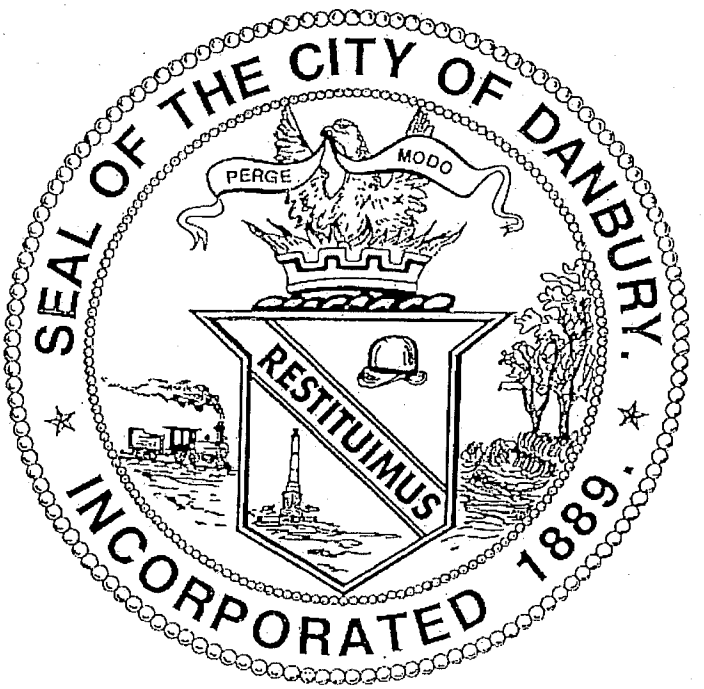
CITY OF DANBURY
COMMUNITY DEVELOPMENT
BLOCK GRANT PROGRAM



2008 – 2012 Consolidated Plan

Prepared for:
The City of Danbury
155 Deer Hill Avenue
Danbury, CT 06810

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Mayor

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August 13, 2008

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Danbury Consolidated Plan
2008-2012

Executive Summary

This Five Year Consolidated Plan replaces the Plan prepared for the period between August 2003 and August 2008. The process of preparing the 2008-2012 Plan has included the following:

- Update of statistical data describing housing and non-housing community development needs.
- Review and revision as appropriate priorities and objectives to address needs.
- Analysis of resources available to address identified needs.
- Focus on a strategy to use CDBG funds to leverage other resources to address identified needs.
- Establishment of measurement benchmarks.

During the preparation of this Five Year Consolidated Plan, emerging economic conditions continued to impact the ability of the City of Danbury and other entities to provide services to low- and moderate-income persons. These conditions include the rising cost of energy, turmoil in the housing and financing markets, increasing rates of residential foreclosures, increasing numbers of veterans returning to the community facing a variety of issues, the challenges of rising taxes and the possibility of declining charitable donations to non-profits. In this environment, the need for a strategy to leverage resources and make funding decisions based on anticipated outcomes becomes vital. This approach is discussed throughout this Consolidated Plan.

Community Profile

Since the preparation of the 2003-2008 Plan, the U.S. Department of Housing and Urban Development (HUD) made available data which estimates housing needs in Danbury. These estimates are based on the 2000 Census which, although approximately 8 years old, is still the basic data for many federal programs. Where possible, other demographic statistics and projections have been used to update the description of existing conditions. This process identified the following trends since the preparation of the previous Plan in the form of a comparative community profile.

Burdens on Renter Households: Of the 11,327 renter households in the City of Danbury in 2000, 30.9% indicated that their rent exceeded 30% of their income. This figure compares to approximately 37% in 1990. In addition, 13.5% of the specified renter households paid more than 50% of their household income for housing costs as of 2000, compared to 14% in 1990.

Cost Burden/Income: The 2000 Census data from the CHAS Data Book shows that approximately 56% of all renter households qualified for housing assistance since their incomes were at or below 80% of the Area MFI, compared to only 45% in 1990. This increase is indicative of the household income of Danbury renter households not keeping pace with increases in the income of other households in the region. Of renter households earning 30% or less of the Area MFI, 64.8% paid more than 30% of their income toward housing costs, compared to 50% in 1990. Renter households earning between 30% and 50% of the Area MFI faced similar cost burden problems, with 57% of these households paying more than 30% of their household income for housing compared to 73% in 1990. While those households earning 50% to 80% of Area MFI and 80% or greater of Area MFI saw a noticeable decrease in cost burden, housing cost problems were still apparent, with 21.2% of the former renter household subset paying over 30% of household income toward housing. This figure compares to 45.5% in 1990.

Table A
Housing Problems Output for All Households

Name of Jurisdiction: **Danbury town, Connecticut**			Source of Data: CHAS Data Book			Data Current as of: 2000					
	Renters					Owners					
Household by Type, Income, & Housing Problem	Elderly 1 & 2 member households (A)	Small Related (2 to 4) (B)	Large Related (5 or more) (C)	All Other Households (D)	Total Renters (E)	Elderly 1 & 2 member households (F)	Small Related (2 to 4) (G)	Large Related (5 or more) (H)	All Other Households (I)	Total Owners (J)	Total Households (L)
1. Household Income <=50% MFI	1,223	1,742	634	1,445	5,044	1,579	719	196	534	3,028	8,072
2. Household Income <=30% MFI	894	738	244	820	2,696	739	259	56	255	1,309	4,005
3. % with any housing problems	41.8	81.7	91.8	76.8	67.9	72.3	90.3	85.7	84.3	78.8	71.5
4. % Cost Burden >30%	41.8	79.1	69.3	75.6	64.8	72.3	90.3	50	84.3	77.2	68.9
5. % Cost Burden >50%	25.7	67.8	43	52.4	46.9	43.3	83	14.3	64.7	54.1	49.3
6. **Household Income >30% to <=50% MFI**	329	1,004	390	625	2,348	840	460	140	279	1,719	4,067
7. % with any housing problems	48.3	73.1	76.9	66.4	68.5	33.3	76.1	100	73.1	56.7	63.5
8. % Cost Burden >30%	47.1	66.6	32.1	62.4	57	33.3	76.1	100	73.1	56.7	56.9
9. % Cost Burden >50%	9.1	12.8	3.8	12	10.6	19	34.8	50	34.1	28.2	18
10. **Household Income >50 to <=80% MFI**	134	554	200	450	1,338	304	560	90	195	1,149	2,487
11. % with any housing problems	33.6	23.3	80	44.4	39.9	16.1	71.4	77.8	59	55.2	47
12.% Cost Burden >30%	33.6	8.8	17.5	34.4	21.2	16.1	69.6	44.4	59	51.7	35.3
13. % Cost Burden >50%	7.5	0	0	2.2	1.5	1.3	13.4	22.2	17.9	11.7	6.2
14. Household Income >80% MFI	145	2,180	580	2,040	4,945	1,730	6,655	1,374	1,890	11,649	16,594
15. % with any housing problems	0	9.2	56.9	7.1	13.7	11.8	13.2	29	17.7	15.6	15
16.% Cost Burden >30%	0	2.8	0	3.2	2.5	11.8	11.6	13.8	16.7	12.7	9.7
17. % Cost Burden >50%	0	0	0	0	0	1.2	1.5	1	2.1	1.5	1
18. **Total Households**	1,502	4,476	1,414	3,935	11,327	3,613	7,934	1,660	2,619	15,826	27,153
19. % with any housing problems	38.5	37.2	71.7	35.3	41	29.6	23.5	39.6	33.2	28.2	33.5
20. % Cost Burden >30	38.2	30.4	23.3	31.3	30.9	29.6	22	23.9	32.4	25.6	27.8
21. % Cost Burden >50	18	14.1	8.5	13.1	13.5	13.9	6.9	6.7	12.8	9.5	11.2

Owner Cost Burden/Income: As reported by the 2000 Census, 58.3% of all dwelling units in Danbury were owner-occupied. 26.4% of these homeowners earned less than 80% of the Area MFI at the time. As illustrated in Table A, 4,462 or 28.2% of all homeowners reported having some type of housing problem, and 25.6% paid more than 30% of their household income for housing costs, compared to 27.6% in 1990. However, 9.5% paid more than 50% of their household income for housing expenses, compared to only 6.9% in 1990.

The percentage of households with housing problems earning less than 30% of the Area MFI was 78.8% in 2000. For households earning between 30% and 50% of Area MFI, 56.7% had housing problems in 2000. These figures were 76.2% and 44.2%, respectively, in 1990. However, the decrease in reported housing problems slowed considerably between those households earning between 30% and 50% of Area MFI and those earning between 50% and 80% of Area MFI. While 56.7% of the former reported housing problems, 55.2% of the latter still reported housing problems. These figures were 44.2% and 40.8%, respectively, in 1990. Thus, increasing the income of a household from the 30% to 50% cohort to the 50% to 80% cohort appeared to only minimally aid in the reduction of housing problems.

The trends from the 1990 to 2000 CHAS data for housing cost burden in Danbury are mixed. While cost burden among renters eased between 1990 and 2000, an increasing number of renter households fell below the 80% of Area MFI threshold. For owner households, housing cost burden increased for many of the low and moderate income household subsets.

Maps 1 and 2 present on a census tract basis, the percentage of households at risk based upon earning less than 80% of median income and expending more than 30% for housing.

Elderly Persons: For many seniors, fixed incomes and high housing and medical costs are resulting in a struggle for economic survival. The elderly also lack social and economic opportunities. In 2000, 45.1% of the owner households earning less than 80% of the Area MFI were elderly households and 21.3% of the renter households earning less than 80% of the Area MFI were elderly households. Among the elderly households (not including those earning greater than 80% of the Area MFI), problems/cost burden are present in significant numbers except among those moderate-income renters and owners.

Among all elderly owner households in the City, 304 (or 8.4%) of the elderly owner-occupied units in 2000 earned 50-80% of the Area MFI, compared to 5.6% in 1990. A total of 23.2% of the City's total elderly owner households (840) in 2000 earned incomes between 30-50% of the Area MFI, compared to 23.4% in 1990. Finally, elderly homeowners who earned 0-30% of the Area MFI comprised 20.5%, or 739 households, of the City's total elderly owner-occupied household population, compared to 27.2% in 1990.

Cost Burden/Race and Ethnicity: In 2000, 36.5% of all renter households in Danbury were minority households, compared to only 24% in 1990, and these households generally absorb a disproportionate amount of the rental housing cost burden in the City due to a higher likelihood of lower household incomes. In 2000, 55.4% of all minority-headed renter households reported housing problems, compared to 63.5% in 1990. Also, 77.4% of those with incomes below 30% of the Area MFI were identified as having housing problems in 2000, compared to 83.5% in 1990. For those households with incomes between 30% and 50% of the Area MFI, the incidence of housing problems decreased to 69.1% of these households, compared to 87.7% in 1990. Finally, 51.5% of those households with incomes between 50% and 80% of the Area MFI still experienced housing problems in 2000, compared to 66.3% in 1990. This data indicates that between 1990 and 2000, the percentage of renter households who are minority households increased substantially, while the housing cost burden experienced by these households decreased.

Overall, Black and Hispanic households experienced housing problems at varying rates compared to one another. For households earning less than 30% of the Area MFI, 80.4% of the Black renter households experienced housing problems compared to 76.8% for Hispanic households in 2000. For households earning between 30% and 50% of the Area MFI, 73.5% of the Hispanic renter households experienced housing problems compared to only 53.3% for Black households. For households earning between 50% and 80% of the Area MFI, 68.2% of the Black renter households experienced housing problems compared to 60.3% for Hispanic households. Finally, for households earning more than 80% of the Area MFI, 42.0% of the Hispanic renter households experienced housing problems compared to only 21.1% for Black households.

In general, the rate of households experiencing housing problems declined between 1990 and 2000 with increases in income more consistently for Hispanic households than for Black households. However, once Black households moved pass the 80% of Area MFI threshold, their incidence of housing problems dropped considerably. Hispanic households earning more than 80% of Area MFI experienced a high rate of housing problems, a rate that was double that of their Black household counterparts.

Priorities and Objectives

In terms of priorities and objectives, Danbury's Strategic Plan continues to focus on segments of the population most in need. These include the needs of the homeless, lower income renters, people with special needs and senior citizens. Danbury continues to serve as the primary provider of services to these population segments within the Housatonic Valley Region. With regards to homelessness, Mayor Boughton has led an initiative to address this need on a regional basis by successfully gaining financial support from communities throughout the region.

The priorities contained in the 2003-2008 Consolidated Plan Strategic Plan proposed to be retained in the 2008-2012 Strategic Plan are as follows:

Housing Priorities

- **Provide affordable rental housing opportunities for extremely low and very-low income renters by increasing the supply and maintaining the availability of affordable rental housing in the City.**

- **Cultivate affordable homeownership opportunities through the financing or construction of housing for first time homebuyers, the preservation of existing ownership housing through rehabilitation and improving the availability of supportive social services to homeowners.**

Homeless Priorities

- **Increase the level and delivery of support services to the homeless and those at-risk of becoming homeless.**

Other Special Needs/Non-Homeless Priorities

- **Support and promote supportive housing services through programs which may include health services, family counseling, substance abuse counseling, parenting skills, and other appropriate services which would assist them in overcoming or better dealing with their special needs.**

Non-Housing Community Development Priorities

- **Maintain and improve existing public facilities and encourage the development of upgraded facilities, particularly with regard to, clean up of contaminated sites, parks/recreation facilities and parking facilities serving low-income populations.**

- **Encourage the continued maintenance and improvement of the City's infrastructure, particularly with regard to street and sidewalk improvements, as well as flood drain improvements.**

- **Support the continuance and/or expansion of existing public service programs including those which provide services to the handicapped, youth, an/or substance abusers or which offer transportation services and employment training.**

- **To expand existing efforts to meet the needs of the City's physically handicapped population by supporting projects designed to make current facilities accessible or to provide new handicapped accessible facilities/equipment.**

- **To enhance and expand existing economic development efforts, particularly with regard to the rehabilitation of commercial/industrial structures, improvement of infrastructure to benefit commercial/industrial businesses, micro-business development and the provision of technical assistance to new and established businesses.**

- **To enhance and expand other community development efforts, particularly with regard to lead-based paint remediation/education and code enforcement activities.**

- **To promote and encourage the continued operation of existing senior programs and services such as those offered by the Department of Elderly Services**

- **To promote the development of supportive programs for youth including job/career development extracurricular activity, computer literacy, and volunteerism**

- **To continue support of anti-crime programs in cooperation with the City of Danbury Police Department**

- **To continue existing administrative and planning activities necessary for the implementation of the objectives, actions and programs outlined in this Strategic Plan including fair housing counseling, tenant-landlord counseling and/or public awareness**

Based upon input received during the process of preparing the 2008-2012 Five Year Consolidated Plan, some additional priorities have been included.

