will focus on readily-achievable improvements where barriers currently restrict mobility and access, implementing cost-effective, targeted enhancements that maximize community benefit. Eligible improvements may include but are not limited to:

- Installation of wheelchair lifts or elevators in existing buildings
- Construction or rehabilitation of exterior and interior ramps and accessible entrances
- Modification of public restrooms to meet accessibility standards
- Installation of automatic door openers
- Interior modifications such as widened doorways and accessible paths of travel
- Installation of curb cuts, sidewalk ramps, and related pedestrian improvements

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations: This project will benefit presumed benefit populations by providing compliant access to existing public buildings and eligible privately owned facilities that provide public services.

Proposed project starting date: July 1st, 2026

Proposed project completion date: September 1st, 2027

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Supplies and Construction @ \$4,000.00

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Remove barriers to access for disabled persons.	Compliant access for seniors and disabled individuals.

DESCRIPTION OF <u>ORGANIZATION</u>
<p>Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>City of Dover- The city is dedicated to fostering a vibrant and inclusive community by promoting economic growth and enhancing public infrastructure. The city works to create opportunities for all residents, with a focus on improving accessibility and inclusivity in public spaces. By undertaking a variety of projects, the City of Dover aims to remove barriers and support the well-being of individuals with disabilities. With a skilled team and a commitment to compliance with all relevant regulations, the city ensures the successful planning and execution of public improvement initiatives that contribute to the overall economic health and quality of life in Dover.</p>

AUDIT AND EVALUATION
<p>Does your organization have an annual CPA audit or other financial statement? Yes</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application. See attached.</p> <p>Is your organization evaluated by outside agencies or programs? Yes</p> <p>If yes, please note the agency/program and how often the evaluation occurs. Information included in attached audit.</p>

BOARD OF DIRECTORS	
Name	Residence (city/town)
Dennis Shanahan - Mayor	Dover
Lindsey Williams - City Councilor, At-Large	Dover
Bret Carmichael - City Councilor, At-Large	Dover
April Richer- City Councilor, Ward 1	Dover
Lucas Veitch - City Councilor, Ward 2	Dover
Anthony A. Retrosi - City Councilor, Ward 3	Dover
Timothy Granfield - City Councilor, Ward 4	Dover
Richard L. Robison Jr. - City Councilor, Ward 5	Dover
Fergus Cullen-City Councilor, Ward 6	Dover

BUDGET: ACTIVITY or PROJECT

Use box 1 to provide a budget for the proposed project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. <u>Public Facilities</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction	\$4,000.00		\$4,000.00
Other (list)			
<i>Total Hard Costs</i>	\$4,000.00	\$0	\$4,000.00
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other (list):			
<i>Total Soft Costs</i>	\$0	\$0	\$0
<i>TOTAL PROPOSED BUDGET:</i>	\$4,000.00	\$0	\$4,000.00

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
State:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Local:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		

Private:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Portsmouth CDBG:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Rochester CDBG:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Other:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Total:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)	Explanation
City of Dover	Committed: \$0 Pending: \$0 Proposed: \$0	
Total:	\$0	

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Please See Attached: COD FY26 Adopted Budget

Budget Period: from July 1, 2026 to June 30, 2027	Current Year	Next Year (projected)
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions		
United Way		
Fundraising or other income		
Other (describe)		

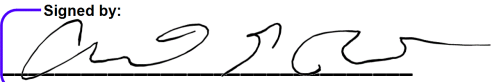
Community Dev. Block Grant (include anticipated request)		
TOTAL REVENUE		
EXPENSES		
Salaries		
Fringe Benefits		
Supplies (include printing/copying)		
Travel		
Training		
Communications		
Audit		
Property Maintenance		
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES		
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFIA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
Total Expenditure of Federal Awards				\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0

NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0
Local Assistance:	[Agency Name]			\$0	\$0
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$0	\$0
Total State and Local Awards				\$0	\$0
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$0	\$0

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Signed by:

0CB4738960CE4EB...
SIGNATURE

12/19/2025

DATE

Christopher Parker

PRINTED NAME

Deputy City Manager

TITLE

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization Cross Roads House	
Name of Program or Project Installation of split systems at CRH	
Name of Executive Director Anna Kay Vorsteg	E-Mail a.vorsteg@crossroadshouse.org
Mailing Address 600 Lafayette Rd. Portsmouth, NH 03801	
Physical Address 600 Lafayette Rd. Portsmouth, NH 03801	
Contact Person Bridget Thompson, Associate Director of Development	Phone 603-436-2218
E-Mail b.thompson@crossroadshouse.org	Website crossroadshouse.org
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)	
<input checked="" type="checkbox"/> 501(c)(3) Faith-based Organization	<input type="checkbox"/> For-profit authorized under 570.201(o) Institution of Higher Education
<input type="checkbox"/> Unit of Government Other (Explain):	
Tax ID # 22-2549963	
SAM UEI # QJRJLRNRMAC4	SAM Expiration Date 2026/13/08

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 33,644.26
Provide a very brief summary of the activity or project for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4 th grade students. Repair of homeless shelter roof.) Installation of split system

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Cross Roads House shelter - specifically Phase 2 Men & Women's dorms and cafeteria

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) **Homeless, low-income individuals**

Beneficiaries: Residents living in phase 2 men's and women's dorms and cafeteria – including resident from Dover who make up a significant portion of Cross Roads House residents.

For FY 2027 (7/1/2026 – 6/30/2027) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 43

For FY 2025 (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 43

Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026):

If so, how much? N/A

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☒ Yes ☐ No

No If yes, are the criteria/protocols in writing?: ☒ Yes ☐ No

All services are provided on a space-available basis. Emergency shelter is available to anyone without a safe alternative place to stay, and without the means to rent suitable shelter. Individuals with felony convictions for arson and or sex offenses are Not eligible for services. All adult individuals must be able to independently manage their activities of daily living, including eating, dressing, getting out of bed or chair, showering, using the toilet and any other personal hygiene requirements. Staff may limit the stay of person(s) from outside New Hampshire and southern York County, Maine. For anyone that does not meet eligibility requirements, Staff will assist with referrals to both public and community resources to make arrangements to secure other shelter or appropriate services as deemed necessary.

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project: Cross Roads House is proposing to install high-efficiency mini-split cooling units in resident-use areas that routinely become extremely hot during the warmer months. These spaces currently rely on fans and window AC units, which are not energy efficient, take up valuable space, and do not adequately cool the dorms or common areas. The project includes purchasing and installing new mini-split systems, completing any necessary electrical work, and ensuring full code compliance and proper operation.

This project clearly qualifies as an eligible public facility activity under HUD regulations and meets CDBG National Objectives by directly benefiting low- and moderate-income individuals, over 51% of whom are presumed benefit populations. As a core facility that serves Dover residents experiencing homelessness, the project also aligns with the Goals and Objectives of the FY26–FY30 Consolidated Plan by improving the safety, habitability, and essential infrastructure of shelter environments. Cross Roads House has the demonstrated capacity to comply with all HUD-CDBG and Dover requirements

and can begin work within the first year of funding, with full project completion well within the required two-year timeframe.

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations: A significant portion of the residents we serve are low or moderate-income individuals and families from Dover. Overheated indoor spaces pose health and safety risks, especially for children, seniors, and people with medical conditions. Installing reliable, high-efficiency cooling creates a safer living environment, reduces heat-related stress, improves air quality, and supports residents' ability to stabilize and work toward permanent housing. This project directly improves daily living conditions for people who have limited housing options and no control over their environment.

Proposed project starting date: Q1 – specific date pending confirmation of CDBG funds

Proposed project completion date: Q1 – specific date pending confirmation of CDBG funds

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Cafeteria Split System

1. Equipment: 2 wall mounted units, 1 wall mount, 1 pad & stand
2. Ancillary parts and pieces: 2 drain hoses if necessary, wall mount stand, unit stand, 2 touch control kits, 50 feet lineset
= \$17,359

Men's Phase 2 Split System:

1. Equipment: 1 wall mounted unit, 1 pad & stand
2. Ancillary parts and pieces: 1 drain hose if necessary, unit stand, additional line set, additional white line set covering, 50 feet line set
= \$8,142.54

Women's Phase 2 Split System:

1. Equipment: 1 wall mounted unit, 1 pad & Stand
2. Ancillary parts and pieces: 1 unit stand, drain house duct covering if necessary, additional line set, additional white line set covering, 50 feet lineset
= \$8,142.54

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Improved temperature control in overheated resident areas.	Track daily temperature readings in women's dorm, men's dorm and cafeteria before and after installation

DESCRIPTION OF ORGANIZATION
<p>Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>Cross Roads House is a transitional shelter helping individuals and families find and maintain permanent housing in the Seacoast region.</p>

AUDIT AND EVALUATION
<p>Does your organization have an annual CPA audit or other financial statement? Yes</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application.</p> <p>Is your organization evaluated by outside agencies or programs? Yes</p> <p>If yes, please note the agency/program and how often the evaluation occurs.</p> <p>The State of New Hampshire, through the Bureau of Housing Supports (BHS), audits our program for regulatory and financial compliance. The United Way of the Greater Seacoast conducts organizational and financial reviews during each grant cycle. During funding renewal years, the United Way also conducts site visits. Also, the Planning Departments of the cities of Dover, Rochester, and Portsmouth perform annual reviews for CDBG funds.</p>

BOARD OF DIRECTORS	
Name	Residence (city/town)
Please see attached.	

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Services			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies		\$11,652	\$11,652
Utilities		\$108,441	\$108,441
Repairs/Maintenance		\$200,292	\$200,292
Travel		\$17,785	\$17,785
Salaries (List relevant positions)	\$15,000	\$2,619,453.90	\$2,634,453.90
**Direct Care Staff			
Other: Resident Services		\$178,388	\$178,388
Professional Fees		\$38,219	\$38,219
Insurance & Bad Debt		\$51,374	\$51,374
Development and Marketing		\$149,692	\$149,692
TOTAL PROPOSED BUDGET:	\$15,000	\$3,375,296	\$3,390,296

2. Public Facilities			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			
Acquisition	\$33,644.26		
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>	\$33,644.26		
TOTAL PROPOSED BUDGET:	\$33,644.26		

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):	Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:		
State:	Committed: Pending: Proposed:		
Local:	Committed: Pending: Proposed:		
Private:	Committed: Pending: Proposed:		
Portsmouth CDBG:	Committed: Pending: Proposed:		
Rochester CDBG:	Committed: Pending: Proposed:		
Other:	Committed: Pending: Proposed:		
Total:	Committed: Pending: Proposed:		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)	Explanation
Cross Roads House	Committed: \$0 Pending: Proposed:	Cross Roads House is prepared to support this project by contributing internal funds as needed to ensure successful completion. At this time, we anticipate contributing \$0 toward the project, as we are seeking full funding through CDBG due to the high cost of installation and the essential nature of this service. If required, Cross Roads House can commit to covering any minor overages or unforeseen costs that fall outside the scope of the grant.

Total:		\$0	
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BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from	to	Current Year	Next Year (projected)
REVENUES			
Federal Funds		\$395,965	We do not have next years project budget at this time.
State Funds		\$975,729	
Foundations/Private Contributions		\$1,521,049	
United Way		\$2,500	
Fundraising or other income		\$879,758.90	
Other (describe)			
Community Dev. Block Grant (include anticipated request)		\$105,072	
TOTAL REVENUE		\$4,302,082.90	
EXPENSES			
Salaries		\$1,934,544	
Fringe Benefits		\$290,788.90	
Supplies (include printing/copying)		\$11,652	
Travel		\$17,785	
Training		\$9,277	
Communications		\$149,692	
Audit		\$35,000	
Property Maintenance		\$23,632	
Service Contracts			
Construction Supplies/Materials			
Other (describe)			
TOTAL EXPENSES		\$4,302,082.87	
NET (Income - Expenses)		\$0.03	

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of BHS/HUD	[Agency Name]	14.267		\$ 495,325	\$ 150,235
Direct Program PSH	[Program Name]				
Passed Through	[Entity Name]			\$	\$
Permanent Supportive Housing	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of USDA	[Agency Name]	N/A		\$	\$2,478.94
Direct Program	[Program Name]				
Passed Through CACFP	[Entity Name]			\$	\$
Children's Supper Reimbursement	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
U.S. Dept. of DHHS	[Agency Name]			\$ 80,000	\$ 600
Direct Program	[Program Name]				
Passed Through NH	[Entity Name]			\$	\$
Cold Weather Shelter	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$	\$
Total Expenditure of Federal Awards	YTD - FY2026			\$ 575,325	\$ 152,714.40
NH Dept. of DHHS	[Agency Name]	14.231		\$ 1,114,475	\$403,206
State Grant in Aid	[Program Name]				
Total NH Dept. of	[Agency Name]			\$	\$
NH Dept. of City of Portsmouth Welfare	[Agency Name]	14.218		\$ 80,000	\$ 26,667
Total NH Dept. of CDBG	[Agency Name]	14.218		\$ 21,500	\$ 5,375
Public Service - City of Portsmouth					
NH Dept. of CDBG	[Agency Name]	14.218		\$ 7,524	\$ 1,881
Public Service - City of Dover	[Program Name]				
Total NH Dept. of CDBG	[Agency Name]	14.218		\$ 8,498	\$ 2,124
Public Service - City of Rochester					
Local Assistance:	[Agency Name]			\$	\$
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$	\$
Total State and Local Awards				\$ 1,231,997	\$ 439,253
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$ 1,807,322	\$

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Bridget Thompson
SIGNATURE

12/12/2025
DATE

Bridget Thompson
PRINTED NAME

Associate Director of Development
TITLE

Name	Affiliation
Adams, Michael	Architect
Ambrogi, Mike	Novocure
Bear, Bob	Retired
Bellmare, Chris	Arista Networks
Bresette, Suzanne	Stratöge Partners
Brown, Bob Treasurer	Self employed/consultant
Cohen, Ken	Psychiatrist
Dillon, Denis	McLane Middleton
Drew, Kathryn	Merrill Lynch Wealth Management/Bank of America Corp.
Dvorak, Michael	Service Credit Union
Gibb, Brian	Semi-Retired
Goddard, Steve	Retired
Gregoire, Jason, Secretary	Sheehan Phinney
Mathews, Shaun	Retired
Moore, Vanda, Vice President	Sprague Energy
Palmer, Teresa	Welfare Dept., City of Portsmouth
Randolph, Maggie	Architect, GSD Studios
Scourby, Lex	Chicken of the Sea Frozen Foods
Silva, Chuck, President	Retired
Stevens, Rob	Rector, St. John's Episcopal Church
St. Jean, Ben	Clipper Strategic Consulting, LLC
Yohr, Bruce	AEMC



