



FY20 CPA FUNDING APPLICATION

DUE: NO LATER THAN 6:00 PM, Monday September 30, 2019

SECTION 1: APPLICANT INFORMATION

APPLICANT NAME/ ORGANIZATION	Action for Boston Community Development Inc. (ABCD)
CO-APPLICANT (if applicable)	Malden Redevelopment Authority (Oversight)
CONTACT PERSON	Tabitha Gaston
MAILING ADDRESS	178 Tremont Street, Boston, MA 02111
PHONE	617 348-6449
EMAIL	Tabitha.Gaston@bostonabcd.org

SECTION 2: PROJECT INFORMATION

PROJECT NAME	Start Secure
PROJECT ADDRESS	6 Pleasant Street, 5th floor suite 527 Malden, MA 02148
ASSESSOR'S PARCEL ID	N/A

Interested Municipal Party or Community Organizations (if any): Malden Redevelopment Authorities
Malden Mayors Office

Will this project be independent or is it part of another existing project? Please explain:
This project will be apart of the Housing Counseling services offered by ABCD Inc.

Brief Project Description:

Through ABCD's Housing Counseling program, we will provide up to 100 Malden residents with assistance paying security deposit to move into a new unit within Malden. This assistance would also be provided to new residents moving into the Malden area. ABCD, will provide housing search and stabilization services to these households. We will also connect them with other ABCD services to help stabilize them in permanent housing.

SECTION 3: SITE INFORMATION N/A

Lot Size (Sq Ft): _____

Zoning District(s): _____

Ward: _____

Do you have site control (e.g. Purchase and Sales Agreement, option to purchase, deed)? Yes No

Note: Community Preservation Fund applicants are required to submit evidence of site control with the application. City of Malden must be co-applicant on all projects on City property.

Does the applicant have written consent of the property owner to submit an application? Yes No

Yes No

If yes, please include letter of consent with application.

If applicable, explain what zoning relief is required (e.g. a zoning variance, special permit) and why:

N/A

If applicable, describe any anticipated environmental issues/concerns with the site. If the site contains known environmental hazards, please attach a remediation plan:

N/A

Is the property listed in the National Register of Historic Places, located in a historic district, National Register Historic District, or otherwise eligible for listing in the National Register?

Yes No

If yes, please identify: N/A

If applicable, how old is the existing building (or buildings)? _____

Are there (or will there be) children under the age of seven living on the premises? Yes No

No

Will the project temporarily or permanently displace or require the relocation of existing tenants?

Yes No

If yes, please describe any outreach efforts and/or notifications to residents to date: _____

SECTION 4: FOR HOUSING APPLICANTS ONLY (All other applicants proceed to Section 5.)

DEVELOPER	N/A
DEVELOPER CONTACT	
DEVELOPER MAILING ADDRESS	
DEVELOPER PHONE	
DEVELOPER EMAIL	

TYPE OF HOUSING (CHECK ALL THAT APPLY AND PROVIDE # OF UNITS)

HOUSING TARGET CLASS	HOUSING TARGET	# OF UNITS
Homeownership	<input type="checkbox"/> Single Family	
	<input type="checkbox"/> Condominium	
	<input type="checkbox"/> Cooperative	
	<input type="checkbox"/> Other (Please Explain)	
Rental	<input type="checkbox"/> Individual/Family	
	<input type="checkbox"/> Group Home/Congregate	
	<input type="checkbox"/> Other (Please Explain)	
Targeted Population	<input checked="" type="checkbox"/> Individual/Family	
	<input checked="" type="checkbox"/> Special Needs/Identify Needs	
	<input checked="" type="checkbox"/> Elderly	
	<input checked="" type="checkbox"/> Homeless	
	<input checked="" type="checkbox"/> At Risk of Homelessness	
	<input checked="" type="checkbox"/> Other (Please Explain)	
		new and current Malden households

SECTION 5: PROJECT MILESTONE TIMELINE

Provide a schedule for project implementation, including a timeline for major milestones. Examples are included below.

DATE	MILESTONE
	Inform Ward Councilors and immediate abutters of proposed plans
	Acquisition
	Pre-development (design, zoning, permitting)
	Marketing/Outreach
	Rehabilitation/Construction
	Expected Date of Project Completion
	Full Occupancy/Public Use
	[Other Significant Milestones to Implementation]

SECTION 6: BUDGET SUMMARY

Please include a complete, itemized budget of all project expenses with this application.

Total Project Cost	CPA Funds Requested	Cost Share Amount	Cost Share Percent
\$150,000	\$ 100,000.00	\$50,000	%33

NOTE: CPA FUNDING FOR ANY CATEGORY REQUIRES COMPETITIVE BIDDING unless applicant can provide a sole source justification for any category not competitively bid.

****Attach 3 bids (preferable) and a minimum of one recent bid****


Maintenance Budget (if necessary) -Reminder: CPC cannot fund the maintenance costs for any CPC projects. CPC prioritizes projects with no maintenance required. Please identify the source of maintenance funding, if required.				
Year 1	Year 2	Year 3	Year 4	Year 5
\$	\$	\$	\$	\$

Budget Summary Continues on Next Page

Budget Cost Sharing - Identify the amount of cost sharing for this project. Sources include private, federal, state, or local government, or any other sources. If more space is needed, add additional page.
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Organization	Secured Y/N	Amount	Type (cash, in-kind, etc.) and Status if not secured
ABCD Inc.	YES	\$50,000	In-kind housing counseling staff

SECTION 7: SIGNATURES

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE INDIVIDUAL OR GOVERNING BODY OF THE APPLICANT.			
Applicant Signature 		Date Signed 09/30/2019	
Applicant First Name Sharon		Applicant Last Name Scott-Chandler	
Applicant Title/Organization Executive Vice President /COO			
Property Owner Signature (if different) N/A		Date Signed	
Property Owner First Name N/A		Property Owner Last Name N/A	

SECTION 8: FOR CPC USE ONLY

Date Received	
Category	
Date Reviewed	
Date Applicant Notified of Decision	

RANKING		DECISION	
High		Recommended for Funding	
Medium		Denied with Invitation to Resubmit for Future Funding Cycle	
Low		Denied for Funding	

Start Secure
Proposed Timeline
Flexible based pm CPC needs

9/30/19 Application Submission

10/15/19 MRA/ABCD check-In

10/30/19 Contract signed

11/1/19 Program start date

Bi-monthly Check-in with MRA

Ongoing Advertising and outreach

-Progress reports submitted to the City of Malden every three months