Housing Priorities

- **Assist and protect existing homeowners from the potential fallout from severe changes in the housing market should they materialize, through programs and services that help prevent or limit foreclosures.**

Homeless Priorities

- **Continue to address the issue of homelessness consistent with the Mayor's Task Force To End Homelessness Plan released in 2006.**

- **Address the needs of homeless veterans in the community through the expansion of facilities to meet their needs.**

Non-Housing Community Development Priorities

- **Increase the effectiveness of the delivery of services and programs to low- and moderate-income persons by increasing the capacity of non-profit providers.**

- **Support energy conservation to address environmental impacts and the increasing cost burden resulting from escalating energy costs.**

The proposed 2008-2009 Annual Action Plan funding allocations are consistent with these priorities.

Resources To Meet Needs

The City of Danbury realizes that its annual allocation of Community Development Block Grant (CDBG) funds is not sufficient to meet its housing and community development needs. These resources include approximately 15 City departments and agencies as well as 75 or more community based organizations. Danbury's ability to address the issue of homelessness has increased significantly since the last Consolidated Plan was prepared. As mentioned earlier, the regional nature of homelessness has been recognized. In addition, the Continuum of Care approach to homelessness has become more formalized.

Annual Action Plan

The 2008-2009 Annual Action Plan proposes 17 activities plus general administration and contingencies to be funded with $968,682 of Fiscal Year 2008 funds, reallocated funds and unexpended Program Year 31 funds. The activities are consistent with the priorities and objectives established in the Five Year Plan. Of the 17 activities, 4 serve the homeless population; 3 support programs for people with disabilities; 4 address housing needs; and 2 provide services to seniors. Map 7 shows the location of projects.

91.100; 91.105; 91.200 – CONSULTATION AND CITIZEN PARTICIPATION

The City of Danbury has an approved Citizen Participation Plan which was followed in the preparation of the 2008-2012 Five Year Plan and the 2008-2009 Annual Plan.

a. Lead Agency

The Mayor of the City of Danbury has designated the Department of Finance to administer the CDBG program and represent the City through the consolidated planning and submission process. Responsibilities also include the management and implementation of Community Development Block Grant funds; grant and funding applications to other state, federal or private financing institutions; project conception, design and implementation management, interface liaison with other primary, secondary or tertiary agencies involved in the local community development and affordable housing process. The Director of Finance, Mr. David St. Hilaire, served as a key contact person during the preparation of the Consolidated Plan.

b. Consultation Activities

The City has consulted with other public and private agencies that provide assisted housing, health services, and social services (including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, homeless persons).

While preparing the portion of its consolidated plan concerning lead-based paint hazards, the City has consulted with the Federally Funded LAMPP Program, local health and child welfare services and agencies and examined existing data related to lead-based paint hazards and poisonings, including local Health Department data on the addresses of housing units in which children have been identified as lead poisoned.

The City has participated with adjacent units of general local government, including local government agencies, in region-wide activities through the HVCEO and Regional Economic Development Partnership, particularly for problems and solutions that go beyond a single jurisdiction. An example of this is the regional approach to Homeless Needs (news article attached) as part of the Mayor's Ten Year Plan. There is also a regional housing assessment underway by HVCEO in which Danbury is a participant.

Public Housing Residents

The City has consulted with the Danbury Housing Authority concerning consideration of public housing needs. This consultation has resulted in a significant project being included in PY34 to directly benefit public housing residents. The City will continue to consult with the Danbury Housing Authority regarding consideration of public housing needs and planned comprehensive grant program activities.

c. Plan Development

The Consolidated Plan was developed following the process outlined in the City's Citizen Participation Plan. Specific actions taken in the preparation and development of the Consolidated Plan included:

- Direct mailings to organizations, individuals, City Departments, business entities, and others notifying them of the initiation of the process, providing an Application form for submission of activities for PY34 CDBG funding, advising of anticipated funds available and including a list of eligible activities and National Objectives. A contact list is attached in Exhibits.

- Technical assistance was available and provided to several individuals/organizations in the consideration of and/or development of proposed projects.

- An Application Workshop to review eligible activities, National Objectives, the ConPlan and answer questions on specific projects and the process was held in January 2008. Persons attending representing a variety of local groups and non-profit organizations.

- Two (2) public hearings were held subsequent to publication following HUD citizen participation requirements. The first was to identify and discuss community needs. The second was to review and discuss the draft ConPlan as well as specific projects proposed for inclusion in the PY34 Action Plan and their relationship to the ConPlan. Copies of minutes and public notices of both hearings are attached.

- During the PY34 Action Plan period, the City will continue its efforts to improve and enhance coordination between public and private housing, health and social service agencies.

Funding of the Greater Danbury Non-Profit Resource Center under the United Way is an effort by the City to improve capacity and governance of non-profits, particularly those dealing or representing LMI persons, the elderly, those with special needs and others eligible for CDBG funding.

The City's significant level of funding in PY34 ($107,000 over 17% of our entire allocation) to the Danbury Housing Authority for several projects specifically benefiting public housing needs residents is an indication of our increased commitment to this Agency.

d. Citizen Participation

1. Provide a summary of the citizen participation process.

2. Provide a summary of citizen comments or views on the plan.

3. Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.

4. Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.

Program Year 1 Action Plan Citizen Participation response:

Executive Summary

The City of Danbury followed a detailed citizen participation plan that addressed each of the following elements in the preparation of its ConPlan. The Citizen Participation Plan was designed to address each of the following groups of interested parties and potential participants: Citizens, Non-profit organizations, Social Service providers, Governmental entities and other interested parties. The City has evaluated the impact of its existing Plan and, with few exceptions, has elected to sustain the basic principles adopted in its previous plan.

- Participation

  The plan provides for and encourages citizen participation, emphasizing the involvement of low-, very low-, and extremely low-income residents where housing and community development funds may be spent. The City encourages the participation of all its residents, including minorities and non-English speaking persons, as well as persons with mobility, visual or hearing impairments in all stages of the process.

- Access to Meetings

  The City shall afford adequate, timely notification so citizens can attend local meetings and public forums.

- Technical Assistance

  Reasonable technical assistance is provided to all-income groups that requested assistance in developing proposals under the annual submission at no cost.

- Public Hearings

  The City held two (2) public hearings at convenient times for people who might or will benefit from program funds; were accessible to people with disabilities; and were adequately publicized. These public hearings are held to obtain views of citizens, public agencies and other interested parties and respond to proposals and comments at all stages of the consolidated submission process, identifying housing and community development needs, reviewing proposed uses of funds, and reviewing program performance.

- Comments

  The City provided two comment periods. One on the draft ConPlan and PY34 Plan was provided between April 23 to May 24, 2008. A second comment period was provided on a final proposed Plan between June 24 and July 25, 2008. The City shall consider the views of citizens, public agencies and other interested parties in preparing its final Plan submission and attach a summary of citizen comments, which include a written explanation of comments not accepted, and the reasons why these comments were not accepted.

- Timely Response

  The City shall provide timely, written answers to written complaints and grievances, within 15 days, where practical.

- Amendments

  Prior to the submission of any substantial change in the proposed uses of funds, citizens must have reasonable notice of, and opportunity to comment on, the proposed amendment. The proposed citizen participation plan, which follows this narrative, outlines the specific steps being taken to satisfy the requirements of sub-part B.91.100 and 91.105.

- Citizen Participation through Consultation
  The Citizen Participation Plan not only encourages citizen participation, but also emphasizes the involvement of low, very low, and extremely low-income residents as to where housing and community development funds may be spent. The City will take appropriate actions to encourage the participation of all its residents, including minorities and non-English speaking persons, public housing residents, as well as persons with mobility, visual or hearing impairments in all stages of the process. The City has evaluated the impact of its existing Plan and. With few exceptions, has elected to sustain the basic principles adopted in its previous Plan.

91.205 - HOUSING AND HOMELESS NEEDS ASSESSMENT.

(a) General. The consolidated plan must describe the jurisdiction's estimated housing needs projected for the ensuing five-year period. *Housing data included in this portion of the plan shall be based on U.S. Census data, as provided by HUD, as updated by any properly conducted local study, or any other reliable source that the jurisdiction clearly identifies. Consultation with social service agencies and other entities conducted in accordance with Sec. 91.100 and the citizen participation process conducted in accordance with Sec. 91.105.*

To produce a vibrant, healthy mix of housing opportunities, cities like Danbury must have a variety of resources to respond to housing need. However, the capacity to fill every housing void is not an achievable goal for the City alone. Danbury must strive to produce a well-maintained and balanced housing stock for all its citizens by stimulating and partnering to create housing opportunities wherever possible. Market rate housing is necessary to promote the economic health of the City, while subsidized housing promotes affordable and stable housing opportunities for its lower income population. Such housing responsibilities involve a variety of need populations, having no particular geographical limitation within the community.

The lead agency, designated in the ConPlan to coordinate and manage the process, is the Finance Department of the City of Danbury, Connecticut. Under the direction of the Mayor, the Finance Department is responsible for providing CDBG oversight and coordination to its related service providers and the public.

Consultation with outside individuals and agencies was programmed as a vital part of the ConPlan's development. Participation levels and contributions of information to the ConPlan varied depending on the level of "connection" to the mission of each contributor. Contributors included both public and private, individual and agency, profit and non-profit, local and regional entities. The outreach effort to generate input is considered substantial, based on the minimum requirements set forth in the ConPlan.

The City of Danbury prepared and adopted a comprehensive plan for citizen participation which extends well beyond the minimum criteria set forth in the Final Rule. It clearly identifies the City's commitment to encourage citizen participation from various income groups, ethnic groups and citizens with disabilities. This is accomplished through prudent and timely noticing of meetings or forums, providing access to information at a variety of locations and at levels of detail which clearly indicate priorities for programs, spending, benefit levels and displacement objectives.

Much of the information in the ConPlan relied upon 2000 Census data, particularly for housing and homeless needs assessment purposes. Where feasible, more recent data from Claritas, Inc., a national provider of demographic data products, and other governmental and non-governmental sources was used to supplement, support and clarify the applicable 2000 Census data. More recent data on homelessness, HIV/AIDS needs assessment, and public housing facilities and programs was obtained from pertinent departments and agencies for utilization in the ConPlan. Where more recent or more accurate information was available, on any particular aspect of the ConPlan, this data was included. Maps and table information was derived from HUD, the City of Danbury's Plan of Conservation and Development, U.S. Census and previous Consolidated Plans adopted by the City of Danbury, Connecticut.

Table A
Housing Problems Output for All Households

Name of Jurisdiction: Danbury town, Connecticut	Source of Data: CHAS Data Book					Data Current as of: 2000					
	Renters					Owners					
Household by Type, Income, & Housing Problem	Elderly 1 & 2 member households (A)	Small Related (2 to 4) (B)	Large Related (5 or more) (C)	All Other Households (D)	Total Renters (E)	Elderly 1 & 2 member households (F)	Small Related (2 to 4) (G)	Large Related (5 or more) (H)	All Other Households (I)	Total Owners (J)	Total Households (L)
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13. % Cost Burden >50%	7.5	0	0	2.2	1.5	1.3	13.4	22.2	17.9	11.7	6.2
14. Household Income >80% MFI	145	2,180	580	2,040	4,945	1,730	6,655	1,374	1,890	11,649	16,594
15. % with any housing problems	0	9.2	56.9	7.1	13.7	11.8	13.2	29	17.7	15.6	15
16.% Cost Burden >30%	0	2.8	0	3.2	2.5	11.8	11.6	13.8	16.7	12.7	9.7
17. % Cost Burden >50%	0	0	0	0	0	1.2	1.5	1	2.1	1.5	1
18. **Total Households**	1,502	4,476	1,414	3,935	11,327	3,613	7,934	1,660	2,619	15,826	27,153
19. % with any housing problems	38.5	37.2	71.7	35.3	41	29.6	23.5	39.6	33.2	28.2	33.5
20. % Cost Burden >30	38.2	30.4	23.3	31.3	30.9	29.6	22	23.9	32.4	25.6	27.8
21. % Cost Burden >50	18	14.1	8.5	13.1	13.5	13.9	6.9	6.7	12.8	9.5	11.2

Table B
Affordability Mismatch Output for All Households

Name of Jurisdiction: **Danbury town, Connecticut**			Source of Data: CHAS Data Book		Data Current as of: 2000				
	Renters Units by # of bedrooms				Owned or for sale units by # of bedrooms				
	0-1	2	3+	Total		0-1	2	3+	Total
Housing Units by Affordability	(A)	(B)	(C)	(D)		(E)	(F)	(G)	(H)
1. Rent <= 30%					**Value <=30%**				
# occupied units	1,305	480	515	2,300		N/A	N/A	N/A	N/A
%occupants <=30%	73.6	37.5	35	57.4		N/A	N/A	N/A	N/A
%built before 1970	54.4	76	68.9	62.2		N/A	N/A	N/A	N/A
%some problem	31.4	31.3	31.1	31.3		N/A	N/A	N/A	N/A
#vacant for rent	20	10	40	70		N/A	N/A	N/A	N/A
2. Rent >30 to <=50%					**Value <= 50%**				
# occupied units	1,740	1,680	870	4,290		495	1,165	905	2,565
%occupants <=50%	51.4	40.8	23	41.5		23.2	39.9	40.3	36.8
%built before 1970	75.3	72	78.7	74.7		11.1	37.8	75.7	46
% some problem	49.7	39.3	29.9	41.6		5.1	13.3	11	10.9
#vacant for rent	110	60	45	215	#vacant for sale	0	10	4	14
3. Rent >50 to <=80%					**Value >50 to <=80%**				
# occupied units	1,130	1,345	475	2,950		60	775	1,430	2,265
%occupants <=80%	52.2	44.6	45.3	47.6		50	29	28.3	29.1
%built before 1970	57.5	45.4	70.5	54.1		6.7	23.9	83.6	61.1
%some problem	51.3	42.4	54.7	47.8		0	1.3	4.2	3.1
#vacant for rent	30	20	25	75	#vacant for sale	10	4	4	18
4. Rent >80%					**Value >80%**				
# occupied units	770	730	300	1,800		351	2,494	8,175	11,020
#vacant for rent	0	70	4	74	# vacant for sale	0	50	30	80

(b) Categories of persons affected. *(1) The plan shall estimate the number and type of families in need of housing assistance for extremely low-income, low-income, moderate-income, and middle-income families, for renters and owners, for elderly persons, for single persons, for large families, for persons with HIV/AIDS and their families, and for persons with disabilities. The description of housing needs shall include a discussion of the cost burden and severe cost burden, overcrowding (especially for large families), and substandard housing conditions being experienced by extremely low-income, low-income, moderate-income, and middle-income renters and owners compared to the jurisdiction as a whole. (The jurisdiction must define in its consolidated plan the terms "standard condition" and "substandard condition but suitable for rehabilitation.)*

(2) For any of the income categories enumerated in paragraph (b)(1) of this section, to the extent that any racial or ethnic group has disproportionately greater need in comparison to the needs of that category as a whole, assessment of that specific need shall be included. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least 10 percentage points higher than the percentage of persons in the category as a whole.