Mackenzie Heating and Cooling
14 Amesbury Road
Newton, NH 03858
6039747571

9/29/2025
PROJECT SALES AGREEMENT

Customer Information
Crossroads House
600 Lafayette road
Portsmouth NH 03801
6039188631 s.hussey@crossroads.org

For Work To Be Performed At:
600 Lafayette road
Portsmouth NH 03801

Mackenzie Heating and Cooling is contracted hereby to furnish and install the following equipment and materials:

PROPOSAL EQUIPMENT LIST AND LOCATIONS

- (1) Mitsubishi Wall Mounted PKA-A24KA8 Women's 202
- (1) Mitsubishi Standard Heat Pump PUZ-A24NKA7 Pad & Stand

PROPOSAL ANCILLARY PARTS AND PIECES

- (1) Includes 12" or 18" Unit Stand Depending on Application
- (1) Drain Hose, Line Set Duct Covering (if necessary)
- (1) 25' Additional line set
- (1) 8' additional white line set covering
- (1) 50 Feet Lineset

INSTALLATION DESCRIPTION

Pricing does not include electrical

*Cleaning and inspection is free for the first year after installation

WARRANTY INFORMATION

12-year product warranty with Mitsubishi

1-year labor warranty with MacKenzie

TERMS AND PRICING

Mackenzie Heating and Cooling is hereby contracted to provide all these services - complete in accordance with the above specifications for the sum of: \$8,142.54 dollars with payments to be made as follows -

Pay In Full (credit card):

- (50.00%) \$4,071.27 deposit at signing of this contract for equipment and materials,
 - (50.00%) \$4,071.27 final payment due at completion of project.
-

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. Mackenzie Heating and Cooling is hereby authorized to do the work as specified. Payments will be made as outlined above. I understand that this is a binding contract. I also understand that any deposits paid for the purpose of equipment and materials are non-refundable.

Date of Acceptance _____

All financing payment amounts and terms referenced or displayed in this app or pdf proposal are strictly an estimation and should not be considered final and/or binding. Terms and conditions, along with accurate monthly payment amounts will depend on the financing provider which will require approval through a separate system/process facilitated by the contractor. Please refer to documentation provided by contractor and/or financing provider for accurate monthly payment amount, terms, and conditions of available plans.

Signature _____

Mackenzie Heating and Cooling does not guarantee or represent any potential rebates, discounts, or other financially oriented programs/ promotions. Therefore can not be liable for any losses or denials resulting from such.

All details in this proposal are final unless an addendum is written. Any change to system design may incur additional charges. Upon walk-through prior to start of project, the system design compliance officer may make recommendations or changes to the design. These changes may incur additional charges. It is at the discretion of the customer to continue with said changes or to abandon the project.



Mackenzie Heating and Cooling
14 Amesbury Road
Newton, NH 03858
6039747571

9/29/2025
PROJECT SALES AGREEMENT

Customer Information
Crossroads House
600 Lafayette road
Portsmouth NH 03801
6039188631 s.hussey@crossroads.org

For Work To Be Performed At:
600 Lafayette road
Portsmouth NH 03801

Mackenzie Heating and Cooling is contracted hereby to furnish and install the following equipment and materials:

PROPOSAL EQUIPMENT LIST AND LOCATIONS

- (1) Mitsubishi Wall Mounted PKA-A24KA8 Common 238
- (1) Mitsubishi Standard Heat Pump PUZ-A24NKA7 Pad & Stand

PROPOSAL ANCILLARY PARTS AND PIECES

- (1) Drain Hose, Line Set Duct Covering (if necessary)
- (1) Includes 12" or 18" Unit Stand Depending on Application
- (1) 25' Additional line set
- (1) 8' additional white line set covering
- (1) 50 Feet Lineset

INSTALLATION DESCRIPTION

Pricing does not include electrical

*Cleaning and inspection is free for the first year after installation

WARRANTY INFORMATION

12-year product warranty with Mitsubishi

1-year labor warranty with MacKenzie

TERMS AND PRICING

Mackenzie Heating and Cooling is hereby contracted to provide all these services - complete in accordance with the above specifications for the sum of: \$8,142.54 dollars with payments to be made as follows -

Pay In Full (check):

- (50.00%) \$4,071.27 deposit at signing of this contract for equipment and materials,
 - (50.00%) \$4,071.27 final payment due at completion of project.
-

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. Mackenzie Heating and Cooling is hereby authorized to do the work as specified. Payments will be made as outlined above. I understand that this is a binding contract. I also understand that any deposits paid for the purpose of equipment and materials are non-refundable.

Date of Acceptance _____

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Signature _____

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Mackenzie Heating and Cooling
14 Amesbury Road
Newton, NH 03858
6039747571

9/29/2025
PROJECT SALES AGREEMENT

Customer Information
Crossroads House
600 Lafayette road
Portsmouth NH 03801
6039188631 s.hussey@crossroads.org

For Work To Be Performed At:
600 Lafayette road
Portsmouth NH 03801

Mackenzie Heating and Cooling is contracted hereby to furnish and install the following equipment and materials:

PROPOSAL EQUIPMENT LIST AND LOCATIONS

- (2) Mitsubishi Wall Mounted PKA-A24KA8 Cafe side 1, Cafe side 2
- (1) Mitsubishi Hyper Heat PUZ-HA24NHA1 Wall Mount
- (1) Mitsubishi Hyper Heat PUZ-HA24NHA1 Pad & Stand

PROPOSAL ANCILLARY PARTS AND PIECES

- (2) Drain Hose, Line Set Duct Covering (if necessary)
- (1) Includes Wall Mount Stand
- (1) Includes 12" or 18" Unit Stand Depending on Application
- (1) MHK2 KUMO TOUCH CONTROL KIT
- (1) MHK2 KUMO TOUCH CONTROL KIT
- (1) 50 Feet Lineset

INSTALLATION DESCRIPTION

Pricing does not include electrician.

*Cleaning and inspection is free for the first year after installation

WARRANTY INFORMATION

12-year product warranty with Mitsubishi
1-year labor warranty with MacKenzie

TERMS AND PRICING

Mackenzie Heating and Cooling is hereby contracted to provide all these services - complete in accordance with the above specifications for the sum of: \$17,359.18 dollars with payments to be made as follows -

Pay In Full (credit card):

(50.00%) \$8,679.59 deposit at signing of this contract for equipment and materials,
(50.00%) \$8,679.59 final payment due at completion of project.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. Mackenzie Heating and Cooling is hereby authorized to do the work as specified. Payments will be made as outlined above. I understand that this is a binding contract. I also understand that any deposits paid for the purpose of equipment and materials are non-refundable.

Date of Acceptance _____

All financing payment amounts and terms referenced or displayed in this app or pdf proposal are strictly an estimation and should not be considered final and/or binding. Terms and conditions, along with accurate monthly payment amounts will depend on the financing provider which will require approval through a separate system/process facilitated by the contractor. Please refer to documentation provided by contractor and/or financing provider for accurate monthly payment amount, terms, and conditions of available plans.

Signature _____

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Granite State

Plumbing & Heating, LLC

COMFORT
A SYSTEMS **USA** COMPANY

Crossroads House

Cafeteria Split System

Proposed Project Agreement

Date:

9/24/2025

Proposal Number:

P04234

Prepared for:

Crossroads House
600 Lafayette Road
Portsmouth, NH 03801

Prepared by:

Mitch Senecal
603-325-7680
msenecal@gsphinc.com

PROJECT PROPOSAL

Company

Granite State Plumbing & Heating
17 Oil Mill Road
Weare, NH 03281
Ph: 603-325-7680

Proposal Date: 9/24/2025
Proposal Number: P04234

Bill To Identity

Crossroads House
600 Lafayette Road
Portsmouth, NH 03801
Christine Stover

Agreement Location

Crossroads House
600 Lafayette Road
Portsmouth, NH 03801
Stephen Hussey

WE ARE PLEASED TO SUBMIT OUR PROPOSAL TO PERFORM THE FOLLOWING:

Project Name: Cafeteria Split System

Please note: This quote does not include any previous service or diagnostic charges.

The services and materials included in this proposal are valid for 30 days from above date. In the event of significant delay or price increase of material or equipment occurring between the date of this proposal and the date of execution of the Subcontract through no fault of Granite State plumbing and heating, the contract sum, contract schedule, and contract requirements shall be equitably adjusted in the Subcontract. A change in price of an item of material or equipment shall be considered significant when the price of an item increases >5% percent between the date of this proposal and the date of execution of the Subcontract.

Terms of Payment: Monthly Progress Billing. Material and equipment furnished under this proposal shall remain the property of the seller until final payment has been received.

We hereby propose to furnish materials and labor - complete in accordance with above specifications, for the sum of:

Total Price: \$34,100

Scope of Work:

1. Furnish and install (1) wall mounted Mitsubishi Condenser.
2. Furnish and install (2) wall mounted Mitsubishi indoor units.
3. Furnish and install (1) Mitsubishi branch box.
4. Furnish and install all refrigerant and condensate piping for new equipment.
5. Furnish and install all new wiring and a wall mounted controller for new equipment.
6. Provide electrician for all necessary electrical connections.
7. Work to be done during normal business hours.
8. All indoor piping to be run exposed.
9. All exterior piping to be run inside of line-hide.
10. System has been sized based on room size and estimated occupancy load.

Exclusions:

1. Balancing of system
2. Cutting, patching or painting
3. Infection control, dust partitions, temporary walls, etc
4. Hazardous waste removal
5. Fire protection
6. Fire alarm wiring

Upon execution as provided below, this agreement, including the following pages attached hereto (collectively, the "Agreement"), shall become a binding and enforceable agreement against both parties hereto. Customer, by execution of this Agreement, acknowledges that it has reviewed and understands the attached terms and conditions and has the authority to enter into this Agreement.

Contractor

Signature (Authorized Representative)

Mitch Senecal

Name (Print/ Type)

603-325-7680

Phone

9/24/2025

P04234

Date

Proposal #

Customer

Signature (Authorized Representative)

Name (Print/ Type)

Title

Date

PO#

Project Agreement Terms and Conditions

Project Agreement Terms and Conditions

The following terms and conditions are incorporated into and a part of the agreement between Contractor and Customer (the "Agreement"):

1. Customer shall permit Contractor free and timely access to areas and equipment and allow Contractor to start and stop the equipment as necessary to perform required services. All planned work under this Agreement will be performed during the Contractor's normal working hours.
2. Contractor warrants that the workmanship hereunder shall be free from defects for thirty (30) days from date of installation. If any replacement part or item of equipment proves defective, Contractor will extend to Customer the benefits of any warranty Contractor has received from the manufacturer. Removal and reinstallation of any equipment or materials repaired or replaced under a manufacturer's warranty will be at Customer's expense and at the rates in effect. CONTRACTOR MAKES NO OTHER WARRANTIES, EXCEPT AS DESCRIBED HEREIN, AND EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES WHETHER EXPRESS, IMPLIED OR STATUTORY, INCLUDING THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.
3. Contractor may invoice Customer on a monthly basis. Customer will promptly pay invoices within thirty (30) days of receipt. Should a payment become thirty (30) days or more delinquent, Contractor may stop all work under this Agreement without notice and/or cancel this Agreement, and the entire Agreement amount shall become due and payable immediately without notice or demand. In addition, if Contractor does not receive payment of a properly submitted invoice within thirty (30) days, Customer shall accrue a late charge on the balance outstanding at the lesser of (a) 1 1/2% per month or (b) the highest rate allowed by law, in each case compounded monthly to the extent allowed by law.
4. Customer shall be responsible for all taxes applicable to the services and/or materials hereunder.
5. Any alteration to, or deviation from, this Agreement involving extra work, cost of materials or labor will become an extra charge (fixed price amount to be negotiated **or** on a time-and-material basis at Contractor's rates then in effect) over the sum stated in this Agreement.
6. In the event Contractor must commence legal action in order to recover any amount payable or owed to Contractor under this Agreement, Customer shall pay Contractor all court costs and attorneys' fees incurred by Contractor.
7. In the event of a breach by Contractor of the terms of this Agreement, including without limitation Section 2, or in the event Customer incurs any liability in connection with the rendering of services by Contractor, Customer's sole remedy against Contractor shall be for Contractor to re-perform the services in accordance with the warranty or, if such services cannot be re-performed or such re-performance does not cure the breach or the liability, to refund to Customer the amount paid to Contractor under this Agreement, up to Customer's direct damages caused by such breach or liability. Notwithstanding the foregoing, in no event shall the liability of Contractor in connection with any products or services, whether by reason of breach of contract, tort (including without limitation negligence), statute or otherwise exceed the amount of fees paid by Customer to Contractor for those products or services. Further, in no event shall Contractor have any liability for loss of profits, loss of business, indirect, incidental, consequential, special, punitive, indirect or exemplary damages, even if Contractor has been advised of the possibility of such damages. In furtherance and not in limitation of the foregoing, Contractor shall not be liable in respect of any decisions made by Customer as a result of Contractor's services. Any action, regardless of form, against the Contractor relating to this Agreement, or the breach thereof, must be commenced within one (1) year from the date of the work.
8. Contractor shall not be liable for any delay, loss, damage or detention caused by acts or circumstances beyond its control including, without limitation, unavailability of machinery, equipment or materials, delay of carriers, strikes, including those by Contractor's employees, lockouts, civil or military authority, priority regulations, insurrection or riot, war, acts of terrorism, action of the elements, forces of nature, or by any cause beyond its control.
9. To the fullest extent permitted by law, Customer shall indemnify and hold harmless Contractor, its agent and employees from and against all claims, liabilities, damages, losses and expenses (including but not limited to attorneys' fees) arising out of or resulting from the performance of work hereunder or any act or omission arising out of or related to this Agreement, provided that such claim, damage, loss or expense is caused in whole or in part by an active or passive act or omission of Customer, anyone directly or indirectly employed by Customer, or anyone for whose acts Customer may be liable, regardless of whether it is caused in part by the negligence of Contractor. Further, and notwithstanding the preceding sentence, Contractor shall be held harmless and shall not be liable to Customer for any claims, liabilities, damages, losses, and expenses related to mold or to the creation of mold at Customer's location(s) and shall have no obligation to treat, identify or remove such mold.
10. Customer shall make available to Contractor's personnel all pertinent Material Safety Data Sheets (MSDS) pursuant to OSHA'S Hazard Communication Standard Regulations if requested.
11. Contractor's obligation under this proposal and any subsequent contract does not include the identification, abatement or removal of asbestos, mold or any other toxic or hazardous substances, hazardous wastes or hazardous materials. In the event such substances, wastes and materials are encountered, Contractor's shall have the right thereafter to suspend its work until such

substances, wastes or materials and the resultant hazards are removed. The time for completion of the work shall be extended to the extent caused by the suspension and the contract price equitably adjusted. As previously provided, Contractor shall be held harmless and shall not be liable for any claims, liabilities, damages, losses and expenses related to such substances, wastes and materials, including the failure to identify or notify Customer of such substances, wastes and materials.

