

**2013 AFFORDABLE AND HOMELESS HOUSING PROGRAMS APPLICATION
Project Summary Form**

Organization/Agency Name:		Tax Identification Number (TIN):		DUNS #:	
Interfaith Works		91-0947698		168699759	
Mailing Address:		City:	State:	Zip:	
P.O. Box 1221		Olympia	WA	98507	
Telephone:		Website:			
360-357-7224		www.interfaith-works.org			
Type of Agency:					
Check one (1) agency type. Nonprofit community or neighborhood-based organizations and regional or statewide nonprofit housing assistance organizations must submit a copy of the Secretary of State registration with the application (if not already on file with PHSS-Housing).					
<input type="checkbox"/> Local government <input checked="" type="checkbox"/> Nonprofit community or neighborhood-based organization <input type="checkbox"/> Regional or statewide nonprofit housing assistance organization					
Funding Amount Requested:					
Year 1	\$329,591				
Year 2	\$ (For High Performing Programs only. See Form 6)				
Total requested	\$329,591				
Audit Information:					
Date of last audit: 06/22/2012			Type of audit: Full financial statements		
Name of company performing the audit: Michael Kander, CPA					
Audit findings or management letter: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please detail:					
License(s):					
If required by local government, do you have the necessary license to operate this proposed housing program?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No, please explain:					
Contacts:					
	Executive Director	Program Contact	Finance Contact		
Name:	Daniel Kadden	Meg Martin	Daniel Kadden		
Title:	Executive Director	Program Director	Executive Director		
Address: (*if different from mailing)					
Phone:	360-357-7224	same	same		
Fax:					
E-Mail:	office@interfaith-works.org	megannemartin@gmail.com	office@interfaith-works.org		
Project					
Project Name: The People's House					
Project Location/Address: 522 Franklin Street SE, Olympia WA 98501 (planned site)					
Project Summary: (provide a brief summary of the project and the targeted population) A low barrier shelter in downtown Olympia serving single homeless adults and providing both overnight shelter and day services					

Project Type: (Check all boxes that apply)			
<input type="checkbox"/>	Acquisition	<input type="checkbox"/>	Permanent housing
<input type="checkbox"/>	New construction	<input type="checkbox"/>	Special Needs housing
<input type="checkbox"/>	Homeowner rehabilitation	<input type="checkbox"/>	Transitional housing
<input type="checkbox"/>	Homebuyer assistance	<input type="checkbox"/>	Rapid Re-housing
<input type="checkbox"/>	Rental Assistance	<input type="checkbox"/>	Other:
<input checked="" type="checkbox"/>	O & M	<input type="checkbox"/>	Other:
<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	Other:

Project Households Benefiting:	
What is the number of low-income households that will benefit from this project? Use current year HUD Income Limits for family size.	
At or below 30% of Median Income:	300
At or below 50% of Median Income:	0
TOTAL Number of Households:	300

Total Budget:			
Source	Proposed	Committed	Total
Affordable Housing	\$	\$	\$
Homeless Housing	\$329,591.00	\$	\$329,591.00
Other Local Public	\$33,000.00	\$	\$33,000.00
Private	\$1,000.00	\$6,200.00	\$7,200.00
Other:	\$	\$	\$
Other:	\$	\$	\$
Total	\$363,591.00	\$6,200.00	\$369,791.00

Housing Project Readiness			
Project Start Date (after Aug. 31 st):	Sept 1, 2013	Estimated Project Completion Date:	N/A

I attest that all information, including program responsibilities and associated budget, described herein for our agency as an applicant for the 2013 Homeless and Affordable Housing Funding has been reviewed, and is true and accurate.

Submitted by Executive Director or other Authorizing Official	
	06/20/2013
Authorized Signature	Date
Daniel Kadden	Executive Director
Name (typed or printed)	Title