Burdens on Renter Households: Of the 11,327 renter households in the City of Danbury in 2000, 30.9% indicated that their rent exceeded 30% of their income. In addition, 13.5% of the specified renter households paid more than 50% of their household income for housing costs.

Cost Burden/Income: The 2000 Census data from the CHAS Data Book shows that approximately 56% of all renter households qualify for housing assistance since their incomes are at or below 80% of the Area MFI. Cost burden is the biggest problem for renters in Danbury, particularly for those households that earn less than 50% of the Area MFI. Of renter households earning 30% or less of the Area MFI, 64.8% pay more than 30% of their income toward housing costs. Renter households earning between 31% and 50% of the Area MFI faced similar cost burden problems, with 57% of these households paying more than 30% of their household income for housing. While those households earning 51% to 80% of Area MFI and 81% or greater of Area MFI saw a noticeable decrease in cost burden, housing cost problems were still apparent, with 21.2% of the former renter household subset paying over 30% of household income toward housing.

Housing problems are not limited to the homeless and families and individuals in transitional housing. Acute housing crises can occur quickly for those households whose income is substantially below the area median and who spend a large amount of their income on housing. For households in the Danbury area earning less than $50,000 annually and who spend 30% or more of their income on housing, an unexpected bill or the loss of a job can be financially catastrophic almost immediately. Additional affordable housing could substantially reduce the financial stress that these households face.

Table C
At-Risk Households, 2000*

	Renter Households			Owner Households		
	Total Renters**	At-Risk Renters	Percent of Total Renters	Total Owners**	At-Risk Owners	Percent of Total Owners
City of Danbury	**11,339**	**3,678**	**32.4%**	**11,779**	**1,923**	**16.3%**
Danbury PMSA	18,569	5,951	32.0%	50,139	6,367	12.7%
Fairfield County	99,261	35,325	35.6%	184,192	27,203	14.8%

** "At-Risk" is defined as those households earning less than $50,000 annually and spending 30% or more of household income for housing.*

*** Specified Housing Units; number does not represent complete count.*

Source: 2000 Census; compiled by HMA.

Table D At-Risk Households by Census Tract, 2000*						
	Renter Households			Owner Households		
	Total Renters**	At-Risk Renters	Percent of Total Renters*	Total Owners**	At-Risk Owners	Percent of Total Owners
2101	2,030	632	31.1%	105	30	28.6%
2102	1,388	418	30.1%	217	56	25.8%
2103	983	270	27.5%	571	81	14.2%
2104	1,219	316	25.9%	960	195	20.3%
2105	563	171	30.4%	1,455	200	13.7%
2106	1,310	452	34.5%	599	114	19.0%
2107	1,846	683	37.0%	752	144	19.1%
2108	362	89	24.6%	1,108	136	12.3%
2109	338	114	33.7%	1,584	127	8.0%
2110	218	70	32.1%	977	174	17.8%
2111	5	0	0.0%	0	0	0.0%
2112	670	330	49.3%	1,242	270	21.7%
2113	118	24	20.3%	1,157	204	17.6%
2114	289	109	37.7%	1,052	192	18.3%
City of Danbury	**11,339**	**3,678**	**32.4%**	**11,779**	**1,923**	**16.3%**

* *"At-Risk" is defined as those households earning less than $50,000 annually and spending 30% or more of household income for housing.*

** *Specified Housing Units; number does not represent complete count.*

Source: 2000 Census; compiled by HMA.

Cost Burden/Family Composition: Cost burden problems were fairly consistent for different family sizes. Of small family households, 30.4% were experiencing cost burden problems, compared to 23.3% for large family households and 38.2% for elderly households. Other renter households fared slightly worse, with 31.3% experiencing housing cost burden problems.

Cost Burden/Race and Ethnicity: 36.5% of all renter households in Danbury are minority and generally absorb a disproportionate amount of the rental housing cost burden in the City, due to a higher likelihood of low or very low family incomes. 55.4% of all minority-headed renter households reported housing problems. 77.4% of those with incomes below 30% of the Area MFI have housing problems. For those households with incomes between 31% and 50% of the Area MFI, the incidence of housing problems decreases to 69.1% of these households. 51.5% of those households with incomes between 51% and 80% of the Area MFI still experience housing problems.

Overall, Black and Hispanic households experienced housing problems at varying rates compared to one another. For households earning less than 30% of the Area MFI, 80.4% of the Black renter households experienced housing problems compared to 76.8% for Hispanic households. For households earning between 30% and 50% of the Area MFI, 73.5% of the Hispanic renter households experienced housing problems compared to only 53.3% for Black households. For households earning between 50% and 80% of the Area MFI, 68.2% of the Black renter households experienced housing problems compared to 60.3% for Hispanic households. Finally, for households earning more than 80% of the Area MFI, 42.0% of the Hispanic renter households experienced housing problems compared to only 21.1% for Black renter households.

In general, the rate of households experiencing housing problems declines with increases in income more consistently for Hispanic households than for Black households. However, once Black households move pass the 80% of Area MFI threshold, their incidence of housing problems drops considerably. Hispanic households earning more than 80% of Area MFI experience a high rate of housing problems, a rate that is double that of

their Black household counterparts. See Tables C and D and the map that follows for more information on racial and ethnic characteristics and concentration in Danbury.

Overcrowded Conditions: 8.1% of all renter households in Danbury reported overcrowded conditions, with 9.4% of those renter households earning less than 30% of the Area MFI reporting such conditions; 17.0% of those renter households earning between 30% and 50% of the Area MFI reporting such conditions; and 19.3% of those renter households earning between 50% and 80% of the Area MFI reporting such conditions. As income increases for renter households, the incidence of overcrowding increased, likely due to the fact that many of the extremely low-income renter households (earning less than 30% of Area MFI) are single-person elderly households.

Burdens on Owner Households: Urbanized areas such as Danbury must encourage and support home ownership housing opportunities. Whether in new or rehabilitated single or duplex homes, co-operative or mutual housing, home ownership stabilizes neighborhoods and provides increased taxes for City services. Creative financing from City, State and Federal resources can be combined to subsidize first time owners of new or rehabilitated units. Public subsidies for land, financing and down payment are part of the support needed by hard working families to achieve home ownership.

Owner Cost Burden/Income: As reported by the 2000 Census, 58.3% of all dwelling units in Danbury were owner-occupied. 26.4% of these homeowners earned less than 80% of the Area MFI at the time. As illustrated in Table A, 4,462 or 28.2% of all homeowners reported having some type of housing problem. 25.6% paid more than 30% of their household income for housing costs. However, only 9.5% paid more than 50% of their household income for housing expenses. Housing problems decreased sharply from those households earning 30% or lower Area MFI to those earning between 31% and 50% of Area MFI, dropping from 78.8% of households reporting housing problems to 56.7%. However, the decrease in reported housing problems slowed considerably between those households earning between 31% and 50% of Area MFI and those earning between 51% and 80% of Area MFI. While 56.7% of the former reported housing problems, 55.2% of the latter still reported housing problems. Thus, increasing the income of a household from the 31% to 50% cohort to the 51% to 80% cohort appears to only minimally aid in the reduction of housing problems.

Owner Cost Burden/Family Composition: While 22.8% of all owner households are elderly, 52.1% of all owner households that earn less than 50% of the Area MFI are elderly; over 56% of owner households earning 30% or less of the Area MFI are elderly. Thus, elderly homeowners comprise a disproportionate share of the low and very low-income owner households in Danbury. Clearly, older homeowners remain in their homes longer and have limited incomes. Their homes may require the most rehabilitation but they have the least financial capacity to deal with deteriorated conditions.

Maps 1 and 2 present on a census tract basis, the percentage of households at risk based upon earning less than 80% of median income and expending more than 30% for housing.

Owner Cost Burden/Race and Ethnicity: Only 13.0% of all home owners in Danbury are minorities, and 29.0% of these households earn 80% of or less than the Area MFI. Black owner households have a higher percentage of extremely low-income (equal to or less than 30% of the Area MFI) owner households than Hispanic homeowner households. However, for very low and low-income cohorts (30% to 80% of Area MFI), the percentages are higher for Hispanic households. In addition, all minority-headed owner households have a higher percentage of low-moderate income households (below 80% of the Area MFI) than the owner household universe as a whole.

Over 66% of all owner households earning less than or equal to 50% of the Area MFI reported housing problems. However, Hispanic owner households earning less than or equal to 50% of the Area MFI reported housing problems 87% of the time, while Black owner households earning less than or equal to 50% of the Area MFI reported housing problems 88% of the time.

Owner Overcrowded Conditions: Only 0.5% of all owner households in Danbury reported overcrowded conditions, with 1.9% of those owner households earning less than 30% of the Area MFI reporting such conditions; 1.7% of those owner households earning between 30% and 50% of the Area MFI reporting such conditions; and 2.6% of those owner households earning between 50% and 80% of the Area MFI reporting such conditions. In general, the owner-occupied housing stock in Danbury is comprised of units that can accommodate a wide range of family sizes.

Elderly Persons: For many seniors, fixed incomes and high housing and medical costs are resulting in a struggle for economic survival. The elderly also lack social and economic opportunities. Elderly households earning less than 80% of the area MFI comprise 30.7% of the total households in the City earning less than 80% of the area MFI, 45.1% of the owner households earning less than 80% of the area MFI and 21.3% of the renter households earning less than 80% of the area MFI. Among the elderly households (not including those earning greater than 80% of the median household income), problems/cost burden are present in significant numbers except among those moderate-income renters and owners.

Among all elderly owner households in the City, 304 (or 8.4%) of the elderly owner-occupied units earn 50-80% of the median family income and as such are considered to reside within the low-income category. A total of 23.2% of the City's total elderly owner households (840) earn incomes between 30-50% of the MFI and are considered very-low income households. Elderly homeowners who earn 0-30% of the MFI comprise 20.5%, or 739 households, of the City's total elderly owner-occupied household population. These households are determined to be extremely low-income households.

In addition, sub-standard housing conditions among the elderly are a problem. A total of 1,069 homeowners, or 29.6% of the total elderly, owner-occupied households, have distinct housing problems. The largest proportion of elderly homeowners experiencing housing problems/substandard conditions, are those who earn 0-30% of the MFI (72.3% of these households experience some type of housing problems).

Specific Occupant Needs: There is a significant demand for housing for first-time homebuyers in Danbury. The demand exists due to the high cost of housing city-wide, coupled with the lower entry level wage structure of typical first-time buyers. Based upon the availability of first-time homebuyer housing at any income level, serving Extremely Low Income families in this category is exceptionally difficult. Excessive cost buy downs are necessary to satisfy demand for this income level population. Financial resources do not now exist in sufficient quantities to accomplish this to any great degree.

Other Low Income (OLI) first-time homebuyers are the most likely of all income groups earning less 80% Area MFI or less to enter the housing market. The proportionately higher income strata allow an OLI household to buy "more house" or to buy closer to the market cost of housing in Danbury. Consequently, not as much of a subsidy is required to "buy down" the cost of market rate housing for OLI households as compared to Extremely Low Income households. Although first-time homebuyer subsidies are not plentiful, they are more likely to assist this group.

Housing stock, suitable and/or adaptable to the elderly/disability community exists, but at extremely high cost. Both rental and ownership housing is very difficult to provide to Extremely Low Income (ELI) elderly and

persons with disabilities without exceptionally deep subsidies. With the exception of the Housing Authority, these subsidies do not typically exist. The limited resources to fill the gap between OLI household incomes and housing values in Danbury will inhibit significant advances in meeting the statistical need or demand for OLI or ELI households, for the elderly or for persons with disabilities.

Elderly residents of the City have been identified as a population group with unmet needs. The full range of elder day care services, both special model adult day care and medical model adult day care, offered in the City includes few agencies that provide elder care on a daily basis. A dearth of daily elder care and related activities can reduce the quality of life for elderly residents of the City and impacts both employers and employees of the area by preventing those providing personal elder care from securing employment. The increase of senior programs and services is seen as a high priority and directly supportive of housing issues for this population.