12. This Agreement is between Contractor and Customer alone, and neither intends that there be any third-party beneficiaries to this Agreement. Without limiting the generality of the foregoing, by entering into this Agreement and providing services on Customer's behalf, Contractor is not assuming any duty or obligation to any of Customer's employees, vendors, clients, subcontractors, agents, shareholders, partners or members. Customer agrees to indemnify and hold Contractor harmless from and against any and all liabilities, losses, claims, costs, expenses and damages (including without limitation reasonable attorneys' fees) incurred by Contractor by reason of a claim brought against Contractor by any of Customer's employees, vendors, clients, subcontractors, agents, shareholders, partners or members with respect to the services provided by Contractor on Customer's behalf.

13. Each of the parties hereto is an independent contractor and neither party is, nor shall be considered to be, an agent, distributor or representative of the other. Neither party shall act or present itself, directly or indirectly, as an agent of the other or in any manner assume or create any obligation on behalf of, or in the name of, the other.

14. These terms and conditions, together with the attached documents, constitutes the entire agreement and understanding among the parties hereto and supersedes any and all prior agreements and understandings, oral or written, relating to the subject matter hereof. It sets forth the terms for the provision of any products or services Contractor may provide Customer, whether in connection with the particular engagement that is identified as the subject of this Agreement or otherwise, unless and until a written instrument is signed by an authorized representative of Contractor agreeing to different terms. This Agreement shall not be assignable by Customer without the express prior written consent of Contractor. This Agreement shall be governed by and construed in accordance with the laws of the State where Contractor's headquarters are located, without giving effect to that State's conflicts of laws principles.

15. All accepted proposals will need to be returned to GSPH with the agreement page signed and dated along with all Supplemental and Terms & Conditions pages initialed.

16. The services and materials included in this proposal are valid for 30 days from above date. In the event of significant delay or price increase of material or equipment occurring between the date of this proposal and the date of execution of the Subcontract through no fault of Granite State plumbing and heating, the contract sum, contract schedule, and contract requirements shall be equitably adjusted in the Subcontract. A change in price of an item of material or equipment shall be considered significant when the price of an item increases >5% percent between the date of this proposal and the date of execution of the Subcontract.



Granite State

Plumbing & Heating, LLC

COMFORT
A SYSTEMS **USA** COMPANY

Crossroads House

Women's Phase 2 Split System

Proposed Project Agreement

Date:

9/24/2025

Proposal Number:

P04232

Prepared for:

Crossroads House
600 Lafayette Road
Portsmouth, NH 03801

Prepared by:

Mitch Senecal
603-325-7680
msenecal@gsphinc.com

PROJECT PROPOSAL

Company

Granite State Plumbing & Heating
17 Oil Mill Road
Weare, NH 03281
Ph: 603-325-7680

Proposal Date: 9/24/2025

Proposal Number: P04232

Bill To Identity

Crossroads House
600 Lafayette Road
Portsmouth, NH 03801
Christine Stover

Agreement Location

Crossroads House
600 Lafayette Road
Portsmouth, NH 03801
Stephen Hussey

WE ARE PLEASED TO SUBMIT OUR PROPOSAL TO PERFORM THE FOLLOWING:

Project Name: Women's Phase 2 Split System

Please note: This quote does not include any previous service or diagnostic charges.

The services and materials included in this proposal are valid for 30 days from above date. In the event of significant delay or price increase of material or equipment occurring between the date of this proposal and the date of execution of the Subcontract through no fault of Granite State plumbing and heating, the contract sum, contract schedule, and contract requirements shall be equitably adjusted in the Subcontract. A change in price of an item of material or equipment shall be considered significant when the price of an item increases >5% percent between the date of this proposal and the date of execution of the Subcontract.

Terms of Payment: Monthly Progress Billing. Material and equipment furnished under this proposal shall remain the property of the seller until final payment has been received.

We hereby propose to furnish materials and labor - complete in accordance with above specifications, for the sum of:

Total Price: \$36,205

Scope of Work:

1. Furnish and install (1) wall mounted Mitsubishi Condenser.
2. Furnish and install (2) wall mounted Mitsubishi indoor units.
3. Furnish and install (1) Mitsubishi branch box.
4. Furnish and install all refrigerant and condensate piping for new equipment.
5. Furnish and install all new wiring and a wall mounted controller for new equipment.
6. Provide electrician for all necessary electrical connections.
7. Work to be done during normal business hours.
8. All piping inside of rooms to be run exposed, all piping in the hallway to be above the drop ceiling.
9. All exterior piping to be run inside of line-hide.
10. System has been sized based on room size and estimated occupancy load.

Exclusions:

1. Electrical
2. Controls
3. Balancing of system
4. Cutting, patching or painting
5. Infection control, dust partitions, temporary walls, etc
6. Hazardous waste removal
7. Fire protection
8. Fire alarm wiring

Upon execution as provided below, this agreement, including the following pages attached hereto (collectively, the "Agreement"), shall become a binding and enforceable agreement against both parties hereto. Customer, by execution of this Agreement, acknowledges that it has reviewed and understands the attached terms and conditions and has the authority to enter into this Agreement.

Contractor

Signature (Authorized Representative)

Mitch Senecal

Name (Print/ Type)

603-325-7680

Phone

9/24/2025

P04232

Date

Proposal #

Customer

Signature (Authorized Representative)

Name (Print/ Type)

Title

Date

PO#

Project Agreement Terms and Conditions

Project Agreement Terms and Conditions

The following terms and conditions are incorporated into and a part of the agreement between Contractor and Customer (the "Agreement"):

1. Customer shall permit Contractor free and timely access to areas and equipment and allow Contractor to start and stop the equipment as necessary to perform required services. All planned work under this Agreement will be performed during the Contractor's normal working hours.
2. Contractor warrants that the workmanship hereunder shall be free from defects for thirty (30) days from date of installation. If any replacement part or item of equipment proves defective, Contractor will extend to Customer the benefits of any warranty Contractor has received from the manufacturer. Removal and reinstallation of any equipment or materials repaired or replaced under a manufacturer's warranty will be at Customer's expense and at the rates in effect. CONTRACTOR MAKES NO OTHER WARRANTIES, EXCEPT AS DESCRIBED HEREIN, AND EXPRESSLY DISCLAIMS ALL OTHER WARRANTIES WHETHER EXPRESS, IMPLIED OR STATUTORY, INCLUDING THE WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.
3. Contractor may invoice Customer on a monthly basis. Customer will promptly pay invoices within thirty (30) days of receipt. Should a payment become thirty (30) days or more delinquent, Contractor may stop all work under this Agreement without notice and/or cancel this Agreement, and the entire Agreement amount shall become due and payable immediately without notice or demand. In addition, if Contractor does not receive payment of a properly submitted invoice within thirty (30) days, Customer shall accrue a late charge on the balance outstanding at the lesser of (a) 1 1/2% per month or (b) the highest rate allowed by law, in each case compounded monthly to the extent allowed by law.
4. Customer shall be responsible for all taxes applicable to the services and/or materials hereunder.
5. Any alteration to, or deviation from, this Agreement involving extra work, cost of materials or labor will become an extra charge (fixed price amount to be negotiated **or** on a time-and-material basis at Contractor's rates then in effect) over the sum stated in this Agreement.
6. In the event Contractor must commence legal action in order to recover any amount payable or owed to Contractor under this Agreement, Customer shall pay Contractor all court costs and attorneys' fees incurred by Contractor.
7. In the event of a breach by Contractor of the terms of this Agreement, including without limitation Section 2, or in the event Customer incurs any liability in connection with the rendering of services by Contractor, Customer's sole remedy against Contractor shall be for Contractor to re-perform the services in accordance with the warranty or, if such services cannot be re-performed or such re-performance does not cure the breach or the liability, to refund to Customer the amount paid to Contractor under this Agreement, up to Customer's direct damages caused by such breach or liability. Notwithstanding the foregoing, in no event shall the liability of Contractor in connection with any products or services, whether by reason of breach of contract, tort (including without limitation negligence), statute or otherwise exceed the amount of fees paid by Customer to Contractor for those products or services. Further, in no event shall Contractor have any liability for loss of profits, loss of business, indirect, incidental, consequential, special, punitive, indirect or exemplary damages, even if Contractor has been advised of the possibility of such damages. In furtherance and not in limitation of the foregoing, Contractor shall not be liable in respect of any decisions made by Customer as a result of Contractor's services. Any action, regardless of form, against the Contractor relating to this Agreement, or the breach thereof, must be commenced within one (1) year from the date of the work.
8. Contractor shall not be liable for any delay, loss, damage or detention caused by acts or circumstances beyond its control including, without limitation, unavailability of machinery, equipment or materials, delay of carriers, strikes, including those by Contractor's employees, lockouts, civil or military authority, priority regulations, insurrection or riot, war, acts of terrorism, action of the elements, forces of nature, or by any cause beyond its control.
9. To the fullest extent permitted by law, Customer shall indemnify and hold harmless Contractor, its agent and employees from and against all claims, liabilities, damages, losses and expenses (including but not limited to attorneys' fees) arising out of or resulting from the performance of work hereunder or any act or omission arising out of or related to this Agreement, provided that such claim, damage, loss or expense is caused in whole or in part by an active or passive act or omission of Customer, anyone directly or indirectly employed by Customer, or anyone for whose acts Customer may be liable, regardless of whether it is caused in part by the negligence of Contractor. Further, and notwithstanding the preceding sentence, Contractor shall be held harmless and shall not be liable to Customer for any claims, liabilities, damages, losses, and expenses related to mold or to the creation of mold at Customer's location(s) and shall have no obligation to treat, identify or remove such mold.
10. Customer shall make available to Contractor's personnel all pertinent Material Safety Data Sheets (MSDS) pursuant to OSHA'S Hazard Communication Standard Regulations if requested.
11. Contractor's obligation under this proposal and any subsequent contract does not include the identification, abatement or removal of asbestos, mold or any other toxic or hazardous substances, hazardous wastes or hazardous materials. In the event such substances, wastes and materials are encountered, Contractor's shall have the right thereafter to suspend its work until such

substances, wastes or materials and the resultant hazards are removed. The time for completion of the work shall be extended to the extent caused by the suspension and the contract price equitably adjusted. As previously provided, Contractor shall be held harmless and shall not be liable for any claims, liabilities, damages, losses and expenses related to such substances, wastes and materials, including the failure to identify or notify Customer of such substances, wastes and materials.

12. This Agreement is between Contractor and Customer alone, and neither intends that there be any third-party beneficiaries to this Agreement. Without limiting the generality of the foregoing, by entering into this Agreement and providing services on Customer's behalf, Contractor is not assuming any duty or obligation to any of Customer's employees, vendors, clients, subcontractors, agents, shareholders, partners or members. Customer agrees to indemnify and hold Contractor harmless from and against any and all liabilities, losses, claims, costs, expenses and damages (including without limitation reasonable attorneys' fees) incurred by Contractor by reason of a claim brought against Contractor by any of Customer's employees, vendors, clients, subcontractors, agents, shareholders, partners or members with respect to the services provided by Contractor on Customer's behalf.

13. Each of the parties hereto is an independent contractor and neither party is, nor shall be considered to be, an agent, distributor or representative of the other. Neither party shall act or present itself, directly or indirectly, as an agent of the other or in any manner assume or create any obligation on behalf of, or in the name of, the other.

14. These terms and conditions, together with the attached documents, constitutes the entire agreement and understanding among the parties hereto and supersedes any and all prior agreements and understandings, oral or written, relating to the subject matter hereof. It sets forth the terms for the provision of any products or services Contractor may provide Customer, whether in connection with the particular engagement that is identified as the subject of this Agreement or otherwise, unless and until a written instrument is signed by an authorized representative of Contractor agreeing to different terms. This Agreement shall not be assignable by Customer without the express prior written consent of Contractor. This Agreement shall be governed by and construed in accordance with the laws of the State where Contractor's headquarters are located, without giving effect to that State's conflicts of laws principles.

15. All accepted proposals will need to be returned to GSPH with the agreement page signed and dated along with all Supplemental and Terms & Conditions pages initialed.

16. The services and materials included in this proposal are valid for 30 days from above date. In the event of significant delay or price increase of material or equipment occurring between the date of this proposal and the date of execution of the Subcontract through no fault of Granite State plumbing and heating, the contract sum, contract schedule, and contract requirements shall be equitably adjusted in the Subcontract. A change in price of an item of material or equipment shall be considered significant when the price of an item increases >5% percent between the date of this proposal and the date of execution of the Subcontract.



Granite State

Plumbing & Heating, LLC

COMFORT
A SYSTEMS **USA** COMPANY

Crossroads House

Men's Phase 2 Split System

Proposed Project Agreement

Date:

9/24/2025

Proposal Number:

P04233

Prepared for:

Crossroads House
600 Lafayette Road
Portsmouth, NH 03801

Prepared by:

Mitch Senecal
603-325-7680
msenecal@gsphinc.com



PROJECT PROPOSAL

Company

Granite State Plumbing & Heating
17 Oil Mill Road
Weare, NH 03281
Ph: 603-325-7680

Proposal Date: 9/24/2025

Proposal Number: P04233

Bill To Identity

Crossroads House
600 Lafayette Road
Portsmouth, NH 03801
Christine Stover

Agreement Location

Crossroads House
600 Lafayette Road
Portsmouth, NH 03801
Stephen Hussey

WE ARE PLEASED TO SUBMIT OUR PROPOSAL TO PERFORM THE FOLLOWING:

Project Name: Men's Phase 2 Split System

Please note: This quote does not include any previous service or diagnostic charges.

The services and materials included in this proposal are valid for 30 days from above date. In the event of significant delay or price increase of material or equipment occurring between the date of this proposal and the date of execution of the Subcontract through no fault of Granite State plumbing and heating, the contract sum, contract schedule, and contract requirements shall be equitably adjusted in the Subcontract. A change in price of an item of material or equipment shall be considered significant when the price of an item increases >5% percent between the date of this proposal and the date of execution of the Subcontract.

Terms of Payment: Monthly Progress Billing. Material and equipment furnished under this proposal shall remain the property of the seller until final payment has been received.

We hereby propose to furnish materials and labor - complete in accordance with above specifications, for the sum of:

Total Price: \$36,205

Scope of Work:

1. Furnish and install (1) wall mounted Mitsubishi Condenser.
2. Furnish and install (2) wall mounted Mitsubishi indoor units.
3. Furnish and install (1) Mitsubishi branch box.
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1. Balancing of system
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Contractor

Signature (Authorized Representative)

Mitch Senecal

Name (Print/ Type)

603-325-7680

Phone

9/24/2025

P04233

Date

Proposal #

Customer

Signature (Authorized Representative)

Name (Print/ Type)

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Date

PO#

Project Agreement Terms and Conditions

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9. To the fullest extent permitted by law, Customer shall indemnify and hold harmless Contractor, its agent and employees from and against all claims, liabilities, damages, losses and expenses (including but not limited to attorneys' fees) arising out of or resulting from the performance of work hereunder or any act or omission arising out of or related to this Agreement, provided that such claim, damage, loss or expense is caused in whole or in part by an active or passive act or omission of Customer, anyone directly or indirectly employed by Customer, or anyone for whose acts Customer may be liable, regardless of whether it is caused in part by the negligence of Contractor. Further, and notwithstanding the preceding sentence, Contractor shall be held harmless and shall not be liable to Customer for any claims, liabilities, damages, losses, and expenses related to mold or to the creation of mold at Customer's location(s) and shall have no obligation to treat, identify or remove such mold.
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13. Each of the parties hereto is an independent contractor and neither party is, nor shall be considered to be, an agent, distributor or representative of the other. Neither party shall act or present itself, directly or indirectly, as an agent of the other or in any manner assume or create any obligation on behalf of, or in the name of, the other.

14. These terms and conditions, together with the attached documents, constitutes the entire agreement and understanding among the parties hereto and supersedes any and all prior agreements and understandings, oral or written, relating to the subject matter hereof. It sets forth the terms for the provision of any products or services Contractor may provide Customer, whether in connection with the particular engagement that is identified as the subject of this Agreement or otherwise, unless and until a written instrument is signed by an authorized representative of Contractor agreeing to different terms. This Agreement shall not be assignable by Customer without the express prior written consent of Contractor. This Agreement shall be governed by and construed in accordance with the laws of the State where Contractor's headquarters are located, without giving effect to that State's conflicts of laws principles.

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FINANCIAL STATEMENTS

June 30, 2025 and 2024

With Independent Auditor's Report

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Cross Roads House, Inc.

Opinion

We have audited the accompanying financial statements of Cross Roads House, Inc. (the Organization), which comprise the statement of financial position as of June 30, 2025, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the 2025 financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of June 30, 2025, and the changes in its net assets and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

We conducted our audit in accordance with U.S. generally accepted auditing standards (U.S. GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

The financial statements of the Organization as of and for the year ended June 30, 2024 were audited by Berry, Dunn, McNeil & Parker, LLC whose report, dated November 4, 2024, expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with U.S. GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

BSP Assurance, LLP

Manchester, New Hampshire
September 30, 2025

CROSS ROADS HOUSE, INC.
Statements of Financial Position
June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
ASSETS		
Current assets		
Cash	\$ 3,111,531	\$ 2,670,774
Grants receivable	188,319	505,942
Prepaid expenses and other current assets	<u>68,374</u>	<u>77,967</u>
Total current assets	3,368,224	3,254,683
Property and equipment, net	4,352,977	4,298,314
Investments	4,559,094	3,479,469
Beneficial interest in an agency fund	<u>164,806</u>	<u>154,076</u>
Total assets	\$ <u>12,445,101</u>	\$ <u>11,186,542</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Current portion of long-term debt	\$ 13,865	\$ 13,066
Deferred income	9,250	-
Accounts payable and accrued expenses	30,530	60,889
Accrued payroll and related amounts	<u>95,099</u>	<u>126,058</u>
Total current liabilities	148,744	200,013
Long-term debt, net	<u>222,465</u>	<u>237,480</u>
Total liabilities	<u>371,209</u>	<u>437,493</u>
Net assets		
Without donor restrictions		
Board-designated	4,334,094	3,263,860
Undesignated	<u>7,514,798</u>	<u>7,269,580</u>
Total without donor restrictions	11,848,892	10,533,440
With donor restrictions	<u>225,000</u>	<u>215,609</u>
Total net assets	<u>12,073,892</u>	<u>10,749,049</u>
Total liabilities and net assets	\$ <u>12,445,101</u>	\$ <u>11,186,542</u>

The accompanying notes are an integral part of these financial statements.

CROSS ROADS HOUSE, INC.

Statements of Activities

Years Ended June 30, 2025 and 2024

	2025			2024		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and support						
Government grants	\$ 1,949,854	\$ -	\$ 1,949,854	\$ 1,647,993	\$ -	\$ 1,647,993
Town warrants	220,387	-	220,387	97,450	-	97,450
Contributions	1,773,410	-	1,773,410	1,516,537	-	1,516,537
Rental income	-	-	-	59,950	-	59,950
Fundraising, net of direct expense of \$110,685 and \$52,698, respectively	624,409	-	624,409	617,256	-	617,256
Gain from sale of property	-	-	-	149,691	-	149,691
Other revenue	-	-	-	113,430	-	113,430
Total revenue and support	<u>4,568,060</u>	<u>-</u>	<u>4,568,060</u>	<u>4,202,307</u>	<u>-</u>	<u>4,202,307</u>
Expenses						
Program services	2,746,337	-	2,746,337	2,521,264	-	2,521,264
General and administrative	646,029	-	646,029	445,930	-	445,930
Fundraising	<u>368,173</u>	<u>-</u>	<u>368,173</u>	<u>353,431</u>	<u>-</u>	<u>353,431</u>
Total expenses	<u>3,760,539</u>	<u>-</u>	<u>3,760,539</u>	<u>3,320,625</u>	<u>-</u>	<u>3,320,625</u>
Change in net assets from operations	<u>807,521</u>	<u>-</u>	<u>807,521</u>	<u>881,682</u>	<u>-</u>	<u>881,682</u>
Other changes						
Investment return, net of fees	<u>507,931</u>	<u>9,391</u>	<u>517,322</u>	<u>451,292</u>	<u>10,609</u>	<u>461,901</u>
Change in net assets	<u>1,315,452</u>	<u>9,391</u>	<u>1,324,843</u>	<u>1,332,974</u>	<u>10,609</u>	<u>1,343,583</u>
Net assets, beginning of year	<u>10,533,440</u>	<u>215,609</u>	<u>10,749,049</u>	<u>9,200,466</u>	<u>205,000</u>	<u>9,405,466</u>
Net assets, end of year	<u>\$ 11,848,892</u>	<u>\$ 225,000</u>	<u>\$ 12,073,892</u>	<u>\$ 10,533,440</u>	<u>\$ 215,609</u>	<u>\$ 10,749,049</u>

The accompanying notes are an integral part of these financial statements.

CROSS ROADS HOUSE, INC.

Statements of Functional Expenses

Years Ended June 30, 2025 and 2024

	2025				2024			
	Program Services	General and Administrative	Fundraising	Total	Program Services	General and Administrative	Fundraising	Total
Salaries and benefits								
Management salaries	\$ -	\$ 355,978	\$ -	\$ 355,978	\$ -	\$ 228,465	\$ -	\$ 228,465
Salaries and wages	1,290,281	91,079	136,618	1,517,978	1,195,134	28,456	199,189	1,422,779
Employee benefits	243,468	17,186	25,779	286,433	159,518	26,586	18,406	204,510
Payroll taxes	119,613	8,443	12,665	140,721	101,714	21,190	18,365	141,269
Total salaries and benefits	1,653,362	472,686	175,062	2,301,110	1,456,366	304,697	235,960	1,997,023
Other expenses								
Professional fees	75	32,640	-	32,715	1,262	46,860	-	48,122
Bad debt (recoveries) expenses	(41,807)	-	-	(41,807)	-	1,232	2,875	4,107
Office and administration	88,399	69,770	71,989	230,158	104,697	75,367	74,957	255,021
Utilities	97,428	4,190	3,143	104,761	97,374	4,188	3,141	104,703
Repairs and maintenance	196,648	-	-	196,648	231,231	-	-	231,231
Interest	14,952	311	311	15,574	25,817	538	538	26,893
Insurance	39,344	2,777	4,166	46,287	25,530	1,098	824	27,452
Residential services	474,507	-	-	474,507	359,524	-	-	359,524
Miscellaneous	10,587	54,202	105,843	170,632	9,361	2,096	27,809	39,266
Depreciation	202,055	8,691	6,517	217,263	203,489	8,752	6,564	218,805
Staff and program development	10,787	762	1,142	12,691	6,613	1,102	763	8,478
Total expenses	\$ 2,746,337	\$ 646,029	\$ 368,173	\$ 3,760,539	\$ 2,521,264	\$ 445,930	\$ 353,431	\$ 3,320,625

The accompanying notes are an integral part of these financial statements.

CROSS ROADS HOUSE, INC.**Statements of Cash Flows****Years Ended June 30, 2025 and 2024**

	<u>2025</u>	<u>2024</u>
Cash flows from operating activities		
Change in net assets	\$ 1,324,843	\$ 1,343,583
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Net realized and unrealized investment gain on investments	(379,698)	(336,623)
Gain from sale of property	-	(149,691)
Depreciation	217,263	218,805
Amortization	162	162
Change in operating assets and liabilities		
Tenant accounts receivable	-	91
Grants receivable	317,623	(325,345)
Prepaid expenses and other current assets	9,593	(41,311)
Deferred income	9,250	-
Accounts payable and accrued expenses	(30,359)	22,087
Accrued payroll and related amounts	<u>(30,959)</u>	<u>51,434</u>
Net cash provided by operating activities	<u>1,437,718</u>	<u>783,192</u>
Cash flows from investing activities		
Purchases of investments	(699,927)	(50,144)
Change in beneficial interest in an agency fund	(10,730)	(11,443)
Purchase of property and equipment	(271,926)	(106,306)
Proceeds from sale of property	<u>-</u>	<u>550,000</u>
Net cash (used) provided by investing activities	<u>(982,583)</u>	<u>382,107</u>
Cash flows from financing activities		
Principal payments on long-term debt	<u>(14,378)</u>	<u>(260,651)</u>
Net change in cash	440,757	904,648
Cash, beginning of year	<u>2,670,774</u>	<u>1,766,126</u>
Cash, end of year	<u>\$ 3,111,531</u>	<u>\$ 2,670,774</u>

The accompanying notes are an integral part of these financial statements.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Organization

Cross Roads House, Inc. (the Organization), was organized March 24, 1982, under the laws of the State of New Hampshire. Operations of the Organization commenced on January 1, 1984. The purpose of the Organization is to provide safe and supportive emergency and transitional shelter to individuals and families experiencing homelessness in southeastern New Hampshire.

1. Summary of Significant Accounting Policies

A summary of the Organization's significant accounting policies consistently applied in the preparation of the accompanying financial statements in accordance with U.S. generally accepted accounting principles (U.S. GAAP) follows:

Basis of Presentation

Net assets and revenues, expenses, gains and losses are classified as follows based on the existence or absence of donor-imposed restrictions:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions are to be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. At June 30, 2025 and 2024, the Organization did not have any funds to be maintained in perpetuity. At June 30, 2025 and 2024, the balance in net assets with donor restrictions was made up entirely from net assets that are temporarily restricted in nature from a single donor. The funds are to be used to fund clothing and shoe purchases for residents.

All contributions are considered to be contributions without donor restrictions unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as increases in net assets with donor restrictions. When a donor restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Contributions with donor restrictions whose restrictions are met in the same year as received are reflected as net assets without donor restrictions in the accompanying financial statements.

The Organization reports contributions of property or equipment as support without donor restrictions, unless explicit donor stipulations specify how the donated assets must be used. Contributions of long-lived assets with explicit restrictions that specify how the assets are to be used and contributions of cash or other assets that must be used to acquire long-lived assets are reported as contributions for long-term purposes with donor restrictions. Absent explicit donor stipulations about how those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash

The Organization considers all highly liquid investments with an original maturity date of less than three months to be cash equivalents for the purposes of the statements of cash flows. At June 30, 2025 and 2024, the Organization did not have any funds considered to be a cash equivalent.

Grants Receivable

Grants receivable is stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to current year earnings and a credit to a valuation allowance based on its analysis of the Organization's past history and identification of trends for all funding sources in the aggregate. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to the grant receivable. As of June 30, 2025 and 2024, management determined an allowance for uncollectible accounts was not necessary for grants receivable.

Property and Equipment

Property and equipment are recorded at cost or, if donated, at their estimated value at date of receipt. Depreciation is calculated using the straight-line method over the estimated useful lives of the related assets as follows:

<u>Description</u>	<u>Estimated Lives</u>
Land improvements	15 years
Buildings and building improvements	15 - 40 years
Furniture, equipment and vehicles	7 - 10 years

Investments

Investments are stated at fair value, with the difference between cost and fair value being included in unrealized gains (losses) on investments. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of investments are recorded on a trade date basis. Realized gains (losses) on investments sold are calculated using the average cost method.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2025 and 2024

Change in Net Assets from Operations

The statements of activities includes a measure of change in net assets from operations. Changes in net assets which are excluded from change in net assets from operations include investment return, net of investment fees.