An improvement in elder care facilities could also benefit those individuals who have responsibilities to care for the elderly during working hours. This need for elder day care does not represent a sole need among the elderly. The elderly have been identified as a group with special needs since many are mentally and/or physically frail, and many require caregivers on a daily basis, often live alone and are usually on limited incomes. The needs of this age group are identified throughout the needs of the general population.

Race, Ethnicity and Racial/Ethnic Minority Concentrations: The persons per household in Danbury leveled off in the 2000 Census after declining for two consecutive censuses. In 1970, there were 3.32 persons per household, 2.88 in 1980, 2.63 in the 1990, and 2.64 in 2000.

Over the past seven years, the racial/ethnic composition of the City has been moderately redistributed. The number of White, Non-Hispanic persons declined by 3.8%, while all minority populations grew over the same time period. In 2000, White Non-Hispanics comprised 68.1 % of the population, Black Non-Hispanics 6.3%, Hispanics 15.8%, and Asian/Pacific Islanders 5.5%. Native Americans represented less than one percent of the population. Between 2000 and 2007, however, the Hispanic population of Danbury grew by almost 42% or 4,945 people. The Asian and Pacific Islander population also grew substantially, with an increase of 27.6%.

Table E
Danbury Population by Race, 2000-2007

Category	2000	% 2000	2007 Est.	%2007	Change, 2000-2007	% Change, 2000-2007
Total Population	**74,848**	**---**	**79,807**	**---**	**4,959**	**6.6**
White, Non-Hispanic	50,945	68.1	49,011	61.4	-1,934	-3.8
Black, Non-Hispanic	4,743	6.3	5,094	6.4	351	7.4
Hispanic	11,791	15.8	16,736	21.0	4,945	41.9
Native American	131	0.2	145	0.2	14	10.7
Asian and Pacific Islander	4,081	5.5	5,206	6.5	1,125	27.6
Other	1,096	1.5	1,189	1.5	93	8.5
Two or More Races	2,061	2.8	2,426	3.0	365	17.7

Source: 2000 U.S. Census; Claritas, Inc.; compiled by HMA.

Table F
Racial/Ethic Minority Concentration by Census Tract
2000

Census Tract	Total Population	White, Non-Hispanic (%)	Black, Non-Hispanic (%)	Hispanic (%)	Native American (%)	Asian and Pacific Islander (%)	Other (%)	Two or More Races (%)
2101	6,222	2,698 (43.4)	364 (5.9)	2,177 (35.0)	9 (0.1)	333 (5.4)	300 (4.8)	341 (5.5)
2102	6,449	3,180 (49.3)	515 (8.0)	2,017 (31.3)	17 (0.3)	271 (4.2)	150 (2.3)	299 (4.6)
2103	5,131	3,588 (69.9)	268 (5.2)	627 (12.2)	4 (0.1)	398 (7.8)	89 (1.7)	157 (3.1)
2104	6,874	4,397 (64.0)	520 (7.6)	1,079 (15.7)	13 (0.2)	542 (7.9)	116 (1.7)	207 (3.0)
2105	5,540	4,802 (86.7)	184 (3.3)	326 (5.9)	10 (0.2)	149 (2.7)	23 (0.4)	46 (0.8)
2106	6,185	3,740 (60.5)	461 (7.5)	1,216 (19.7)	15 (0.2)	435 (7.0)	137 (2.2)	181 (2.9)
2107	9,041	4,997 (55.3)	738 (8.2)	2,306 (25.5)	18 (0.2)	516 (5.7)	132 (1.5)	334 (3.7)
2108	4,967	3,772 (75.9)	372 (7.5)	470 (9.5)	2 (-)	259 (5.2)	23 (0.5)	69 (1.4)
2109	5,681	4,897 (86.2)	195 (3.4)	237 (4.2)	5 (0.1)	267 (4.7)	19 (0.3)	59 (1.0)
2110	3,883	3,076 (79.2)	161 (4.1)	274 (7.1)	3 (0.1)	276 (7.1)	18 (0.5)	73 (1.9)
2111	1,252	288 (23.0)	486 (38.8)	413 (33.0)	10 (0.8)	16 (1.3)	4 (0.3)	35 (2.8)
2112	5,796	4,610 (79.5)	279 (4.8)	343 (5.9)	9 (0.2)	361 (6.2)	65 (1.1)	129 (2.2)
2113	3,800	3,405 (89.6)	112 (2.9)	125 (3.3)	13 (0.3)	81 (2.1)	6 (0.2)	58 (1.5)
2114	4,027	3,495 (86.8)	88 (2.2)	181 (4.5)	3 (0.1)	177 (4.4)	14 (0.3)	69 (1.7)

Table G
Estimated Racial/Ethic Minority Concentration by Census Tract
2007

Census Tract	Total Population	White, Non-Hispanic (%)	Black, Non-Hispanic (%)	Hispanic (%)	Native American (%)	Asian and Pacific Islander (%)	Other (%)	Two or More Races (%)
2101	7,063	2,596 (36.8)	294 (4.2)	3,131 (44.3)	7 (0.1)	280 (4.0)	341 (4.8)	414 (5.9)
2102	6,428	2,575 (40.1)	477 (7.4)	2,659 (41.4)	13 (0.2)	246 (3.8)	144 (2.2)	314 (4.9)
2103	5,811	3,650 (62.8)	299 (5.1)	928 (16.0)	3 (0.1)	609 (10.5)	109 (1.9)	213 (3.7)
2104	7,108	3,892 (54.8)	585 (8.2)	1,562 (22.0)	14 (0.2)	705 (9.9)	118 (1.7)	232 (3.3)
2105	6,220	5,177 (83.2)	263 (4.2)	488 (7.8)	14 (0.2)	192 (3.1)	29 (0.5)	57 (0.9)
2106	6,110	3,018 (49.4)	465 (7.6)	1,713 (28.0)	14 (0.2)	563 (9.2)	140 (2.3)	197 (3.2)
2107	9,205	3,832 (41.6)	809 (8.8)	3,394 (36.9)	17 (0.2)	640 (7.0)	141 (1.5)	372 (4.0)
2108	5,295	4,005 (75.6)	280 (5.3)	627 (11.8)	1 (-)	282 (5.3)	23 (0.4)	77 (1.5)
2109	5,929	4,903 (82.7)	235 (4.0)	342 (5.8)	8 (0.1)	349 (5.9)	20 (0.3)	72 (1.2)
2110	4,299	3,118 (72.5)	209 (4.9)	429 (10.0)	4 (0.1)	419 (9.7)	20 (0.5)	100 (2.3)
2111	1,328	223 (16.8)	547 (41.2)	482 (36.3)	15 (1.1)	16 (1.2)	4 (0.3)	41 (3.1)
2112	6,300	4,654 (73.9)	359 (5.7)	523 (8.3)	11 (0.2)	511 (8.1)	77 (1.2)	165 (2.6)
2113	3,710	3,248 (87.5)	127 (3.4)	153 (4.1)	20 (0.5)	90 (2.4)	6 (0.2)	66 (1.8)
2114	5,001	4,120 (82.4)	145 (2.9)	305 (6.1)	4 (0.1)	304 (6.1)	17 (0.3)	106 (2.1)

Source: Claritas, Inc.; compiled by HMA.

The Black population is fairly evenly distributed across the City of Danbury, with only one Census tract, Tract 2111, having a substantial concentration of Black residents. The Hispanic population is more concentrated than the Black population, comprising substantial portions of the total population in Census tracts 2101, 2102, 2104, 2106, 2107 and 2111. Tract 2101 also has a higher concentration of "other race" and multiracial residents, and Tracts 2102 and 2107 have a high concentration of multiracial residents as well. The Asian and Pacific Islander population now comprises a sizable component of the total population in Tracts 2130, 2104, 2106 and 2110.

Low and Moderate Income Concentrations: The highest concentrations of low and moderate income persons are found in Census tracts 2101, 2107 and 2102, with the percentages of low and moderate income residents reaching 67.92% (or 4,203 persons), 59.04% (or 5,194 persons), and 57.49% (or 3,395 persons), respectively. 2000 Census data on income indicates a City per capita income of $24,500, which was 85.2% of the State per capita income; a median household income of $53,664, which was 99.5% of the State median household income; and a median family income of $61,899 or 94.5% of the State median family income. See the tables below for more detailed information. This information is presented on Map 3.

Table H
Estimated Concentration of Low/Moderate Income Persons by Census Tract
2000

Census Tract	Census Tract Population	Low/Mod Persons in Tract	% Low/Mod Persons
2101	6,188	4,203	67.92
2102	5,905	3,395	57.49
2103	4,821	2,025	42.00
2104	6,874	2,839	41.30
2105	5,528	1,450	26.23
2106	6,037	3,113	51.57
2107	8,797	5,194	59.04
2108	4,541	1,095	24.11
2109	5,681	932	16.41
2110	3,878	1,174	30.27
2111	48	0	0.00
2112	5,585	2,174	38.93
2113	3,800	1,014	26.68
2114	4,027	1,132	28.11

Source: HUD.

Table I
Estimated Concentration of Low/Moderate Income Persons by Block Group
2000

Census Tract	Block Group	Block Group Population	Low/Mod Persons in Block Group	% Low/Mod Persons
2101	1	1,669	1,067	63.9
2101	2	1,776	1,190	67.0
2101	3	2,743	1,946	70.9
2102	1	2,101	1,175	55.9
2102	2	1,321	744	56.3
2102	3	2,483	1,476	59.4
2103	1	1,729	647	37.4
2103	2	3,092	1,378	44.6
2104	1	3,451	1,408	40.8
2114	2	1,727	708	41.0
2104	4	1,696	723	42.6
2105	1	621	80	12.9
2105	1	790	451	57.1
2105	2	1,028	166	16.1
2105	2	316	36	11.4
2105	4	532	97	18.2
2105	4	527	119	22.6
2105	5	39	0	0
2105	5	1,675	501	29.9

2106	1	1,460	540	37.0
2106	2	907	415	45.8
2106	3	1,391	658	47.3
2106	4	1,044	737	70.6
2106	5	1,235	763	61.8
2107	1	1,618	1,120	69.2
2107	2	1,673	1,049	62.7
2107	3	1,547	675	43.6
2107	4	2,143	1,444	67.4
2107	5	1,816	906	49.9
2108	1	467	56	12.0
2108	1	1,916	268	14.0
2108	2	542	94	17.3
2108	3	93	40	43.0
2108	3	1,523	637	41.8
2109	1	2,013	167	8.3
2109	2	1,306	131	10.0
2109	4	1,278	290	22.7
2109	6	1,084	344	31.7
2110	1	1,299	357	27.5
2110	2	1,164	224	19.2
2110	3	1,415	593	41.9
2111	1	48	0	0.0
2112	1	0	0	0.0
2112	1	1,217	194	15.9
2112	2	2,798	1,494	53.4
2112	3	1,570	486	31.0
2113	1	0	0	0.0
2113	1	649	237	36.5
2113	2	0	0	0.0
2113	2	1,308	330	25.2
2113	3	0	0	0.0
2113	3	1,843	447	24.3
2114	1	0	0	0.0
2114	1	2,860	815	28.5
2114	3	1,167	317	27.2

Source: HUD.

Table J
Estimated Low/Moderate Income Families and Households by Block Group
2000

Census Tract	Block Group	Very Low Income (<30% MFI)		Low Income (31-50% MFI)		Moderate Income (51-80% MFI)	
		Families	Households	Families	Households	Families	Households
2101	**1**	82	193	160	313	207	378
2101	**2**	71	194	162	345	196	401
2101	**3**	142	545	316	780	407	902
2102	**1**	121	167	187	297	237	372
2102	**2**	59	89	143	189	165	224
2102	**3**	93	141	264	363	356	505
2103	**1**	49	87	108	189	144	230
2103	**2**	104	205	215	413	319	569
2104	**1**	112	231	217	429	321	565
2104	**2**	37	73	108	175	150	270
2104	**4**	67	125	142	258	173	319
2105	**1**	0	6	8	30	18	40
2105	**1**	24	142	78	229	94	265

2105	**2**	18	40	25	69	29	94
2105	**2**	0	0	11	11	11	11
2105	**4**	9	9	9	12	30	38
2105	**4**	6	21	20	44	27	54
2105	**5**	0	0	0	0	0	0
2105	**5**	34	106	73	201	108	265
2106	**1**	33	40	98	150	127	196
2106	**2**	17	61	76	129	106	161
2106	**3**	36	87	99	183	150	264
2106	**4**	27	110	82	249	130	357
2106	**5**	28	192	96	296	137	355
2107	**1**	111	144	232	303	277	356
2107	**2**	112	156	197	273	281	357
2107	**3**	64	91	158	220	166	244
2107	**4**	115	228	234	393	329	491
2107	**5**	90	107	177	239	218	321
2108	**1**	6	6	6	14	12	24
2108	**1**	13	46	29	65	72	119
2108	**2**	9	13	22	32	29	39
2108	**3**	8	8	10	10	10	10
2108	**3**	79	104	132	203	149	249
2109	**1**	15	22	32	41	44	57
2109	**2**	6	6	21	21	41	41
2109	**4**	9	38	36	75	82	125
2109	**6**	40	78	48	101	89	153
2110	**1**	36	48	51	86	86	147
2110	**2**	37	45	38	58	59	84
2110	**3**	31	96	106	209	138	253
2111	**1**	0	0	0	0	0	0
2112	**1**	0	0	0	0	0	0
2112	**1**	7	47	18	76	39	109
2112	**2**	168	258	266	473	344	646
2112	**3**	22	91	72	180	112	258
2113	**1**	0	0	0	0	0	0
2113	**1**	8	22	32	53	68	98
2113	**2**	0	0	0	0	0	0
2113	**2**	17	49	75	110	88	132
2113	**3**	0	0	0	0	0	0
2113	**3**	44	44	70	81	131	160
2114	**1**	0	0	0	0	0	0
2114	**1**	59	195	136	397	164	461
2114	**3**	18	33	43	76	77	119

Source: HUD.