Functional Allocation of Expenses

The costs of the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the programs and supporting services benefited.

Income Taxes

The Organization is a not-for-profit corporation under Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from income taxes on related income pursuant to Section 501(a) of the Code.

Subsequent Events

For purposes of the presentation of these financial statements in conformity with U.S. GAAP, the Organization has considered transactions or events occurring through September 30, 2025, which was the date that the financial statements were available to be issued.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize the investment of its available funds. The Organization has various sources of liquidity at its disposal, including cash and a line of credit, as disclosed in Note 6.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing activities and general and administration, as well as the conduct of services undertaken to support those activities to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2025 and 2024

The following financial assets are expected to be available within one year of the statements of financial position date to meet general expenditures:

	<u>2025</u>	<u>2024</u>
Cash	\$ 3,111,531	\$ 2,670,774
Grants receivable	188,319	505,942
Investments	<u>4,559,094</u>	<u>3,479,469</u>
	7,858,944	6,656,185
Less amounts not available for general expenditure	<u>(4,559,094)</u>	<u>(3,479,469)</u>
Financial assets available within one year for general expenditure	\$ <u>3,299,850</u>	\$ <u>3,176,716</u>

The Organization has board-designated investments that are intended to support general operations at the discretion of the Board of Directors. Since the Board of Directors does not currently intend to use these board-designated investments and is expected to maintain these funds for a long-term purpose, they have not been included in the information above.

3. Property and Equipment

Property and equipment consisted of the following:

	<u>2025</u>	<u>2024</u>
Land	\$ 213,195	\$ 213,195
Land improvements	4,071	4,071
Buildings and building improvements	6,377,799	6,154,329
Furniture, equipment and vehicles	<u>617,810</u>	<u>569,354</u>
	7,212,875	6,940,949
Less accumulated depreciation	<u>(2,859,898)</u>	<u>(2,642,635)</u>
Property and equipment, net	\$ <u>4,352,977</u>	\$ <u>4,298,314</u>

4. Beneficial Interest in an Agency Fund

The Organization is a beneficiary of an agency fund maintained at the New Hampshire Charitable Foundation (NHCF). Pursuant to the terms of the resolution establishing this agency fund, property contributed by the Organization to NHCF is held as a separate fund designated for the benefit of the Organization. The Board of Directors of NHCF do not have the power to redesignate the funds contributed by the Organization. At June 30, 2025 and 2024, the estimated value of the future distributions from the agency fund in the amount of \$164,806 and \$154,076, respectively, is included in the statements of financial position as beneficial interest in an agency fund.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2025 and 2024

5. Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

- Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets measured at fair value on a recurring basis are summarized below:

Fair Value Measurements at June 30, 2025 Using:				
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments				
Cash equivalents	\$ 1,068,773	\$ 1,068,773	\$ -	\$ -
Equity securities	1,728,594	1,728,594	-	-
Exchange traded funds	1,658,068	1,658,068	-	-
Mutual funds	<u>103,659</u>	<u>103,659</u>	-	-
Total investments	<u>\$ 4,559,094</u>	<u>\$ 4,559,094</u>	<u>\$ -</u>	<u>\$ -</u>
Beneficial interest in an agency fund	<u>\$ 164,806</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 164,806</u>

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2025 and 2024

	Fair Value Measurements at June 30, 2024 Using:			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Investments				
Cash equivalents	\$ 490,234	\$ 490,234	\$ -	\$ -
Equity securities	1,501,719	1,501,719	-	-
Exchange traded funds	1,340,816	1,340,816	-	-
Mutual funds	<u>146,700</u>	<u>146,700</u>	<u>-</u>	<u>-</u>
Total investments	<u>\$ 3,479,469</u>	<u>\$ 3,479,469</u>	<u>\$ -</u>	<u>\$ -</u>
Beneficial interest in an agency fund	<u>\$ 154,076</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 154,076</u>

The fair value of the Organization's beneficial interest in an agency fund is categorized as a level 3 measurement because the interest is not marketable. The fair value of the assets held in the agency fund is based on the quoted market prices of the underlying assets. Due to the level of risk associated with the fair value of the underlying securities and the level of uncertainty related to changes in their value, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of financial position. Changes in fair value of the Organization's beneficial interest in the agency fund consisted of:

	<u>2025</u>	<u>2024</u>
Balance, beginning of year	\$ 154,076	\$ 142,633
Investment return	16,747	17,790
NHCF fee	(510)	(940)
Distributions	<u>(5,507)</u>	<u>(5,407)</u>
Balance, end of year	<u>\$ 164,806</u>	<u>\$ 154,076</u>

6. Line of Credit

The Organization has established a \$300,000 line of credit with Provident Bank with a current interest rate of 7.5%. The interest rate is directly tied to the Wall Street Journal Prime Rate with no margin. Accordingly, any changes to this rate will change the Organization's line of credit rate. There was no outstanding balance as of June 30, 2025 and 2024.

CROSS ROADS HOUSE, INC.

Notes to Financial Statements

June 30, 2025 and 2024

7. Long-Term Debt

Long-term debt consisted of the following:

	<u>2025</u>	<u>2024</u>
Note payable to Provident Bank, due in monthly installments of \$1,293 including interest at 4.69%, through August 2037; collateralized by real estate.	\$ 145,249	\$ 153,684
Note payable to Provident Bank, due in monthly installments of \$953 including interest at 5.62%, through August 2037; collateralized by real estate.	<u>93,043</u>	<u>98,986</u>
	238,292	252,670
Less current portion	13,865	13,066
Less unamortized debt issuance costs	<u>1,962</u>	<u>2,124</u>
Long-term debt, net	\$ <u>222,465</u>	\$ <u>237,480</u>

Future minimum principal payments of long-term debt are as follows:

2026	\$ 13,865
2027	14,712
2028	15,577
2029	16,564
2030	17,576
Thereafter	<u>159,998</u>
	\$ <u>238,292</u>

Cash paid for interest approximates interest expense.

8. Concentration of Credit Risk

For the years ended June 30, 2025 and 2024, approximately 43% and 39%, respectively, of revenue and support of the Organization was derived from government grants.

9. Greenleaf Apartments

The Organization owned a 12-unit single room occupancy building in Portsmouth, New Hampshire. The property was sold for \$550,000 in May 2024, resulting in a gain on the sale of property of \$149,691.

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization: City of Dover – Recreation Department	
Name of Program or Project Barrier removal of addition of ADA compliant automatic door openers on main entrance of indoor pool and ice arena	
Name of Executive Director J. Michael Joyal	
Mailing Address 288 Central Ave. Dover, NH 03820	
Physical Address Indoor Pool, 9 Henry Law Avenue Dover, NH & Ice Arena, 110 Portland Ave Dover, NH	
Contact Person Kevin Hebert	Phone 603-516-6410
E-Mail k.hebert@dover.nh.gov	Website https://www.dover.nh.gov/
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input checked="" type="checkbox"/> Unit of Government <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain):	
Tax ID # 02-6000230	
SAM UEI # CJFYJTK9YE5	SAM Expiration Date

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$27,500
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Install ADA door operators on main entrance of indoor pool and ice arena

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Indoor Pool, 9 Henry Law Avenue Dover, NH and Ice Arena, 110 Portland Ave Dover, NH

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Disabled individuals
Beneficiaries: For FY 2027 (7/1/2026 – 6/30/2027) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 3,700-5,100

CLIENT POPULATION
Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, are the criteria/protocols in writing?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u>
<p>Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. The proposed activity involves adding two new ADA compliant door openers on the main entrance of the Dover Indoor Pool and Dover Ice Arena to enhance accessibility and inclusivity by providing ADA-compliant door opening options in a public space. This initiative aims to remove barriers for individuals, particularly those with disabilities, seeking to enjoy the pool and ice arena.</p>

NARRATIVE – <u>PUBLIC FACILITY</u> ACTIVITY OR PROJECT <u>ONLY</u>
<p>Please provide the following information for the proposed <u>project</u> (<i>not the organization</i>):</p> <p>Describe the nature of the project: The proposed activity involves adding two new ADA compliant door openers on the main entrance of the Dover Indoor Pool and Dover Ice Arena to enhance accessibility and inclusivity by providing ADA-compliant door opening options in a public space. This initiative aims to remove barriers for individuals, particularly those with disabilities, seeking to enjoy the pool and ice arena.</p> <p>Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations: This project will benefit presumed benefit populations by providing accessible ADA door openers in public areas, promoting social inclusion and community engagement. By ensuring ADA compliance, the activity will cater to the needs of disabled individuals, elderly persons, and other vulnerable groups, enhancing their quality of life and access to public amenities.</p> <p>Proposed project starting date: July 1st, 2026</p> <p>Proposed project completion date: August 1st, 2026</p> <p>Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): 4 ADA automated door openers \$23,810, Electrician to provide 10V power supply \$3,690</p> <p>Note: Written estimates, <u>based upon the information provided above</u>, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.</p> <p>See attached estimates.</p>

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Remove barriers to access for disabled persons.	Increased access to at least ten disabled persons.

DESCRIPTION OF ORGANIZATION
<p>Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>City of Dover- The city is dedicated to fostering a vibrant and inclusive community by promoting economic growth and enhancing public infrastructure. The city works to create opportunities for all residents, with a focus on improving accessibility and inclusivity in public spaces. By undertaking a variety of projects, the City of Dover aims to remove barriers and support the well-being of individuals with disabilities. With a skilled team and a commitment to compliance with all relevant regulations, the city ensures the successful planning and execution of public improvement initiatives that contribute to the overall economic health and quality of life in Dover.</p>

AUDIT AND EVALUATION
<p>Does your organization have an annual CPA audit or other financial statement? Yes</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application. See attached.</p> <p>Is your organization evaluated by outside agencies or programs? Yes</p> <p>If yes, please note the agency/program and how often the evaluation occurs. Information included in attached audit.</p>

BOARD OF DIRECTORS	
Name	Residence (city/town)
Dennis Shanahan - Mayor	Dover
Lindsey Williams - City Councilor, At-Large	Dover
Bret Carmichael - City Councilor, At-Large	Dover
April Richer- City Councilor, Ward 1	Dover
Lucas Veitch - City Councilor, Ward 2	Dover
Anthony A. Retrosi - City Councilor, Ward 3	Dover
Timothy Granfield - City Councilor, Ward 4	Dover
Richard L. Robison Jr. - City Councilor, Ward 5	Dover
Fergus Cullen-City Councilor, Ward 6	Dover

BUDGET: ACTIVITY or PROJECT

Use box 1 to provide a budget for the proposed project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. <u>Public Facilities</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>	\$0	\$0	\$0
Soft Costs			
Acquisition	ADA Openers \$23,810		\$23,810
Appraisals			
Design/Engineering			
Other (list):	Electrical Install \$3,690		\$3,690
<i>Total Soft Costs</i>	\$27,500		\$27,500
<i>TOTAL PROPOSED BUDGET:</i>	\$27,500	\$0	\$27,500

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
State:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Local:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		

Private:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Portsmouth CDBG:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Rochester CDBG:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Other:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Total:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)	Explanation
City of Dover	Committed: \$0 Pending: \$0 Proposed: \$0	
Total:	\$0	

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Please See Attached: COD FY26 Adopted Budget

Budget Period: from July 1, 2026 to June 30, 2027	Current Year	Next Year (projected)
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions		
United Way		
Fundraising or other income		
Other (describe)		

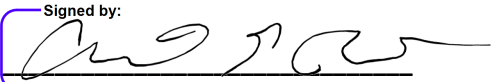
Community Dev. Block Grant (include anticipated request)		
TOTAL REVENUE		
EXPENSES		
Salaries		
Fringe Benefits		
Supplies (include printing/copying)		
Travel		
Training		
Communications		
Audit		
Property Maintenance		
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES		
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFIA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
Total Expenditure of Federal Awards				\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0

NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0
Local Assistance:	[Agency Name]			\$0	\$0
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$0	\$0
Total State and Local Awards				\$0	\$0
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$0	\$0

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Signed by:

0CB4738960CE4EB...
SIGNATURE

12/19/2025

DATE

Christopher Parker

PRINTED NAME

Deputy City Manager

TITLE

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization: City of Dover – Recreation Department	
Name of Program or Project City Parks Barrier Removal	
Name of Executive Director J. Michael Joyal	
Mailing Address 288 Central Ave. Dover, NH 03820 Physical Address 288 Central Ave, Dover, NH 03820	
Contact Person Kevin Hebert	Phone 603-516-6410
E-Mail k.hebert@dover.nh.gov	Website https://www.dover.nh.gov/
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply) <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input checked="" type="checkbox"/> Unit of Government <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain):	
Tax ID # 02-6000230	
SAM UEI # CJFYJTK9YE5	SAM Expiration Date

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$181,500.00
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4th grade students. Repair of homeless shelter roof.) Removal of parking and accessway barriers at existing Dover parks and playgrounds.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Dover Parks and playgrounds

BENEFICIARIES

Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Disabled individuals

Beneficiaries:

For FY 2027 (7/1/2026 – 6/30/2027) please provide the *estimated* number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 3,700-5,100

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: ☐ Yes ☐ No ☒ N/A

If yes, are the criteria/protocols in writing?: ☐ Yes ☐ No ☒ N/A

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project: The proposed activity involves removing barriers to access at existing parks and playgrounds. Projects include improvements to existing pathways and parking areas and installation of new parking and pathways, where necessary, to remove barriers to access.

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations: This project will benefit presumed benefit populations by providing compliant access to existing public recreation areas.

Proposed project starting date: July 1st, 2026

Proposed project completion date: September 1st, 2027

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Excavation and Construction @ \$75,000.00

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Remove barriers to access for disabled persons.	Compliant access for seniors and disabled individuals.