Substandard Conditions: According to the 2000 Census, 469 of Danbury's 28,519 housing units, or 1.6%, lacked either complete plumbing or kitchen facilities. This low rate is indicative of high housing value and household income in Danbury. While minor pockets of blight do exist in parts of Danbury, blight is not an endemic problem in the community; however, nuisance violations such as visible garbage and rubbish on residential properties are widespread.

Owner Supply/Demand Mismatch: Families wishing to purchase a home face many financial obstacles in the City. The affordability situation for potential homeowners in Danbury and the surrounding region had deteriorated significantly over the past several years until the recent downturn in the housing market, which has significantly limited the increase in sales prices for homes in the region. Data from the Warren Group, a provider of property sales information, indicates that the median single family home sales price in Danbury for

2007 was $350,000. Assuming a maximum of 30% of income for housing costs and the estimated 2007 Area Household Income of $80,192 (as provided by Claritas, Inc.), an affordable house would cost roughly $325,000; thus, for residents of the region searching for homeownership opportunities in Danbury, a small but manageable gap exists between affordability and median sales price for Danbury single family units. In contrast, households who reside in Danbury already and would like to purchase a home in the City face significantly higher obstacles for homeownership. Assuming a maximum of 30% of income for housing costs and using the estimated 2007 Median Household Income for the City of Danbury of $60,082 (as provided by Claritas, Inc.), an affordable house would cost roughly $236,000. As is evident, within the City of Danbury, residents looking to purchase a home may find a significant difference between home sales prices and what they can actually afford to pay.

The current housing market is in a recessionary cycle, and although combined with interest rates that have remained low due to rate cuts by the Federal Reserve Bank, affording a home in Danbury at this time is still a difficult task for many of the City's existing residents. This is particularly true for very low and extremely low-income households, causing a housing supply/demand mismatch for Danbury's more economically distressed households. In addition, families between 50% and 80% of the Area MFI often have difficulties meeting underwriting criteria without subsidies. The recent significant reduction in available lines of credit, particularly the historic contraction of the home mortgage market, has exacerbated the situation and has prevented even households with strong credit records from obtaining necessary home purchase financing. Without down payment and closing cost assistance, credit repair counseling, lenient debt and income ratios and a more liquid home mortgage market, homeownership is still a distant dream for many Danbury residents.

Homeownership Counseling: In addition to providing financial support and subsidy to encourage first-time homeownership, there is a need to provide homeownership counseling to assist in successful homeownership. Budgeting and property maintenance are important skills for successful homeownership.

Non-Profit Development Corporation of Danbury (NPDCD): In addition to looking for development and rehabilitation opportunities to produce affordable housing, the Corporation works with the City and other community organizations to develop and implement housing activities. The Corporation will be funding a feasibility study to determine the need for senior housing in Danbury and whether the current Danbury Police Station site would be an appropriate site for future elderly rental units.

City of Danbury Housing Partnership: During the spring of 2007, the Danbury Housing Partnership was reorganized and given responsibility for implementing the City's "10 Year Plan to End Homelessness", the product of a taskforce established by Mayor Mark Boughton and adopted in March 2005. The partnership meets monthly, and progress toward achieving the goals and objectives of the 10 Year Plan are reported annually. Four standing committees exist within the Housing Partnership: Housing and Community Development; Financial Resources and Fundraising; Social and Supportive Services; and Public Relations, Marketing and Education. The Partnership also has responsibility for investigating the need for additional senior housing and encouraging the development of affordable housing.

The Housing and Community Development Committee of the Partnership works with the City's Fair Housing Officer on a variety of fair housing activities and issues. The Partnership is also actively involved in facilitating partnerships that will result in the creation of more affordable housing units.

Future Projections: The need for affordable housing opportunities within the City of Danbury must be balanced against the lack of affordable housing and the availability of land in the suburbs. The need to diffuse racial and economic impacts throughout the region is obvious. Danbury has traditionally accepted the responsibility for providing the majority of subsidized units for the region's need. While representing only 13% of the region's land, Danbury accounts for approximately 74% of the subsidized units (using 2006 data

provided by the State of Connecticut Department of Economic and Community Development). According to recently released 2000 Census data, 24% of Danbury's population is non-white. While no other town exceeds 7.6% (Bethel), Danbury is home to roughly 73% of all non-white people living in the region. Economic comparisons also reflect this city-suburb inequity. It is important to note that all of the towns surrounding Danbury are eligible small cities under the Community Development Block Grant program.

State of Connecticut fair-share allocation proposals indicate a minimum of 10% of a city or town's housing stock should be affordable. Currently, the percentage of housing subsidized with local, state or federal grants or mortgage subsidies, including public housing, barely exceeds 10% in Danbury. Most efforts to create affordable housing in the suburbs meet with resistance, except where the construction of elderly congregate housing is proposed. Infrastructure and density concerns are the most often cited reasons to deny subdivision projects that contain affordable unit set-asides. Proposals rejected by Connecticut municipalities are reviewed under the State's affordable housing appeals process.

c) Homeless needs. *The plan must describe the nature and extent of homelessness (including rural homelessness), addressing separately the need for facilities and services for homeless individuals and homeless families with children, both sheltered and unsheltered, and homeless sub-populations, in accordance with a table prescribed by HUD. This description must include the characteristics and needs of low-income individuals and families with children (especially extremely low-income) who are currently housed but threatened with homelessness. The plan also must contain a narrative description of the nature and extent of homelessness by racial and ethnic group, to the extent information is available.*

Largely due to a lack of funding for services and housing, there is a shortage of services to affirmatively address the crisis of homelessness throughout the region, including to some extent the City of Danbury. While the total number of homeless is not an alarmingly high figure for a city the size of Danbury, any number of homeless warrants public attention and support. Further, the provision of services to those currently homeless and to those currently at risk of becoming homeless will help curb the spread of homelessness, as would an increase in the supply of affordable housing.

The most pressing need of low-income individuals and families with children, especially those with incomes at or below 30% of the median income, is decent, safe and affordable housing. Several programs currently exist to help these individuals and families with children so that they are able to find and retain housing and thus lessen the threat of homelessness. Among these are the services provided by the Housing Mediation Program operated through the Community Action Committee of Danbury (CACD). This program seeks to help low-income individuals and families with children by finding affordable housing and to act as an intermediary in tenant/landlord disputes in situations regarding safe housing and possible eviction. In addition, several area organizations, such as the Community Action Committee of Danbury (CACD) and TBICO, have programs that provide emergency utility and rental assistance. CACD also administers a program that provides emergency mortgage assistance.

The tables and related data represent information on the City of Danbury's homeless population drawn from the Greater Danbury Continuum of Care's "Point-in-Time" count of the homeless population in the Greater Danbury area, conducted in January 2005. An additional "Point-in-Time" count has recently been completed; however, the results of this survey are still being tabulated at the present time. The data also includes sub-populations within the homeless community, such as persons/families with service needs related to domestic violence, mental illness, drug and/or alcohol abuse, etc. It is important to note that the most pressing concern is to serve families with children.

This effort resulted in the identification of 321 homeless individuals in the Greater Danbury area, of whom 61.7% were White, non-Hispanic; 19.9% were Black, non-Hispanic; and 11.8% were Hispanic. Of the 321 individuals, 109 (34.0%) self-reported that they needed mental health services, 106 (33.0%) needed alcohol or substance abuse services, 25 (7.8%) were victims of domestic violence, and 11 (3.4%) were HIV positive. In addition, 71% of the respondents had been homeless for more than three months and 44% have experienced homelessness previously. Finally, 47 families were counted as part of the survey effort, with 69 children living with their parents.

Homeless youth are in need of a variety of programs to support efforts to live independently. Homeless youth require immediate shelter and food and may also need medical attention, clothing, psychological counseling and enrollment in schools. Such supportive programs include a variety of counseling, job training, and life skills. Further, the continued presence of homeless families may lead to a rise in the number of homeless youth as children of homeless families become 18 years or older.

The Health, Housing and Welfare Department provides emergency and crisis intervention in areas of needs associated with housing, medical care, food, clothing and other supportive services. This agency also carries out programs and services such as operating the City's homeless shelter, case management, assisting clients in applying for and obtaining medical coverage through programs such as the State of Connecticut HUSKY program and Medicare/Medicaid, housing assistance and landlord mediation. The number of clients assisted by the Department and the number of individuals and families seeking help for a variety of issues appears to be increasing.

An average of 377 homeless individuals per month utilize the Day Center operated by the Welfare Division of the Health, Housing and Welfare Department. The Emergency Shelter services an average of 457 homeless individuals per month. The Welfare Division also assists an average of 5 homeless individuals per month in finding transitional or permanent housing. The department also connects an average of 22 homeless individuals to substance abuse treatment each month. The department also connects an average of 17 homeless individuals to mental health treatment each month, and an average of 14 homeless individuals are assisted in successfully securing employment each month. An average of 15 homeless individuals are assisted in searching for housing each month.

Although homeless youth have many needs, one problem that has been identified by local service providers is the fact that hospitalized youth may spend inordinate amounts of time in psychiatric wards because parents often do not want them back, and there is no other place for them to be placed. In addition, there is a lack of adequate outreach to mentally ill children, as well as a lack of commitment on the part of service providers in keeping children in the community. On the whole, there is a need in Danbury for foster homes for youth with accompanying supportive services, as well as group homes, respite care and dormitory-style youth shelters. In addition, there is also a need to address the "survival needs" of youth, such as housing and food, with less reliance on counseling services that are less likely to be utilized. The lack of a primary resource for addressing youth homelessness in Danbury is an issue. One particular problem is the focus of facilities for the homeless being on single adults and women with dependent children, rather than intact families or individual homeless youth. Cases of youth homelessness are most often identified through interaction with the Danbury Public School system and the State of Connecticut Department of Corrections.

The causes/reasons that often underlie youth homelessness include parental abandonment, parental hospitalization or institutionalization, death of parent or supervising relative, and sexual and/or physical abuse in their homes. In addition, youths may be asked to leave home by parents due to family rules and/or teen pregnancy. During the 2005 Point-in-Time Survey, 8 youths unaccompanied by a parent and under the age of 18 were counted. Seven of the eight youths had been homeless for more than three months, and four out of the eight youths had not been homeless before. Two of the youths were living on the street, and only two were living in either supportive or transitional housing.

The Danbury Public School System is using a combination of McKinney funds and CDBG funds to provide staff resources to homeless families and their children, as well as homeless youth under the age of 18. The system's goal is to ensure educational continuity for children who are homeless.

Sub-Populations and Special Needs Homeless

Information on the sub-populations within the homeless population may be drawn from administrative record keeping, enumerations, statistically reliable samples and/or other sources, which may include proportional representation, local research and/or expert opinion. While their are numerous causes of homelessness, including unemployment, eviction, domestic violence, transience, relocations and fire among others, once

homeless, significant portions of Danbury's homeless population have service needs relating to mental illness, chemical and/or alcohol dependencies, domestic violence and/or AIDS.

Table J
Point-in-Time Survey, 2005
Service Needs by Age

Age	# reporting	Mental Health	Medical	Alcohol Substance Abuse	Mentally Retarded	Physically Disabled	AIDS HIV	Mental or Physical Abuse	Victim of Domestic Violence	Voc. Rehab Service	No service needs
<18	8	4	1	0	0	1	0	1	2	1	1
18-20	22	10	3	8	0	1	0	1	3	10	8
21-29	21	6	4	9	0	0	1	2	5	3	5
30-39	79	29	20	31	0	1	2	4	11	15	18
40-49	114	34	31	36	1	7	4	5	4	23	27
50-57	45	17	11	14	0	4	3	0	0	8	8
58-65	16	4	3	0	1	0	1	0	0	1	5
>65	0	0	0	0	0	0	0	0	0	0	0
unknown	16	5	2	5	0	1	0	1	0	1	9
TOTAL	**321**	**109**	**75**	**106**	**2**	**15**	**11**	**14**	**25**	**62**	**81**

Source: Greater Danbury Continuum of Care Coalition, Point-in-Time Survey 2005.

It is estimated that a substantial portion of the homeless population, 33%, require social services (i.e. case management, outreach, awareness, detoxification, etc.) relating to alcohol and/or drug abuse. An additional 8% of the homeless have service needs relating to domestic violence. Persons fleeing domestic violence require food, clothing, shelter and special counseling to help them confront or avoid their abusers. Nearly 34% of the homeless are estimated to require service needs relating to their mental illness, and another 3.4% require assistance in meeting needs relating to AIDS/HIV.

The Point-in-Time Survey also indicates that approximately 19% of the population require assistance relating to employment and an additional estimated 4.4% require services to meet their physical, emotional and psychological needs impacted by neglect (this more frequently relates to homeless youth).

The typical homeless person has needs that surpass those relating to shelter. As a result, many homeless of Danbury have special needs. The sub-populations of the homeless within the City require a more careful look when considering the causes of homelessness, the current realm of services/agencies that serve the homeless populations, and the sub-groups within the homeless population. Ameliorating the problem of homelessness in Danbury will require more than the provision of shelter. An even larger issue is that of confronting the causes/problems of the homeless themselves that include chemical dependency, mental illness, AIDS, and the like.

Homeless Facilities and Services

Listed below is a brief inventory of those facilities and services that assist homeless individuals, homeless families with children and sub-populations in Danbury. Services include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing and activities to prevent low-income individuals and families with children from becoming homeless.

While the original efforts to provide nighttime shelter to homeless individuals began with a volunteer organization, the approach has evolved into a comprehensive, multi-disciplinary collaborative one. The services within the City have been developed and supported with the goal being to provide a continuum of care that encourages and challenges homeless persons to move from homelessness to self-sufficiency.

While many social service organizations within the community have a long history of coordination, cooperation and of sharing information, there remains a fragmented social service network that lacks coordination and results in the duplication of services in many instances. When looking to the homeless population service providers, the cooperation present among these groups/agencies is most useful when compiling estimates regarding the homeless population in the community.