DESCRIPTION OF <u>ORGANIZATION</u>
<p>Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>City of Dover- The city is dedicated to fostering a vibrant and inclusive community by promoting economic growth and enhancing public infrastructure. The city works to create opportunities for all residents, with a focus on improving accessibility and inclusivity in public spaces. By undertaking a variety of projects, the City of Dover aims to remove barriers and support the well-being of individuals with disabilities. With a skilled team and a commitment to compliance with all relevant regulations, the city ensures the successful planning and execution of public improvement initiatives that contribute to the overall economic health and quality of life in Dover.</p>

AUDIT AND EVALUATION
<p>Does your organization have an annual CPA audit or other financial statement? Yes</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application. See attached.</p> <p>Is your organization evaluated by outside agencies or programs? Yes</p> <p>If yes, please note the agency/program and how often the evaluation occurs. Information included in attached audit.</p>

BOARD OF DIRECTORS	
Name	Residence (city/town)
Dennis Shanahan - Mayor	Dover
Lindsey Williams - City Councilor, At-Large	Dover
Bret Carmichael - City Councilor, At-Large	Dover
April Richer- City Councilor, Ward 1	Dover
Lucas Veitch - City Councilor, Ward 2	Dover
Anthony A. Retrosi - City Councilor, Ward 3	Dover
Timothy Granfield - City Councilor, Ward 4	Dover
Richard L. Robison Jr. - City Councilor, Ward 5	Dover
Fergus Cullen-City Councilor, Ward 6	Dover

BUDGET: ACTIVITY or PROJECT

Use box 1 to provide a budget for the proposed project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. Public Facilities			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <i>Note:</i> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction	\$75,000.00		\$75,000.00
Other (list)			
<i>Total Hard Costs</i>	\$75,000.00	\$0	\$75,000.00
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other (list):			
<i>Total Soft Costs</i>	\$0	\$0	\$0
<i>TOTAL PROPOSED BUDGET:</i>	\$75,000.00	\$0	\$75,000.00

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
State:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Local:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Private:	Committed:	\$0	\$0	\$0

	Pending:	\$0		
	Proposed:	\$0		
Portsmouth CDBG:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Rochester CDBG:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Other:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Total:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)		Explanation
City of Dover	Committed:	\$0	
	Pending:	\$0	
	Proposed:	\$0	
Total:		\$0	

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Please See Attached: COD FY26 Adopted Budget

Budget Period: from July 1, 2026 to June 30, 2027	Current Year	Next Year (projected)
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions		
United Way		
Fundraising or other income		
Other (describe)		
Community Dev. Block Grant (include anticipated request)		

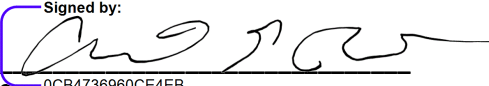
TOTAL REVENUE		
EXPENSES		
Salaries		
Fringe Benefits		
Supplies (include printing/copying)		
Travel		
Training		
Communications		
Audit		
Property Maintenance		
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES		
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
Total Expenditure of Federal Awards				\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0

	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0
Local Assistance:	[Agency Name]			\$0	\$0
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$0	\$0
Total State and Local Awards				\$0	\$0
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$0	\$0

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Signed by:

 0CB4736960CE4EB...
SIGNATURE

12/19/2025

DATE

Christopher Parker

PRINTED NAME

Deputy City Manager

TITLE

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization: City of Dover – Planning and Community Development	
Name of Program or Project Rental Unit Rehabilitation Program	
Name of Executive Director J. Michael Joyal	
Mailing Address 288 Central Ave. Dover, NH 03820 Physical Address 288 Central Ave. Dover, NH 03820	
Contact Person Dave Carpenter	Phone 603-516-6008
E-Mail d.carpenter@dover.nh.gov	Website https://www.dover.nh.gov/
Please Identify the Type of Organization Applying for Funds <i>(Note: More than one may apply)</i> <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input checked="" type="checkbox"/> Unit of Government <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain):	
Tax ID # 02-6000230	
SAM UEI # CJFYJTK9YE5	SAM Expiration Date

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$35,000.00
<p>Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>)</p> <p>Rehabilitation of existing rental units to address critical maintenance needs, preserve affordable rents, and ensure that income-qualified households continue to have access to safe and stable housing.</p>

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Within the City of Dover. Locations to be determined

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Low-Moderate Income Households
Beneficiaries: For FY 2027 (7/1/2026 – 6/30/2027) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 3,700-5,100

CLIENT POPULATION
Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Under Development
If yes, are the criteria/protocols in writing?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Under Development

NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u>
Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. N/A

NARRATIVE – <u>PUBLIC FACILITY</u> ACTIVITY OR PROJECT <u>ONLY</u>
Please provide the following information for the proposed <u>project</u> (<i>not the organization</i>): Describe the nature of the project: Through the Rental Unit Rehabilitation Program, landlords may receive grant or loan funding to renovate their rental properties and address critical health, safety, and maintenance needs. In exchange for financial assistance, participating owners agree to maintain affordable rents and ensure continued access for income-qualified households, including those participating in rental assistance programs. Eligible improvements may include the correction of code violations, energy-efficiency upgrades, and other measures that extend the life of existing housing stock. By investing in these properties, the City is helping prevent the loss of affordable units and ensuring that Dover's neighborhoods remain inclusive, stable, and livable for all residents. Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations : Rental units that participate in the program would be restricted, for a certain time frame, to occupancy by households/individuals that qualify as moderate, low or very low income with rent capped at certain levels. Proposed project starting date: July 1 st , 2026 Proposed project completion date: June 30 th , 2028 Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Required improvements will vary from unit to unit. The bulk of the funds will be used for construction related costs. If the nature of the improvements requires that occupants be temporarily relocated, all costs associated with relocation will be paid from this allocation. Note: Written estimates, <u>based upon the information provided above</u>, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates. Costs for rehab will vary from unit to unit depending upon the nature of the improvements necessary to address critical health, safety, and maintenance needs.

PERFORMANCE OUTCOME MEASURES	
Provide the <u>outcomes</u> proposed & the <u>method of measurement</u> . You may list multiple outcomes.	
Outcome	Measurement
Example 1: Decrease in number of “latch-key kids” Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Increase number of existing rental units that are eligible for housing assistance and occupied by moderate, low or very low income households/persons.	Three existing rental units are improved to become eligible for housing related assistance and are occupied by income-qualified households/persons

DESCRIPTION OF ORGANIZATION
<p>Please provide a description of the <u>organization or agency</u> that is undertaking the activity or project.</p> <p>City of Dover – Dover is committed to fostering a vibrant, inclusive community by expanding access to quality, affordable housing and supporting thoughtful, long-term growth. Central to the city’s vision is ensuring that homes are attainable for households across a wide range of income levels. Dover prioritizes a diverse mix of housing options—including single-family homes, small multi-family buildings, and safe, well-maintained rental units—to meet the evolving needs of its residents. Through strategic planning and targeted improvements, Dover aims to remove barriers, expand housing choice, and enhance quality of life for those with disabilities and others who face housing challenges. With a skilled team, strong partnerships, and a commitment to community-driven goals, the City advances projects that reinforce both the city’s economic health and its vision for a more inclusive, affordable, and welcoming Dover.</p>

AUDIT AND EVALUATION
<p>Does your organization have an annual CPA audit or other financial statement? Yes</p> <p>If yes, please submit most recent audit or financial statements as an attachment to this application. See attached.</p> <p>Is your organization evaluated by outside agencies or programs? Yes</p> <p>If yes, please note the agency/program and how often the evaluation occurs. Government Finance Officers Association of the United States and Canada</p>

BOARD OF DIRECTORS	
Name	Residence (city/town)
Dennis Shanahan - Mayor	Dover
Lindsey Williams - City Councilor, At-Large	Dover
Bret Carmichael - City Councilor, At-Large	Dover
April Richer- City Councilor, Ward 1	Dover
Lucas Veitch - City Councilor, Ward 2	Dover
Anthony A. Retrosi - City Councilor, Ward 3	Dover
Timothy Granfield - City Councilor, Ward 4	Dover
Richard L. Robison Jr. - City Councilor, Ward 5	Dover
Fergus Cullen-City Councilor, Ward 6	Dover

BUDGET: ACTIVITY or PROJECT

Use box 1 to provide a budget for the proposed project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. <u>Public Facilities</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction	\$35,000.00		\$35,000.00
Other (list)			
<i>Total Hard Costs</i>	\$35,000.00	\$0	\$35,000.00
Soft Costs			
Acquisition			
Appraisals			
Design/Engineering			
Other (list):			
<i>Total Soft Costs</i>	0		0
<i>TOTAL PROPOSED BUDGET:</i>	\$35,000.00	\$0	\$35,000.00

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
State:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Local:	Committed:	\$0	\$0	\$0

	Pending:	\$0		
	Proposed:	\$0		
Private:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Portsmouth CDBG:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Rochester CDBG:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Other:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		
Total:	Committed:	\$0	\$0	\$0
	Pending:	\$0		
	Proposed:	\$0		

Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)	Explanation
City of Dover	Committed: \$0 Pending: \$0 Proposed: \$0	
Total:	\$0	

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Please See Attached: COD FY26 Adopted Budget

Budget Period: from July 1, 2026 to June 30, 2027	Current Year	Next Year (projected)
REVENUES		
Federal Funds		
State Funds		
Foundations/Private Contributions		
United Way		
Fundraising or other income		

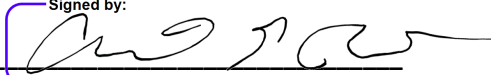
Other (describe)		
Community Dev. Block Grant (include anticipated request)		
TOTAL REVENUE		
EXPENSES		
Salaries		
Fringe Benefits		
Supplies (include printing/copying)		
Travel		
Training		
Communications		
Audit		
Property Maintenance		
Service Contracts		
Construction Supplies/Materials		
Other (describe)		
TOTAL EXPENSES		
NET (Income - Expenses)		

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
U.S. Dept. of	[Agency Name]			\$0	\$0
Direct Program	[Program Name]				
Passed Through	[Entity Name]			\$0	\$0
	[Program Name]				
Total U.S. Dept. of	[Agency Name]			\$0	\$0
Total Expenditure of Federal Awards				\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				

Total NH Dept. of	[Agency Name]			\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0
NH Dept. of	[Agency Name]			\$0	\$0
	[Program Name]				
Total NH Dept. of	[Agency Name]			\$0	\$0
Local Assistance:	[Agency Name]			\$0	\$0
	[Program Name]				
Total Local Assistance:	[Agency Name]			\$0	\$0
Total State and Local Awards				\$0	\$0
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$0	\$0

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Signed by: 
0CB4736960CE4EB...
SIGNATURE

12/19/2025
DATE

Christopher Parker
PRINTED NAME

Deputy City Manager
TITLE

APPLICATION: DOVER CDBG FY25

APPLICANT INFORMATION	
Organization My Friend's Place	Tax ID 02-0407497
Name of Program or Project Emergency Shelter and transitional Housing	
Name of Executive Director Susan Ford	
Mailing Address 368 Washington Street, Dover, NH 03820	
Physical Address Emergency Shelter is SSA, Transitional Housing: 21/23 Hough Street and 25 East Concord Street, Dover, NH	
Contact Person Susan Ford	Phone 603-749-3017
E-Mail sford@myfriendsplacenh.org	Website www.myfriendsplacenh.org
Please Identify the Type of Organization Applying for Funds (Note: More than one may apply)	
<input checked="" type="checkbox"/> 501(c)(3)	For-profit authorized under 570.201(o) Unit of Government
Faith-based Organization	Institution of Higher Education
Other (Explain):	
Tax ID # 02-0407497	
*UEI # (DUNS REPLACEMENT): NHTBK7J56F76	*SAM Expiration Date 10/20/26

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 40,000
Provide a very brief summary of the activity or project for which the funds are requested. Keep responses to one or two sentences (i.e. After School Care for K-4 th grade students. Repair of homeless shelter roof.) Repaving and expanding on our driveway/parking at the shelter

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Emergency Shelter is located at 368 Washington Street, Dover, NH 03820.

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Homeless Men, Women and Families
Beneficiaries: For FY 2025 (7/1/2026 – 6/30/2027) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 30 For FY 2025 (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: 30 Were Dover CDBG funds used to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026): Yes If so, how much? \$7,700

CLIENT POPULATION

Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: XX Yes No

If yes, are the criteria/protocols in writing?: XX Yes No

NARRATIVE – PUBLIC SERVICE ACTIVITY OR PROGRAM ONLY

Please provide a detailed description for the proposed activity (*not the organization*). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals. Funds will be applied to repaving and expanding our parking area at the shelter. We are seeing more and more clients with cars and expect this to increase with the motor vehicle inspections no longer being required in the state. We are hoping to add three parking spots along our fence area that cars are not parking on the grass. We also wish to add a paved driveway from the base of the driveway to the back of the barn to allow access to that storage area in the winter as well as allow for over flow parking during an event or meeting at the shelter. Currently, over flow parking for guests or visitors are on the side of Brookline Ave as there is no parking on either side of Washington St. This project will not change the way the shelter appears from the road other than cars that are now parked on the grass along the fence will be on pavement.

Please indicate who prepared the overall cost estimate for the activity. Susan M. Ford

NARRATIVE – PUBLIC FACILITY ACTIVITY OR PROJECT ONLY

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project: Repaving/Expanding our parking area at the shelter

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations: currently we have limited parking and have had to tell clients that came with vehicles that due to space issue they could not keep their car here, this puts an undue strain on clients who do not have supports in the community to store their vehicle elsewhere. To limit this we have had cars on a regular basis assigned to a grassed in area of our property adjacent to the parking spots.

Proposed project starting date: As soon as funds are made available and schedules in paving company allows.

Proposed project completion date: Within 5 days of project start date

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.): Removal of existing asphalt, remove grass and top soil from areas that will be paved, Install and compact crushed gravel for base, Pave area with 3" of asphalt, Compact the asphalt with a 2 year guarantee on workmanship. 40K.

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
Decrease the number of cars parked on grass areas or on the side of the road.	# of times cars from shelter are parked anywhere other than the pavement on the property.