Homeless Prevention Services

Services that are designed to provide at-risk persons with information and resources and services to prevent them from becoming homeless include:

Key Rings, administered by TBICO in collaboration with the Salvation Army, Catholic Family Services and the Association of Religious Communities, provides security deposit assistance for qualified individuals and families in the form of grants, loans or a combination thereof. Funding for the program comes from the United Way and CDBG funds from the City of Danbury. Qualified households may receive a grant of up to $1,000 for use as a security deposit for a new apartment. The funds are given directly to the landlord rather than the renter themselves, and the renter must have a signed lease for at least one year. Qualified applicants must demonstrate stable income in the form of at least two months of steady employment, and must meet with program staff to create a budget for the year indicating the sources of their income and if or how they will be able to maintain the housing for the one-year period. Applicants with a monthly income of at least $2,000 may be eligible for a larger loan through the Family Loan Fund operated by Catholic Family Services. The Key Rings program places special emphasis on increasing the financial literacy of its clients.

For FY2007, the Key Rings program received 328 inquiries for service, and 189 individuals and families proceeded to the full application process. In addition, 122 of the individuals and families were from the City of Danbury. As a result of the application process, 172 individuals and families were referred for grants or loans through the Key Rings program.

The Housing Resource Center, funded by the Stamford-based Housing Development Fund, provides mortgage assistance for qualified homebuyers, as well as financial counseling, education and information.

Emergency Shelter and Transitional Housing Services

The provision of emergency shelter and transitional housing services provides for a point of entry into the human services system and also provides the community with the option of choosing to do extensive outreach to persons who are homeless but not using established shelters. Services are designed to provide temporary emergency lodging for persons displaced from permanent housing by reason of external factors (disaster, unemployment etc.) or personal behavior disorders (substance abuse, violence, mental illness etc.). Facilities and programs available include:

Amos House, Inc. is a transitional shelter with 21 beds and 7 family "units", and serves families who are working toward obtaining their own housing.

Dorothy Day Hospitality House is an emergency shelter that provides 15 year-round beds, 20 seasonal beds and 2 overflow or voucher (O/V) beds.

Danbury Welfare Division, City Shelter and *Day Center,* New Street - has 15 beds, expanded up to 20 beds in winter, and serves single adults (age 18 and over). An average of 377 homeless individuals per month utilize

the Day Center. The Emergency Shelter services an average of 457 homeless individuals per month. The Welfare Division also assists an average of 5 homeless individuals per month in finding transitional or permanent housing. The Welfare Division has connected an average of 22 homeless individuals to substance abuse treatment each month, as well as an average of 17 homeless individuals to mental health treatment each month. An average of 14 homeless individuals are assisted in successfully securing employment each month. An average of 15 homeless individuals are assisted in searching for housing each month.

Children and Family Aid and Harmony House has 16 beds as well as 7 family "units", and serves single women and women with children.

Women's Center of Greater Danbury, Elizabeth House, 2 West Street (offices) - has 16 beds and 3 family "units"and serves women who are the victims of domestic violence, as well as their children.

City of Danbury Housing Authority, Transitional Housing Program, 98A Elm Street – has 20 beds for individuals

Interlude, Inc., 60 West Street – provides a residential mental health program that currently serves 41 clients who live in shared 3-bedroom condominiums on-site.

Shelter of the Cross, 18 Aaron Samuels Boulevard - has six beds and three apartments available for transitional housing.

In addition, three City churches operating through the Interfaith Commission on the Homeless provide overflow emergency shelter capacity on a rotating basis from September through April.

The Continuum of Care estimates that there is an unmet need for 25 year-round beds for individuals who are homeless in Danbury.

Outreach Services

Outreach Services identify homeless persons, perform preliminary need assessment, inform them of services available, and establish a relationship that encourages and engages such persons in the services available. According to the Danbury Continuum of Care, outreach to non-sheltered homeless occurs in one of 3 ways:

- Street Outreach
- Mobile Clinics
- Law Enforcement

Street Outreach: A number of social service providers in the Danbury community conduct street outreach to various degrees. These include AIDS Project – Greater Danbury, Catholic Family Services, the Christian Community Outreach Ministry, the City of Danbury Police Department, the Danbury Public Schools Homeless Outreach program, the Greater Danbury Mental Health Authority, the Homeless Outreach Team (HOT), and the Midwestern Connecticut Council on Alcoholism (MCCA).

Mobile Clinics: Mobile clinics are provided by AIDS Project – Greater Danbury, AmeriCares, the Danbury Hospital Mobile Crisis Team and Family & Children's Aid, and offer an excellent opportunity for providers to connect with unsheltered homeless individuals and families and link them with appropriate services.

AmeriCares offers a free clinic for uninsured low-income individuals and families. The Danbury Hospital Mobile Crisis Team provides emergency psychiatric outreach services to individuals experiencing acute emotional distress. Family & Children's Aid provides an Emergency Mobile Psychiatric Service (EMPS) for children ages 18 and under.

PATH (Projects for Assistance in Transition from Homelessness) funded outreach workers are available to receive referrals from community persons, agencies, hospital facilities. Once the referrals are received, outreach workers attempt to engage these individuals in the appropriate treatment system. They refer people to the available resources in the community, provide concrete assistance like food vouchers, and assist people in beginning to develop entitlement applications.

Provision of services on-site at the shelter can be problematic. Due to the availability of day services to the homeless at the shelter location, many unsheltered homeless are only aware of the shelter and program services through the use of the facility as a meeting location by other agencies. Thus, efforts such as Project Homeless Connect and other outreach and communication initiatives are so important to ensuring that homeless individuals and families are aware of the potential services available to them. Persons not using the shelter are able to use all Day Center Services.

Outreach to Sheltered Homeless

Persons using the shelter services and the day center service are continually surrounded by the opportunity to access community services. A full time service coordinator is available to provide needs assessment and information and referral services. PATH funded outreach workers are on-site weekly to assess treatment needs and make referrals to Case Management professionals who are available for the mentally ill or dually diagnosed individuals. Catholic Charities Homeless Outreach Team caseworkers are on site weekly to provide benefits counseling and information and referral services. Finally, the psychiatrist assigned to the Greater Danbury Mental Health Authority (GDMHA) Dual Diagnosed Assertive Community Treatment (ACT) Team makes regularly scheduled visits to the shelter to provide in-reach and initial assessment for individuals who need a higher level of assistance in linking with the community treatment system.

The City Shelter also operates a day center, which is open Monday through Friday from 8:30 a.m. to 3:30 p.m. MCCA provides staff on Saturdays and Sundays to conduct day programs. In addition to the day center, the Dorothy Day Hospitality House also operates a soup kitchen. The soup kitchen serves between 60 and 100 hot meals per day.

An average of 145 individuals have received assistance in completing Indigent Drug Program applications each month through the help of the Health, Housing and Welfare Department. An average of 45 individuals receive assistance in completing applications through AmeriCares each month, as well as an average of 27 individuals receiving assistance in completing applications through Wellness on Wheels each month.

Monthly food drives coordinated by the Welfare Division average 381 lbs. of food donated to local food bank and pantries each month, while housing caseworkers average 23 new requests for service each month, which includes housing retention, advocacy, application assistance, housing searches and court appearances.

Housing Service/Resources

Transitional Housing
Provides a supervised setting within which formerly homeless persons can regroup and receive training or guidance in household management, parenting, job training and education.

SRO
Operated by the Danbury Housing Authority, the SRO provides 20 rooms for a period not to exceed 2 years for single adults coming from the homeless shelters.

Amos House Inc. provides 21 beds and 7 family "units" for homeless women with children for a period not to exceed 2 years.

Children and Family Aid and Harmony House has 16 beds as well as 7 family "units", and serves single women and women with children.

The Shelter of the Cross facility provides transitional housing for the elderly with six beds and three apartments.

The Interlude Intensive Residential Program and Intensive Recovery Program provides transitional housing for 41 individuals.

Midwestern Connecticut Council on Alcoholism (MCCA)
MCCA operates a number of facilities that provide both short-term and long-term transitional housing for individuals with substance abuse issues. These include:

The McDonough House, a facility for single adults with chemical addiction that provides housing for 20 individuals for up to 30 days.

Adolescent Residential Treatment (ART) Program, a facility for adolescent girls between the ages of 13 and 17 that has 15 beds. This facility is physically located in Norwalk, CT.

Trinity Glen, a 50-bed facility providing long-term residential care for adults with substance abuse issues. This facility is physically located in Sharon, CT.

Sunrise Terrace, a long-term residential facility comprised of 16 beds in two-bedroom townhouse condominiums in Danbury that are rented to individuals recovering from substance abuse.

New Dawn, a 5-bed facility for girls age 13 to 18 for substance abuse and mental health treatment. This facility is physically located in Bethel, CT.

The Mental Health Association operates a Condo Program and a Supportive Living Community, together accounting for 21 individuals served.

The Continuum of Care estimates that there is an unmet need for 94 individual units/beds of transitional housing in Danbury. Through the Shelter + Care program, the Continuum of Care intends to develop one new public housing unit to serve a chronically homeless individual, and to designate 2 PILOT public housing units for chronically homeless individuals.

Permanent Housing

The purpose of transitional housing is to assist homeless persons in their attempts to locate and maintain permanent housing. The Service Coordinator at the City's shelter/day center is responsible to assist homeless persons in their search for permanent housing. Potential landlords and financial resources are identified, transportation and the securing of household supplies is also arranged. Referrals to eviction prevention programs are made to aid in housing retention.

The lack of affordable housing stock and the high cost of rentals continue to be barriers for persons being able to move from transitional housing to permanent housing. In addition, persons who may be eligible for rental subsidies may be disqualified based on poor rental, financial and criminal histories. The Mayor of the City of Danbury recently appointed members to the Housing Partnership to oversee and implement the City of Danbury 10 Year Plan to End Homelessness. The Housing Partnership has several subcommittees including a Housing Subcommittee that will look at creating permanent housing and will identify and address barriers to transition from transitional housing to permanent housing for participants.

The AIDS Project Greater Danbury provides a group residence home that can house up to five men and women.

The City of Danbury is in the process of creating permanent supportive housing units for veterans as part of a program called "Housing for Heroes". Data gathered through Danbury's Homeless Management Information System has documented a clear need for providing services and housing for veterans experiencing homelessness. This need has also been cited by VA Connecticut Healthcare System representatives. The "Housing for Heroes" program is a product of the Mayor's Taskforce to End Homelessness and its "Ten-Year Plan to End Homelessness". The Financial Resources and Fundraising Committee of the Danbury Housing Partnership took the lead role in addressing housing for veterans, and soon created an informal off-shoot Veterans Housing Workgroup. This workgroup created a three-step plan to provide a continuum of housing for veterans, including emergency housing, transitional housing, permanent supportive housing, affordable rental units and affordable homeownership units. The first phase involves getting homeless veterans off the streets and into shelters where than can be evaluated for the various services they may need. The second phase involves moving sheltered veterans into transitional housing, combined with on-site supportive services that will enable them to eventually move on to permanent housing. The third phase involves the creation of at least 30 permanent housing units over the next eight years for veterans in Danbury.

The City of Danbury's Plan of Conservation and Development Housing Plan establishes the goal of adequate and desirable housing for all residents of the city. "Major objectives of City government include the protection of existing neighborhoods from deterioration, the encouragement of innovative housing developments, an expansion in the supply of affordable housing, and provision for the housing needs of the elderly, disabled, or homeless."[1]

The Non-Profit Development Corporation of Danbury (NPDCD) will serve as the developer for the transitional housing facility and is responsible for navigating the VA grant application process for acquiring funds for the development of this facility.

Shelter PLUS Care

HUD has funded 85 housing certificates for homeless individuals and families. These are shared by the Danbury Housing Authority and the Greater Danbury Mental Health Authority, which have 25 and 60

[1] Plan of Conservation and Development, Section 6: Housing Plan, p. IV.35

certificates, respectively. Extensive outreach is being done to encourage homeless persons to participate, by area agencies who have committed to case management services for the participants. The GDMHA also provides permanent housing for 10 individuals through its Moss Avenue facility. There is a currently a waiting list of between 15 to 20 people, or roughly 6 months to one year, for Shelter + Care certificates.

The Continuum of Care estimates that there is an unmet need for 143 units of permanent supportive housing in Danbury.

(d) Other special needs. *(1) The jurisdiction shall estimate, to the extent practicable, the number of persons who are not homeless but require supportive housing, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drag addiction, persons with HIV/AIDS and their families, public housing residents, and any other categories the jurisdiction may specify, and describe their supportive housing needs.* (2) *With respect to a jurisdiction seeking finding on behalf of an eligible metropolitan statistical area under the HOPWA program, the plan must identify the size and characteristics of the population with HIV/AIDS and their families within the eligible metropolitan statistical area it will serve.*

A consortium of many social service agencies combine to provide supportive services, counseling, rehabilitation and financial assistance to non-homeless special needs populations. The level of service and area of specialization are particular to each agency. The presence of a comprehensive approach to supportive housing services is commensurate with adequate funding and staffing. The critical issue for supportive service providers is the preservation of funding levels in order to sustain needed services.

Persons with Disabilities: Information on persons with certain types of disabilities, except persons with work disabilities as documented in the 2000 Census, is difficult to obtain for municipalities. This is not only attributable to the lack of documentation on the subject that is in part due to the difficulty in diagnosing certain developmental disabilities like acute attention deprivation, etc., but also to the lack of sufficient agencies to service and track persons with disabilities. The following table and Map 4 present an estimate of the number of disabled persons based on 2000 Census data.

Table K
Concentration of Disabled Persons by Census Tract
2000

Census Tract	Census Tract Population	Disabled Persons	% Disabled Persons
2101	6,222	1,098	17.65
2102	6,449	1,078	16.72
2103	5,131	948	18.48
2104	6,874	1,000	14.55
2105	5,540	815	14.71
2106	6,185	1,358	21.96
2107	9,041	1,925	21.29
2108	4,967	400	8.05
2109	5,681	662	11.65
2110	3,883	414	10.66
2111	1,252	0	0.0
2112	5,796	816	14.08
2113	3,800	405	10.66
2114	4,027	647	16.07

Source: 2000 U.S. Census.

Developmental Disabilities: A developmental disability is one that continually and indefinitely prevents an individual from functioning, including but not limited to mental retardation, autism, cerebral palsy, epilepsy, and learning disabilities. Approximately 0.6% of the homeless population in Danbury experiences a developmentally disabling condition, according to the Point-in-Time Survey. The nationally accepted percentage of the population, which can be categorized as developmentally disabled, is 1 to 3%, as published by the Association for Retarded Citizens (ARC). This standard would result in an estimate between 780 and 2,100 persons in Danbury are developmentally disabled.

As evidenced by the presence of developmental disabilities, there is a need to provide services that are currently lacking within or within access to lower income City residents. These include insufficient intervention/treatment programming of day, residential and in-home care facilities; staffing of persons trained to work in this field; transportation for persons with the disabilities to access the needed services; crisis beds at local facilities; community-wide acceptance of residential programming for persons with developmental disabilities; sufficient State funding; and start-up funds for fledgling outreach programs.

Psychiatric Disabilities

The primary population in this category is persons with mental illness and emotional disorders. The presence of psychiatric disabilities impedes an individual's ability to provide self-care, interpersonal relations, daily tasks, and experience difficulty in adapting to change.

These individuals are often chronically unemployed due to stigma and discrimination, as well as their inability to perform tasks and related activities that might be required in a work place. Throughout the City, approximately 34% of the homeless population (109 individuals) self-reported as having these types of disorders, while an additional 40.5% (130 individuals) reported that they were already receiving psychiatric services. Thus, almost three-quarters of Danbury's homeless population is facing some form of mental illness or emotional disorder. As such, it is important to address any gaps in services that address the needs of this population.

In particular, the Greater Danbury Mental Health Authority sees the needs for decent, safe, affordable, rental housing for persons with these types of disabilities. According to GDMHA, it is a lack of adequate permanent supportive housing supply income that is a leading cause of homelessness among the psychiatrically disabled population in Danbury.

Physical Disabilities: Persons with physical disabilities are those who were disabled as a result of a chronic illness, accidents, birth defects and similar conditions. Numerous persons with physical disabilities are uninsured and cannot obtain the necessary care and a lack of funding for services for the physically disabled makes those existing services/facilities high in cost. Further, many facilities are not fully accessible to the mobility-impaired.

There is a significant need in the City to address the housing as well as non-housing needs of non-homeless persons with special needs. There is a particular need to provide housing and companion support services to persons with mental/emotional/physical disabilities, as well as persons with chemical dependence/substance abuse problems and persons with HIV/AIDS. At present, the Lead Agency does not feel that there are sufficient facilities, whether transitional or permanent, to provide housing for persons with special needs.

The inventory below includes services for individuals who are mentally retarded and developmentally disabled, mentally ill, and/or have problems related to substance abuse and/or HIV/AIDS. Within the Danbury area, there are many agencies, facilities and services to assist persons who require supportive housing.

Alcohol/Other Drug Abuse

Chemical substance abuse has rapidly become one of the leading causes of homelessness. As stated above, 33.0% (106 individuals) of the homeless population in Danbury self-reported as having needs relating to chemical dependency, while an additional 23.7% (76 individuals) were already receiving treatment for alcohol or substance abuse. Alcohol and other drug-addicted persons require food, clothing and shelter but need evaluations and then placement in residential or out-placement programs that deal with their addition.

There are definitive gaps in services to address the needs of the substance abusing population and theft relatives and friends. These include limited outreach and prevention services/educational programs; lack of affordable services, programming for children and adolescents and community residences for substance abusers who are HIV positive; in-patient programming; and residential treatment programming for recovering individuals and those who require accompanying child care.

To meet both the needs of the substance abusers and the parties affected by the presence of substance abuse in the City and County, the United Way has assembled a list of community problem solving initiatives. These initiatives are categorized broadly as prevention, education, intervention, and treatment and aftercare efforts. Specific needs of the City of Danbury include:

Mentally Ill: Several programs aid persons returning to Danbury from mental health institutions. Caseworkers work with individuals who need intense services and provide advocacy and referrals to services and housing for their clients. The severely mentally ill require food, clothing and shelter, but also special evaluations by trained medical staff to determine what type of treatment, counseling and shelter facilities are appropriate to each individual. Organizations such as the Greater Danbury Mental health Authority, the Mental Health Association of Connecticut, Catholic Charities of Fairfield County, Connecticut Outreach West, Interlude, Inc., and TBICO provide a variety of valuable services to the severely mentally ill. According to the "Point in Time" Survey from 2005, 109 individual homeless persons and persons in families with children are estimated to have mental health needs.

Severe Mental Illness and Alcohol/Drug Abuse: Those who are severely mentally ill and alcohol- or other drug-addicted need food, clothing and shelter, but also dual-diagnosis programs that deal with their substance abuse as well as with their mental illness. According to the most general national estimate, one percent (1%) of the adult population meets a definition of severe mental illness. Applying this estimate to Danbury's 58,000 persons 18 years of age and older results in an estimate of 580 individuals with severe mental illness. A further estimate, provided by HUD is that approximately 9% of patients entering a state mental hospital are either homeless or in potential danger of being homeless. Although it is difficult to make a prediction based upon Danbury's mentally ill population estimate, by applying this 9% figure to the 580 individuals it can be assumed that approximately 54 severely mentally ill persons are either homeless or threatened with homelessness and may need supportive housing. According to the "Point in Time" Survey from 2005, 106 individual homeless persons and persons in families with children are estimated to substance abuse issues associated with their homelessness.

Victims of Abuse: Abuse and neglect, defined as the physical, psychological and/or sexual maltreatment, lack of proper attention toward basic human needs and/or exploitation of another person, have grown at alarming rates throughout the City among children and adults. A recent study has indicated that the number of reported cases

per capita of abuse and/or neglect of children in Connecticut is one and one-half times the national rate. Although the initial assumption that child abuse and neglect is more prevalent in Connecticut cannot be discounted, the higher rate may be due to more conscientious and consistent reporting of abuse and neglect cases in the state by health professionals than in other states. The pattern of abuse and neglect among the adult population is more difficult to document, as numbers are believed to be grossly under-reported.

Victims of Domestic Violence: Domestic violence is present in the City of Danbury. Gaps in the delivery of services to the victims of child and adult abuse are attributed to limited prevention services, insufficient outreach and education including the existence of programs that provide parenting skills training, the general public's acknowledgement and awareness of the extensiveness of the abuse in the area, and limited personal safety education. Persons fleeing domestic violence require food, clothing, shelter and special counseling to help them confront or avoid their abusers. Approximately 7.8% of the City's homeless population have been victims of domestic violence according to the Point-in-Time Survey.

Additional At-Risk Populations with Special Needs: Non-homeless individuals or families requiring services and special housing needs, such as the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS and others, are also included in the identification of housing needs in Danbury. Previously, statistics were presented that quantify the growing population of elderly residents in the community. Documented demand for elderly housing maintained in the community routinely exceed supply capabilities. Thirty-nine elderly families are on the waiting list for Section 8 vouchers; it should also be noted that the waiting list for Section 8 units is now closed. As of September 2007, the Section 8 waiting list had been closed for 10 months. This need is sought from both elderly single and two-person families.

Provisions for persons defined as frail elderly are also in need. Congregate elderly housing is and will remain an objective in the City's affordable housing strategy. There are currently few non-profit housing units for the frail elderly available with the appropriate support services needed by these individuals. Likewise, only a limited number of housing units geared toward persons with disabilities have been developed within the community. To determine the estimated number of frail elderly within Danbury, national averages as to the percent of elderly population by age category with at least one Limitation to Activities of Daily Living (ADL) were applied to the City's elderly population figures. Assuming that poor frail elderly have a greater need for public assistance than higher income elderly, a national percentage for elderly households with very low incomes (VLI) was applied to the number of frail elderly in the various age categories. This methodology estimates that Danbury has 384 frail elderly and 384 frail elderly potentially needing supportive housing.

Existing support services for persons of families that fall under the description of Special Needs include the Health, Housing and Welfare Department (City) providing meals, transportation, counseling, and providing rehabilitation expense subsidies and placement services. The Housing Authority has various programs targeted at elderly and disabled populations. Shelter Plus Care certificates are utilized to help end homelessness. The certificates are aimed at serving homeless individuals and combined with the supportive services provided by agency's such as the Greater Danbury Mental Health Authority and Connecticut Outreach West have helped to remove many individuals from homelessness and on to self sufficiency and stability.

As stated above, the most efficient way to address homelessness in the City is not only to provide shelter, but to confront the causes and problems of the homeless themselves, which include chemical dependency, mental illness, domestic violence, infirmity, HIV/AIDS, etc. Special needs populations in the City, including drug and alcohol addicted individuals, severely mentally ill, HIV/AIDS victims, and homeless and runaway youths are served by a number of programs. Special needs populations in the City, including drug and alcohol addicted individuals, severely mentally ill, HIV/AIDS victims, and homeless and runaway youth are served by a number of programs. The organizations included in the Plan's Institutional Structure have broad experience with case

management and the long-term counseling of individuals who are striving to achieve self-sufficiency. Many of these special needs groups are at a greater risk of becoming homeless. Housing problems are also factors that effect risk.

HOPWA Program Funding: As stated in the 2003-2008 ConPlan, the City of Danbury is not applying for HOPWA funds at this time; however, it represents its support for such an application, at the appropriate time.

(e) Lead-based paint hazards. *The plan must estimate the number of housing units within the jurisdiction that are occupied by low-income families or moderate-income families that contain lead-based paint hazards, as defined in this part.*

Lead-based paint was often used in homes built before 1980. Particularly high concentrations of lead in paint were used before 1950. This paint can peel, crack or chip away. People who breathe contaminated paint dust from older inner city housing or from older houses being restored can be exposed to the harmful substance. Children eating paint during normal childhood hand-to-mouth activities are also exposed to lead.

A child's playing environment is the area in which first experiences and life impressions take place. Touch, hearing, smell, sight and taste are the information gathering senses through which the child learns. If the child is playing in an older home, or outside next to the home, paint dust may enter the child's system through normal hand-to-mouth activities. Lead poisoning in entirely preventable through education and action.

One out of six children have unacceptable levels of lead in their bodies. Significant lead exposure at a young age can cause brain damage, short attention span, and lower IQ. Lead has also been linked to difficulties in learning language. Exposure during pregnancy can jeopardize fetal development. At high does, some signs of childhood lead poisoning are hyperactivity, emotional outbursts, lack of attention, fatigue, delinquency, loss of coordination, pain and soreness.

It is important to realize that children in the early stages of lead poisoning show few symptoms. Only as the poisoning continues, or increase in severity, do the signs become evident. The best way to combat lead poisoning is by removing lead from the child's environment. Prevention is key to avoiding lead exposure. A lead-free environment is best for the developing child.

Blood Lead Screening: The effects of low-level lead exposure are subtle. Not until levels are very high do symptoms of lead poisoning become evident. Lead screening is a means of early detection of elevated blood lead levels in children who may be asymptomatic. If an elevated blood lead level is detected, steps can be taken to remove the lead source from the child's environment and provide medical treatment as needed. The sooner these steps are taken, the less damage will be done to the child's health.

Lead-Based Paint Incidence Among Lower Income Persons: The issue of substandard housing and lead poisoning parallel the housing inventory, which serves low and moderate income people. This stock is generally older, multifamily housing serving as rental units to large families. According to the housing data estimates from Claritas updated for 2007, over 68% of all housing units in Danbury were built before 1980. Although a substantial portion of Danbury residents are housed in owner-occupied single-family housing, according to the 2000 Census 75.4% of the rental housing in Danbury was built before 1980 and 28.6% of all rental units were built in 1939 or earlier; these units may be particularly susceptible to concern. The Health Department of the City of Danbury has records of lead paint poisoning cases, and Table N shows the location of cases by census tract and block group over the last eight years; the 11 cases reported were evenly distributed

around the City, with no Census tract having more than three cases during the time period of 1998 to 2006. See Table N below as well as Map 5.

Table N
Elevated Blood Lead Cases by Fiscal Year

Fiscal Year	Census Tract	Block Group
1998-99	2107	5
1999-00	2101	2
	2102	1
2000-01	2101	2
	2103	2
	2104	2
	2106	5
	2107	4
2001-02	2104	1
2002-03	2110	3
2003-04	0	-
2004-05	2107	4
2005-06	0	-

Source: Danbury Health and Housing Department.

Lead Poisoning Prevention and Control: The Health, Housing and Welfare Department works in conjunction with the Connecticut Department of Public Health to implement comprehensive lead poisoning prevention and control activities in Danbury. Lead prevention activities are incorporated into the department's housing code enforcement program. The department's major areas of activities with respect to lead poisoning prevention are as follows:

1) *Environmental Investigation and Enforcement*: The department enforces the State's Lead Poisoning Prevention and Control Regulations. The regulations are applicable when a child under the age of six resides in a residence and defective paint surfaces are present. The department enforces these regulations in conjunction with its inspection activities under the City's Housing Maintenance and Occupancy Code. When a child under six and defective paint surfaces are documented in a rental unit, the owner is ordered to submit a lead test from a licensed lead inspector. If the test documents the presence of defective lead surfaces, an order is issued to have the surfaces abated in accordance with the State regulations. In calendar year 2006, a total of eleven orders of abatement were issued following receipt of positive lead tests of dwelling units. Eight such orders were issued in 2007.

The department also conducts environmental investigations whenever notification is received of a child blood lead test exceeding the State action level of 20 micrograms per deciliter. Under such circumstances a full epidemiological investigation is conducted by the department which includes lead testing of the dwelling. One such investigation was initiated in 2006 under such circumstances, with the order of violation to correct identified hazards being issued in early 2007. Danbury had no new elevated results above the action level for 2007.