DESCRIPTION OF ORGANIZATION

Please provide a description for the organization or agency that is undertaking the activity or project. My Friend's Place provides short term emergency shelter for homeless individuals and families. The average stay for a single person is 90 days while family's stays are 120 to 180 days. Due to our contract with the state, we can no longer mandate case

management services. We have therefore put together two options for clients who wish to stay at MFP. Option 1 is to opt out of case management services in which case they are given a 30 day stay and must pay the full 30% of gross income to the shelter for service fees. Example someone staying here and earning \$500 a week will pay \$150 a week in service fees. Option 2 is to work with case management and as long as they are compliant, they are can stay as long as they need to and are compliant with the program. Compliance with the program means weekly, mandatory 30% of income in savings, budget sheets with receipts for purchases, schedules, weekly in person meetings to lay out goals and steps to obtain those goals as long with progress on those steps. We only require to pay 30% of gross or \$100 a week, whichever is lower. The transitional housing program provides longer term stays for families who have serious obstacles to obtaining permanent housing. Families may stay in this program for up to 2 years

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application.

Is your organization evaluated by outside agencies or programs? No

If yes, please note the agency/program and how often the evaluation occurs.

BOARD OF DIRECTORS

Name	Residence (city/town)
FX Bruton, Esq., President	Dover, NH
Stan Robbins, Vice President	Dover, NH
Robert Fuller, CPA, Treasurer	Dover, NH
Janet Insolia, Secretary	Dover, NH
Phyllis LaPointe, Member	Barrington, NH
John Lewis, Esq., Member	Durham, NH
Jacqueline Williams, Member	Dover, NH
Brad Gould, Member	Dover, NH
Debra Hackett, Member	Dover, NH
Erica Johnson, Member	Dover, NH
John Doane, Member	Barrington, NH
Mark Bowen	Greenland, NH
Dan Hickman	Dover, NH
Lindsay Hickman	Dover, NH

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

2. Public Facilities

	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Construction	40,000		40,000
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			

Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
<i>TOTAL PROPOSED BUDGET:</i>	40,000		40,000

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:	\$8,000	\$8,000	There is no contract for FY27, however we based this number on history with FEMA funding
State:	Committed: Pending: Proposed:	\$ \$268,545	\$268,545	There is no contract in place for FY27 however we expect it to be no less then a\$27 a bed night (28 beds*364)*\$27
Local	Committed: Pending: Proposed:	\$ \$10,000	\$10,000	Again there is no contract for FY 27 however we based this number on funds we have received in the past from Dover as well as other towns billed for services
Private	Committed: Pending: Proposed:	\$ \$141,100	\$141,100	This budgeted amount for this years projected cash donations, investments, interest, United Way Contributions and other public grants.
Portsmouth CDBG:	Committed: Pending: Proposed:	\$9,000	\$9,000	We based this number on the amount we received this fiscal year.
Rochester CDBG:	Committed: Pending: Proposed:	\$ \$25,000 \$	\$25,000	This is a projected amount based on years past funding
Fundraising	Committed: Pending: Proposed:	\$217,700	\$217,700	This is our budget number based on history from all our fundraising efforts including but not limited to Bingo, Games of Chance and Annual Appeal
Total:	Committed: Pending: Proposed:	\$ \$679,345	\$679,345	

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from July 1 to June 30	Current Year	Next Year (projected)
REVENUES		
Federal Funds	\$8,000	\$8,000
State Funds	\$268,545	\$270,000
Foundations/Private Contributions	\$119,000	\$120,000
United Way	\$1,000	\$1,000
Fundraising or other income	\$180,000	\$180,000
Other (describe) Direct Public Grants, interest, investment, rents, service fees etc.	\$55,100	\$56,000
Community Dev. Block Grant (include anticipated request)	\$51,700	\$52,000
TOTAL REVENUE	683,345	\$687,000
EXPENSES		
Salaries	\$386,801	\$400,000
Fringe Benefits	\$29,009	\$32,000
Supplies (include printing/copying)	\$26,600	\$28,000
Travel	\$1,350	\$1,500
Training & Audit	\$1,700	\$2,000
Communications	\$6,000	\$7,000
Utilities (Heat, Elec, Water)	\$43,000	\$46,000
Property Repairs & Maintenance	\$38,500	\$40,000
Contract Services	\$14,600	\$15,000
Resident Support Services and Volunteer Expenses	\$3,200	\$3,500
Insurance (Liability, Workers Comp, D & O	\$64,620	\$68,000
Misc Expenses (Resident Support Services, Volunteer Expenses, Fundraising expenses, Advertisement)	\$4,050	\$5,000
TOTAL EXPENSES	\$619,430	\$648,000
NET (Income - Expenses)	*\$63,915	\$38,000

This item is larger than it will be due to maintenance jobs that have been need and approved by the board but not built into the general operating allotments for unexpected maintenance issues. .

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

	Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal CDFA Number	Pass-Through Entity's Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Dept. of	FEMA			\$8,000	\$8,000
Direct Program	EFSP				
Passed Through	United Way			\$	\$
Total Expenditure of Federal Awards				\$8,000	\$8,000
NH Dept. of	DHHS			\$268,545	\$268,545
	SGIA				
Total State and Local Awards				\$268,545	\$268,545
TOTAL FEDERAL, STATE, & LOCAL ASSISTANCE				\$276,545	\$276,545

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

SIGNATURE

DATE

SUSAN M. FORD
PRINTED NAME

EXECUTIVE DIRECTOR
TITLE

FFATA Checklist (contracts \$30,000 and over)

The Federal Funding Accountability and Transparency Act (FFATA) require the Office of Management and Budget (OMB) to maintain a single, searchable website that contains information on all Federal spending awards. As part of this, the City of Dover's CDBG program requires all agencies that meet the following thresholds to report when the agencies:

- had a gross income, from all sources, over \$300,000 in the agency's previous tax year, **and**
- have been awarded \$30,000 and over.

Please check box, sign and date below and return form if your agency **does not** meet the above thresholds. ☐

To Be Filled Out By Dover CDBG Staff	
Award title descriptive of the funding action	
CFDA program number for grant	14.218
Program source	CDBG
Amount of award	
To Be Filled Out By <u>Agency</u>	
Name of agency receiving award	My Friend's Place
Address of the entity including:	368 Washington Street, Dover, NH 03820
Place of performance including:	SAA
Congressional district	First
Total compensation and names of top five executives*	1. Susan Ford, 72,145 Salary (\$83,310 with Fringe)
	2.
	3.
	4.
	5.
DUNS number	Sams Number NHTBK7J56F76 expires 10/20/26
Central Contractors Registration (CCR) number**	Cage Code 37NQ5

***Must give total compensation and names of top five executives if:**

(1) More than 80% of annual gross revenues are from the federal government, and those revenues are greater than \$25M annually, **and** (2) Compensation information is not already available through reporting to the SEC. **Note: Because CCR registration expires annually, grantees are required to update their CCR information annually.

How do you get a DUNS number?

The unique identifier used in reporting to FFATA is the entity's Dun & Bradstreet (D&B) Data Universal Numbering System (DUNS) Number. For subgrantees, OMB has issued interim final guidance requiring such recipients to obtain a valid DUNS number. DUNS numbers may be requested via the web at: <http://fedgov.dnb.com/webform>

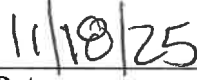
****What is a CCR and how do you register?**

CCR stands for Central Contractor Registration, which is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions. The link to information needed to register and become familiar with CCR is provided below.

Registration information: <http://www.ccr.gov/startregistration.aspx>



 Signature of Authorized Person



 Date

 Executive Director
 Title

APPLICATION: DOVER CDBG FY27

APPLICANT INFORMATION	
Organization Community Action Partnership of Strafford County	
Name of Program or Project Weatherization Assistance Program	
Name of Executive Director Betsey Andrews Parker	E-Mail bandrewsparker@straffordcap.org
Mailing Address 577 Central Avenue, Suite 10, Dover, NH 03820	
Physical Address 577 Central Avenue, Suite 10, Dover, NH 03820	
Contact Person Bob Arnold, Housing Development and Revitalization Director	Phone 603-435-2500
E-Mail barnold@straffordcap.org	Website www.straffordcap.org
Please Identify the Type of Organization Applying for Funds <i>(Note: More than one may apply)</i> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> For-profit authorized under 570.201(o) <input type="checkbox"/> Unit of Government <input type="checkbox"/> Faith-based Organization <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> Other (Explain):	
Tax ID # 02-0268636	
SAM UEI # Z3KKLWND4993	SAM Expiration Date

ACTIVITY or PROJECT INFORMATION

ACTIVITY OR PROJECT INFORMATION
Amount of Dover CDBG funds requested for activity/project: \$ 25,000
Provide a <u>very brief</u> summary of the <u>activity</u> or <u>project</u> for which the funds are requested. Keep responses to one or two sentences (i.e. <i>After School Care for K-4th grade students. Repair of homeless shelter roof.</i>) Funds will be used to supplement the Weatherization Assistance Program for Rochester residents experiencing economic hardship.

PROJECT LOCATION
Location(s) where services will be provided or physical improvements will be made. Dover, NH

BENEFICIARIES
Beneficiary type: (e.g. Homeless Individuals, Low-Income Households, etc.) Low-Income Households
Beneficiaries: For FY 2027 (7/1/2026 – 6/30/2027) please provide the <i>estimated</i> number of unduplicated Dover beneficiaries that will benefit from this CDBG funded activity or project, not necessarily your entire client population (Note: these numbers will be monitored during the funding year): 10 For FY 2025 (7/1/2024 – 6/30/2025) please provide the number of unduplicated Dover beneficiaries that benefited from this activity or program, not necessarily your entire client population: There were a total of 16 homes with 43 Dover beneficiaries who received weatherization and heating system assistance. Of those 16 projects, 6 had CDBG participation which assisted 17 Dover residents.
Were Dover CDBG funds awarded to fund this activity or project in FY 2026 (7/1/2025 – 6/30/2026): Yes If so, how much? \$25,000.00

CLIENT POPULATION
Does your organization have criteria/protocols in place that are used to determine when clients will or will not receive assistance for this program or activity?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are the criteria/protocols in writing?: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE – <u>PUBLIC SERVICE</u> ACTIVITY OR PROGRAM <u>ONLY</u>
Please provide a detailed description for the proposed <u>activity</u> (<i>not the organization</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Dover low-moderate income individuals.
Please provide a detailed description for the proposed <u>activity</u> (<i>NOT THE ORGANIZATION</i>). This section should describe the use of funds, why the funds are needed and how the funds will ultimately benefit Rochester low-moderate income individuals. <p>The Weatherization Assistance Program (WAP) reduces energy costs for low-income households by increasing the energy efficiency of their homes while ensuring their health and safety. Through this project, we aim to serve low-income households in the city of Dover. Our target population are individuals and families most at-risk for high energy costs who do not have the means to make cost-effective energy conservation improvements to their homes. WAP collaborates with the electric and natural gas utilities' energy efficiency programs to enhance the weatherization services provided to low-income households.</p> <p>The weatherization process begins with an energy audit of the home by a certified energy auditor and includes inspecting and testing of the home and its appliances to determine if improvements can be made to save money on electric and fuel expenses. If improvements are found to be cost-effective, an installation crew performs insulation, air sealing and mechanical improvements, which will reduce household energy expenditures and increase comfort, safety and the health of the home's occupants.</p> <p>Activities include using tests and procedures developed with or approved by Eversource, Unitil and the U.S. Department of Energy to determine the combination of appropriate measures such as blower door testing, combustion testing, CO testing, gas leak testing, and/or ventilation and moisture testing of the building envelope. Weatherization and life safety measures may include:</p>

- Insulation
- Furnace repair or replacement
- Window and door repair or replacement
- Low-flow faucets and shower heads
- Water heater improvements
- Air sealing
- Weatherstripping
- Pipe insulation
- Refrigerator replacement
- LED lighting conversion
- Mechanical ventilation as required by ASHRAE 62.2 (2016)
- Smoke and CO detectors with 10-year battery life
- Incidental repairs as outlined in the NH Weatherization Field Guide, 2019 Edition
- Other Health and Safety measures as outlined in the NH Weatherization Field Guide

CDBG funding for WAP benefits Dover residents with low or very low incomes in several ways, including:

1. Allowing CAPSC to make improvements to building systems and structures (e.g. health and safety issues and incidental repairs) that cannot be performed using other funding sources, but must be repaired for the site to be eligible for Weatherization funding.
2. Allowing Dover projects to comply with the leveraging requirements mandated by Weatherization funding.
3. Addressing emergency issues not requiring whole-home Weatherization.
4. Allowing CAPSC to provide assistance during times of the year when other funding sources are not available.
5. Increasing affordable housing stock in Rochester by reducing the operational costs of housing for low-income families.
6. Effectively leveraging approximately \$1 for each dollar invested by the City of Rochester from other funding sources.

Due to funding limitations, there is currently a higher demand for Weatherization services than can be met. CDBG funding helps supplement the federal and state funds for Weatherization, allowing CAPSC to serve more homes.

Please indicate who prepared the overall cost estimate for the activity. Costs of the project are determined based on the need of Dover residents and the type of job required. The estimate is prepared by the Weatherization Manager and approved in accordance with the funding sources used to complete the project.

NARRATIVE – **PUBLIC FACILITY** ACTIVITY OR PROJECT **ONLY**

Please provide the following information for the proposed project (*not the organization*):

Describe the nature of the project:

Describe how the project will ultimately benefit Dover low/moderate income individuals or Dover presumed benefit populations :

Proposed project starting date:

Proposed project completion date:

Provide a total project cost broken down by major phases of the project (purchase property, clearing & grading, foundation, building construction, etc.):

Note: Written estimates, based upon the information provided above, are required and must be submitted with this application. Estimates must be prepared by qualified individuals/companies. Please include three estimates.

PERFORMANCE OUTCOME MEASURES

Provide the outcomes proposed & the method of measurement. You may list multiple outcomes.

Outcome	Measurement
Example 1: Decrease in number of "latch-key kids" Example 2: Decreased dependence on emergency care facilities for non-emergency care of low/mod adults	Example 1: # of children who participate in afterschool program Example 2: Increase in number of low/mod income residents that seek care from health program.
1. Improve the financial position of clients by increasing the energy efficiency of their homes.	1. Savings-to-investment ratios based on Department of Energy home energy modeling
2. Decrease the number of homes with safety concerns.	2. # of homes audited and weatherized.
3. Increase affordable housing stock in Dover.	3. # of individuals/families remaining in their homes.

DESCRIPTION OF ORGANIZATION

Please provide a description of the organization or agency that is undertaking the activity or project.

At Community Action Partnership of Strafford County (CAPSC), we strongly believe no one should go without having their basic needs met. As the leading anti-poverty agency in Strafford County, we strive to empower individuals and families to achieve self-sufficiency by opening the doors to resources and opportunities that offer a hand up, not a handout. When we achieve this goal, we reduce the impact of poverty and build a stronger community.

Our mission at CAPSC is to reduce barriers to help clients improve their economic stability and well-being through education, advocacy, and partnerships. In accordance with its mission, CAPSC offers over 60+ coordinated programs designed to have a measurable impact on poverty and health status among our community's most vulnerable residents, specifically children under the age of six, disabled, seniors and those experiencing low incomes. Programs include nutrition, housing, fuel and electrical assistance, weatherization, parent and child education, childcare, and transportation, all of which are locally defined, planned and managed in partnership with other community agencies. All programs are designed to increase self-sufficiency and help clients become socially and financially independent. CAPSC's goal is to interrupt the cycle of poverty and empower at-risk children, working families and seniors to live more secure, stable and healthier lives.

CAPSC is governed by a volunteer Board of Directors, one-third of whom are consumers of services. We have nearly 150 employees and a nearly \$20 million operating budget which includes federal, state, and local funds in addition to foundation and United Way grants, fees for service, and individual and corporate donations.

AUDIT AND EVALUATION

Does your organization have an annual CPA audit or other financial statement? Yes

If yes, please submit most recent audit or financial statements as an attachment to this application. attached

Is your organization evaluated by outside agencies or programs? Yes

If yes, please note the agency/program and how often the evaluation occurs.

CAPSC is evaluated by the Region One Office of Head Start; Department of Health and Human Services; NH Office of Strategic Initiatives (OSI); Eversource; Unifil; and the United Way for program and financial performance. Evaluations occur annually at minimum. The Weatherization program is evaluated annually to ensure the program is following all federal guidelines. Each Weatherization job is audited to ensure all Weatherization measures are done correctly. The most recent Weatherization audit occurred in June, 2025

BOARD OF DIRECTORS

Name	Residence (city/town)
Terry Jarvis	Town Of New Durham, Elected Official
Katrin Kasper	Town Of Lee, Elected Official
Sarah Kuhl	Banking Representative/Dover
Steve Trozinski	Private/Dover
Nate Bernitz	UNH Cooperative Extension/Dover
Heather Blumenfeld	Triangle Club/Berwick
Bekki Carlson	Childcare/Rochester
Anthony Carr	Legal Representative/Dover
Robert Harrington	MGB/WDH/Dover
Jessica Lamontagne	Elected State Representative/Dover
Brandi McKay Berry	Town of Barrington, Elected official
Ian Oneail	Banking Representative/Nottingham
Roxanne Osgood	Rochester Housing Authority/Middleton
James Rathbun	Lived Experience/Farmington
Tom Southworth	Elected State Representative/Dover
Mark Toussaint	City of Rochester, Appointed Official
Christi-Anne Walter	Head Start Policy Council /Rochester
Jeff Warach	City of Dover, Elected Official
Robert Warach	City of Dover, Elected Official

BUDGET: ACTIVITY or PROJECT

Use box 1 or 2 below to provide a budget for the proposed activity or project. Include all proposed expenses. Note: Documentation must be kept that clearly tracks the use of the CDBG funds for the requested activities.

1. <u>Public Services</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Office Supplies		\$5400	\$5400
Utilities		\$2,200	\$2,200
Repairs/Maintenance		\$5200	\$5200
Office Expenses, Rent		\$32,856	\$32,856
Travel		\$5,400	\$5,400
Salaries (List relevant positions)			
Director		\$84,500	\$84,500
Technical Coordinator		\$62,250	\$62,250
Energy Auditor/Inspector		\$58,240	\$58,240
Energy Auditor/Inspector		\$53,040	\$53,040
Coordinator		\$46,000	\$46,000
Other:			
Equipment		\$15,250	\$15,250
Training and Technical Support		\$48,571	\$48,571
Direct Client Support	\$25,000	\$2,865,230	\$2,,890,230
Vehicle Operation		\$8400	\$8400
Administration		\$164,191	\$164,191
TOTAL PROPOSED BUDGET:	\$25,000	\$3,037,821	\$3,,062,821
Utilities			
Repairs/Maintenance			
Travel			
Salaries (List relevant positions)			
TOTAL PROPOSED BUDGET:			

2. <u>Public Facilities</u>			
	A	B	A + B
	Dover CDBG Funds Requested	Other Funding*	Total Proposed Budget
Hard Costs <u>Note:</u> Federal wage rates may apply for some projects. Applicants are encouraged to obtain estimates that reflect Davis Bacon wage rates estimates.			
Construction			
Other (list)			
<i>Total Hard Costs</i>			
Soft Costs			

Acquisition			
Appraisals			
Design/Engineering			
Other(list):			
<i>Total Soft Costs</i>			
<i>TOTAL PROPOSED BUDGET:</i>			

* Use the following table (**Activity or Project Funding Sources**) to identify any other funding sources that will be used for this specific activity or project.

ACTIVITY OR PROJECT FUNDING SOURCES

Other Funding Sources - please indicate the source and amount of other funding committed, pending or proposed that will be used for this activity or project.. Do not include Dover CDBG amount requested.

Funding Source (Name(s) of funding source(s))	Committed, Pending or Proposed Amount (\$):		Total Amount (\$)	Explanation
Federal:	Committed: Pending: Proposed:	\$1,737,967	\$1,737,967	WAP, IJA and BWP Funding from NH DOE
State:	Committed: Pending: Proposed:			
Local:	Committed: Pending: Proposed:			
Private:	Committed: Pending: Proposed:	\$20,000	\$20,000	Thomas Haas Fund
Portsmouth CDBG:	Committed: Pending: Proposed:			
Rochester CDBG:	Committed: Pending: Proposed:	\$75,000	\$75,000	
Other:	Committed: Pending: Proposed:	\$1,450,000	\$1,450,000	NH Saves
Total:	Committed: Pending:	\$1,737,967 \$1,550,000	\$3,288,967	

	Proposed:			
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Organizational Commitment: For public facility projects (building addition, new roof, replacement windows, etc.) – indicate the amount of funds that the organization itself will be contributing to the project.

Funding Source (Name of Parent Organization)	Committed, Pending or Proposed Amount (\$)		Explanation
	Committed:		
	Pending:		
	Proposed:		
Total:			

BUDGET: ORGANIZATION

Please provide a breakdown of your organization's overall annual budget. Please indicate the dates of your budget period, i.e. July 1 to June 30 or January 1 to December 31.

Budget Period: from	to	Current Year	Next Year (projected)
REVENUES			
Federal Funds		13,323,777	13,315,165
State Funds		316,170	301,335
Foundations/Private Contributions		862,003	741,216
United Way			
Fundraising or other income		135,500	134,475
Other (describe)		3,153,345 76,800 1,743,351 214	2,046,750 76,800 1,961,497 967
Community Dev. Block Grant (include anticipated request)		100,000	120,000
TOTAL REVENUE			
EXPENSES			
Salaries		7,171,057	7,019,258
Fringe Benefits		1,319,377	1,267,313
Supplies (include printing/copying)		1,251,622	655,800
Travel		108,377	96,966
Training		350,789	282,564
Communications		278,000	285,000
Audit		70,000	72,000
Property Maintenance		601,370	730,777

Service Contracts	316,199	203,789
Construction Supplies/Materials		
Other (describe)	5,985,316 239,000 1,743,351 181,140 92,304	5,592,931 288,000 1,961,497 144,863 92,585
TOTAL EXPENSES	19,707,901	18,693,340
NET (Income - Expenses)	3,259	4,864

ORGANIZATION: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

SEE ATTACHED SCHEDULE FROM AUDITED STATEMENTS

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT IT CONTAINS NO FALSIFICATIONS, MISREPRESENTATIONS, INTENTIONAL OMISSIONS, OR CONCEALMENT OF MATERIAL FACTS.

Betsey Andrews Parker

Printed Name:	Betsey Andrews Parker	Date:	November 18, 2025
Printed Title:	CEO		

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND NON-FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2024**

<u>FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE</u>	<u>ASSISTANCE LISTING NUMBER</u>	<u>PASS-THROUGH GRANTOR'S NAME</u>	<u>GRANTOR'S NUMBER</u>	<u>FEDERAL EXPENDITURES</u>
<u>U.S. Department of Agriculture</u>				
Child and Adult Care Food Program	10.558	State of New Hampshire Department of Education	4300-ZZZ	\$ 166,261
Child Nutrition Cluster				
Summer Food Service Program for Children	10.559	State of New Hampshire Department of Education	4300-ZZZ	\$ 93,713
National School Lunch Program	10.555	State of New Hampshire Department of Education	At-Risk After School Care Centers	<u>16,974</u> 110,687
Food Distribution Cluster				
Emergency Food Assistance Program	10.569	Belknap-Merrimack Community Action Partnership	None	4,146
Emergency Food Assistance Program (Food Commodities)	10.569	Belknap-Merrimack Community Action Partnership	None	<u>550,771</u> <u>554,917</u>
Total U.S. Department of Agriculture				<u>\$ 831,865</u>
<u>U.S. Department of Housing and Urban Development</u>				
Supportive Housing for the Elderly	14.157	Dover Housing Authority	Dover Housing Authority	\$ 33,004
CDBG Entitlement Grants Cluster				
Community Development Block Grants / Entitlement Grants	14.218	City of Dover, New Hampshire	City of Dover	\$ 29,849
Community Development Block Grants / Entitlement Grants	14.218	City of Rochester, New Hampshire	City of Rochester	<u>87,497</u> 117,346
Emergency Solutions Grant Program	14.231	State of New Hampshire Department of Health and Human Services	05-95-42-423010-7927	88,400
Economic Development Initiative, Community Project Funding & Misc Grants	14.251		B-23-CP-NH-0959	328,196
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services	SS-2020-BHS-04PERNA-11	29,286
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services	COC DV	210,676
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services	COC RRH	<u>177,595</u> 417,557
Supportive Housing Program	14.235	State of New Hampshire Department of Health and Human Services	010-092-7176-102-0415	<u>39,178</u>
Total U.S. Department of Housing and Urban Development				<u>\$ 1,023,681</u>
<u>U.S. Department of Homeland Security</u>				
Emergency Food and Shelter National Program	97.024	United Way	593800-035	<u>\$ 5,779</u>
Total U.S. Department of Homeland Security				<u>\$ 5,779</u>
<u>U.S. Department of Energy</u>				
BIL - Weatherization Assistance for Low-Income Persons	81.042	State of New Hampshire Governor's Office of Energy & Community Services	02-52-52-520010-XXXX0000-074-50	\$ 253,296
Weatherization Assistance for Low-Income Persons	81.042	State of New Hampshire Governor's Office of Energy & Community Services	01-02-02-024010-7706-074-500587	<u>140,992</u> <u>\$ 394,288</u>
Total U.S. Department of Energy				<u>\$ 394,288</u>

See Notes to Schedule of Expenditures of Federal Awards

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

**SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND NON-FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2024**

FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE	ASSISTANCE LISTING NUMBER	PASS-THROUGH GRANTOR'S NAME	GRANTOR'S NUMBER	FEDERAL EXPENDITURES	
U.S. Department of Health & Human Services					
Aging Cluster					
Special Programs for the Aging - Title III, Part B	93.044	State of New Hampshire Department of Health and Human Services, NTS	05-95-48-48010-78720000-512-500352	\$ 35,955	
Special Programs for the Aging - Title III, Part B	93.044	State of New Hampshire Division of Elderly and Adult Services	010-048-7872-512-0352	<u>5,948</u>	\$ 41,903
Maternal, Infant, Early Childhood Homevisiting Program	93.870	State of New Hampshire Department of Health and Human Services, DPH, BPHCS, Maternal & Health Section	05-95-90-902010-5896		161,940
Foster Care - Title IV - E	93.658	State of New Hampshire Department of Health and Human Services, DPH, BPHCS, Maternal & Health Section	05-95-90-902010-5897		124,607
Promoting Safe and Stable Families	93.556	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29730000-102-500734-42107306		3,052
Temporary Assistance for Needy Families	93.558	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-045-450010-61460000-502-500891-42106603		205,904
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	\$ 4,061,976	
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	<u>345,658</u>	4,407,634
Low-Income Water Assistance Program	93.499	State of New Hampshire Governor's Office of Energy & Planning	02-52-52-52010-19880000-500587		103,374
Community Services Block Grant	93.569	State of New Hampshire, DHHS, DFA	010-045-7148-093-0415	501,467	
Community Services Block Grant	93.569	Southern NH Services	RPIC	<u>10,000</u>	511,467
CCDF Cluster					
ARPA - Child Care and Development Block Grant	93.575	State of New Hampshire, DHHS	177200 & H79TI084759		329,909
Head Start Cluster					
Head Start	93.600	Direct Funding	01CH01149602 & 603		4,496,495
Substance Abuse and Mental Health Services Administration	93.243	Hope on Haven Hill	H79TI084759		35,825
Community-Based Child Abuse Prevention Grants	93.590	NH Childrens Trust	Trestle Implementation & Concrete Supports		6,523
Activities to Support STLT Health Dept Response to Public Health or Healthcare Crises	93.391	NH Childrens Trust			24,399
Social Services Research and Demonstration	93.647		90EDA0017		329,758
Maternal and Child Health Services Block Grant to States	93.994	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-090-51900000-102-500731-90004009		7,306
Stephanie Tubbs Jones Child Welfare Program	93.645	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29680000-102-500734-42106802		1,287
Social Services Block Grant	93.667	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29660000-102-500734-42106603		<u>60,209</u>
Total U.S. Department of Health & Human Services					<u>\$ 10,851,592</u>
TOTAL					<u>\$ 13,107,205</u>
NON-FEDERAL AWARDS					
Electrical Assistance Program		NH Public Utilities Company			\$ 242,065

See Notes to Schedule of Expenditures of Federal Awards