2) *Blood Lead Screening Surveillance and Case Management*: The department works with the Connecticut Department of Public Health to encourage lead screenings of children under the age of six. The department also tracks and follows up on all child screening results above the level of concern, currently all blood levels equal to or greater than 10 micrograms/deciliter. The department provides required educational material and follows-up with a tracking system to ensure that the child gets re-tests or confirmatory tests in accordance with the State's

screening guidelines. During calendar year 2006 (the latest year for which State data is available), Danbury was below the State percentages for elevated blood lead results. Statewide, the incidence of blood lead results at or above the level of concern (10 mg/dL) was 1.0 percent. For Danbury, the incidence was 0.7 percent (10 elevated results out of 1452 screenings). Danbury had one confirmed result above the action level of 20 mg/dL, representing 0.1 percent of all tests. This compared to 164 EBLL's representing 0.2 percent of all results Statewide.

3) *Education and Prevention*: The Department is a partner in the LAMPP Program, a consortium of State agencies, the Connecticut Children's Medical Center and local communities who were partners in a successful application to receive Lead Hazard Control Grant funds from the U.S. Department of Housing and Urban Development. Participation in the LAMPP Program means that Danbury property owners are eligible to apply for grants to identify and correct lead hazards in their properties. LAMPP will conduct lead hazard inspections, prepare lead abatement plans, provide funding (up to program per unit limits) to eliminate hazards and oversee the completion of the work to ensure compliance with State lead regulations. Danbury families of children with blood lead levels at the level of concern are also eligible to receive on-site education and hazard control guidance by LAMPP counselors. The department also conducts educational efforts in conjunction with its code enforcement and lead surveillance activities. The department also participates in State lead prevention initiatives, such as the "Don't Spread Lead" campaign.

91.210 Housing market analysis. ***(a) General characteristics. Based on information available to the jurisdiction, the plan must describe the significant characteristics of the jurisdiction's housing market, including the supply, demand, and condition and cost of housing and the housing stock available to serve persons with disabilities and to serve persons with HIV/AIDS and their families. The jurisdiction must identify and describe any areas within the jurisdiction with concentrations of racial/ethnic minorities and/or low-income families, stating how it defines the terms "area of low- income concentration" and "area of minority concentration" for this purpose. The locations and degree of these concentrations must be identified, either in a narrative or on one or more maps.***

Conditions and Characteristics

According to 2007 housing estimates from Claritas, over 68% of Danbury's housing stock was built before 1980. However, while Danbury did not experience substantial housing construction during the early to mid-1990s, as compared to historical patterns, the City has been in the midst of a housing construction boom that began in the late 1990s and continued to the past year. According to the State of Connecticut Department of Economic and Community Development (DECD), 2,725 housing units were built between 2000 and 2007 in Danbury. Along with this wave of new construction, the older housing stock in Danbury represents an identifiable housing market. Many of the older housing units, though, need to be upgraded to today's standards. At the same time, many low and moderate-income households struggle for economic self-sufficiency and to preserve a decent environment for their families. Much of this frustration is due to the lack of affordable housing in the area.

Many older neighborhoods are located on main or arterial streets with small pockets of one, two and other multi-family dwellings. These areas usually consist of very small lots, narrow streets, many of which are in need of paving and drainage improvements, and limited off-street parking. Many of the dwelling units are well over 90 years old and in many cases require lead abatement. Due to the age of the housing stock and the paucity of private funds being invested in these areas, the City has, in recent years, made a concerted effort to revitalize the central city area.

Significant general housing market and inventory conditions reflect an expensive housing stock fueled by high cost, fixed supply and family income characteristics with a capacity to meet market demands for price. According to the 2000 Census, the City's total number of housing units was 28,519; Claritas now estimates the total number of housing units in Danbury for 2007 at 30,623 units. The overall value of Danbury homes has generally increased significantly over the past three decades. Census data also indicate a vacancy rate of only 4.7% citywide for all housing.

As measured by tenure, Danbury has a healthy mix of owner-occupied homes and renter-occupied housing units, with a percentage breakdown of 58.3% and 41.7% respectively as of the 2000 Census. Owner-occupied housing units with three bedrooms comprised the highest percentage of the housing stock, with 6,911 units or 25.4%. Two bedroom owner-occupied and renter-occupied units were the next highest, with 16.3% and 15.6%, respectively. Owner-occupied homes with more than three bedrooms were next at 13.3%, followed by three bedroom rental units at 6.5%. Estimates from Claritas, Inc. indicate that as of 2007, the City had 29,143 occupied housing units, of which 59.0% were owner-occupied and 41.0% were renter-occupied.

The ratio of owner-occupied to renter-occupied units in Danbury decreased by almost two percentage points during the 1990s, continuing a gradual trend beginning roughly three decades ago. However, the 2007 data estimates from Claritas appear to indicate that this trend has leveled off. While the housing stock was still 51.6% detached single family homes in 2000, it is now estimated that only 45.1% of Danbury's housing stock

in 2007 was single-family detached homes. Other housing typologies such as two to four unit structures and large multi-family apartment buildings and developments are accounting for an increasing percentage of the City's housing stock. These characteristics make Danbury's housing stock the most diverse of the towns in the immediate region, and one of the most diverse in the entirety of Fairfield County.

Based upon the relative affluence of the community and the high value of real estate, few units remained substandard as of 2000. Census figures indicate that only 469 total housing units or 1.6% lacked either plumbing or kitchen facilities meeting minimal standards. Significant general housing market and inventory conditions reflect an expensive housing stock fueled by high cost, fixed supply and family income characteristics with a capacity to meet market demands for price. Danbury does not suffer from extreme blighted conditions in concentrated neighborhoods.

The financial cost of housing represents one of the true impediments to providing affordable housing to those in need.

Available housing types and configurations are suitable for occupancy by most any need population in the community. These include, but are not limited to, the elderly, persons with disabilities and families with children. 19.7% of all housing units have three rooms or less, leaving the majority of the housing stock suitable for larger families. Housing stock for the elderly, presumably smaller in size, accessible and conveniently located, exists in small numbers, but remains expensive. Housing for persons with disabilities can be adapted; however, cost remains an issue.

General Affordability

Since the last update to the Danbury Consolidated Plan, the Danbury housing inventory has continued to expand. By 2007, the total inventory had increased to an estimated 30,623 units. Issues of affordability to low and moderate income households and households with special needs is key to the development of a consolidated strategy. In regards to that issue, it is evident that Danbury has been making progress in addressing affordable housing needs.

The State of Connecticut has established a standard of the 10% of a community's housing inventory to be affordable. The affordability criteria are generally similar to CDBG guidelines of eligibility. The housing should be sustainable with total housing payments at or under 30% of the household income of a family at 80% of the area median income. Units that are counted to monitor a community's progress include three categories: "government assisted", CHFA financed and "deed restricted".

At the start of the last consolidated plan period in 2003, the State Department of Economic and Community Development listed Danbury's affordable housing inventory at 3,490 units, or about 12.24% of the overall inventory. Most of these units were government assisted with the second largest component being CHFA financed. At the end of the planning period, the DECD 2006 report indicates that Danbury's affordable housing inventory has decreased to 2,879 units, or about 10.10%. While the City has lost 160 government-assisted housing units since 2002, the largest decrease has been in the CHFA-financed units. While there were 836 CHFA-financed units in Danbury in 2002, that figure has plummeted to only 277 units in 2006. It is quite possible that the reason for this decrease was due to households refinancing their CHFA mortgages during the mortgage and refinancing boom of 2003-2006 and replacing them with conventional mortgage loans.

Generally, the government assisted units are rental apartments and the CHFA financed and deed restricted units are single family homes.

Historically and presently, Danbury is the only community in the region that meets the 10% standard. However, due to the sizable decrease in the number of state-classified "affordable" units in the City, Danbury now stands at just barely over the 10% threshold. The income and housing distribution within the region makes it logical that a central city will have a greater need for and greater inventory of affordable housing than suburban neighbors. Still, while Danbury has exceeded the State criteria for affordable units, the remaining towns in the region are substantially below the 10% threshold. Map 6 presents this data.

Table N
DECD Affordable Housing Units by Municipality, 2006
Housatonic Valley Region

Municipality	Housing Units, 2000	Governmentally Assisted Units	CHFA Mortgages	Deed Restricted	Total	% Affordable	Unmet Need
Danbury	28,519	2,470	277	132	**2,879**	**10.10%**	(27)
Bethel	6,653	219	59	46	**324**	**4.87%**	341
New Milford	10,710	146	103	0	**249**	**2.32%**	822
Newtown	8,601	138	11	15	**164**	**1.91%**	696
Ridgefield	8,877	149	11	0	**160**	**1.80%**	728
Brookfield	5,781	37	34	14	**85**	**1.47%**	493
New Fairfield	5,148	0	23	4	**27**	**0.52%**	488
Bridgewater	779	0	1	0	**1**	**0.13%**	77
Sherman	1,606	0	1	0	**1**	**0.06%**	160
Redding	3,086	0	0	0	**0**	**0.00%**	309
TOTAL	**79,760**	**3,159**	**520**	**211**	**3,890**	**4.88%**	**4,086**

Source: DECD; compiled by HMA..

With respect to affordability as discussed here, the fiscal year 2008 median family income for the Danbury HMFA was $104,500. The income limits for various affordable and assisted programs are keyed to different levels of affordability, Low-Income (51% to 80% median), 60% of Median, Very Low-Income (30% to 50% of median), and Extremely Low-Income (below 30% of median). Those limits are illustrated in the chart below.

Table O
Danbury HMFA Income Limits
FY 2008

FAMILY SIZE	1	2	3	4	5	6	7	8
30% of Median	$21,950	$25,100	$28,200	$31,350	$33,850	$36,350	$38,850	$41,400
Very Low Income	$36,600	$41,800	$47,050	$52,250	$56,450	$60,600	$64,800	$68,950
60% of Median	$43,920	$50,160	$56,460	$62,700	$67,740	$72,720	$77,760	$82,740
Low Income	$47,400	$54,150	$60,950	$67,700	$73,100	$78,550	$83,950	$89,350

Source: HUD.

The above limits are all different categories of "low income" which demonstrate different levels of need with respect to the housing inventory and assistance available in the community. Additionally, the Connecticut Housing Finance Authority (CHFA) provides funding for moderate income home buyers. The limits for CHFA mortgage eligibility in the Danbury HFMA generally run up to $98,100 for a 1-2 person household and up to $112,815 for households over 3 persons. In the City of Danbury, tracts 2101, 2102 and 2107 are exceptions where the limits are increased to $117,720 and $137,340, respectively.

Considering the local income limits, at what price must a home be sold to qualify as a "deed restricted" affordable home?

The statute on affordable housing includes a formula by which a home price is established as affordable. First, the appropriate income must be determined. The statute calls for use of the lower of the area or state median. In Danbury, that would be a requirement to apply the state figure, which for 2008 is $82,100.

Next, the level is reduced to 80% of median and then 30% of that figure is calculated as the maximum "housing payment" at which a home is considered affordable. For the Danbury HMFA, this number would be $19,704 per year. However, "housing payment" is not just the mortgage amount that must be carried. It includes the costs of local real estate taxes, homeowner's insurance, water and sewer service charges and utility expenses. Using industry standard measures for determining these costs, an estimated $6,798 would be needed for housing expenses, leaving $12,906 available for principal and interest. This results in $1,076 available per month for principal and interest.

Based upon a conventional 30 year mortgage at 6%, a mortgage amount of $180,000 could be acquired. Assuming a standard 20% down payment to avoid PMI costs, a home price of $225,000 would be attainable. The down payment, however, would be sizable at $45,000.

For a four bedroom home, the family size is assumed to be 1.5 persons per bedroom, or 6 persons. For this size family, the median income figure of $82,100 is adjusted upwards at a factor of 1.16, which is estimated at 2008 to be $95,236, significantly lower than CHFA limit for a household of this size. Based on the affordable housing price formula, the home in the example above might be priced at about $225,000 and meet the affordability criteria. However, two practical stumbling blocks to actually providing such housing is the size of the down payment required and the cost of constructing the homes, which could very well meet or exceed a value of $225,000.

Housing sales price data assembled from the Warren Group is used to develop a picture of the Danbury housing price trend through the years. Between 2000 and 2006, the price trend had been steadily upwards in both the single family detached market and the condominium market. Since 2006, however, housing sales prices have leveled off and started to decline. The 2007 median price levels in Danbury were $350,000 for a single family dwelling and $268,500 for a condominium dwelling. With half the units in Danbury selling below these prices, the available housing stock should offer a range of possibilities which might be eligible for CHFA financing which is available up to $596,000 to $725,000, depending on census tract. The price structure also suggests that there are homes available that could also be affordable at the lower income levels associated with deed restricted housing. The deed restricted component of affordable housing has not been greatly used.

But in a community where the price structure fits the affordability guidelines, there may be an opportunity for an agency such as the local housing authority or community development agency or a housing non-profit to acquire unrestricted units and then resell them as deed restricted units.

While Danbury has met and exceeded affordability guidelines, all of the suburban neighbors have lagged behind. Such agencies as mentioned above who might aspire to correct that situation might seek out appropriately priced homes in the suburbs and apply the acquisition and resale strategy outlined above. However, that strategy has lost viability due to the rising suburban price levels over the first half of this decade.

Even with a decrease in the number of affordable housing units in the City over the past several years, Danbury has shown a solid commitment as a community to expanding affordable housing options for its residents. However, there is still an unmet demand for affordable housing in the City. This demand is almost certainly attributable to the general lack of affordable housing in the communities surrounding Danbury. Under the State's 10% requirement, the nine other towns in the Housatonic Valley region besides Danbury have an unmet requirement of 4,086 affordable units as shown in Table N, an increase from 2,909 units in 2002. As a result,

an increasing demand for affordable housing and a lack of affordable housing construction in the suburbs are combining to shift the entire regional demand for affordable housing onto Danbury's shoulders. Thus, a difficult and unfair situation exists where Danbury may build new affordable units, yet is still unable to keep pace with demand.

Housing affordability has clearly become an issue of regional importance. A survey commission by the United Way of Northern Fairfield County and conducted by The Center for Research and Public Policy (CRRP) in December 2003 found that 72.0% of regional residents polled by telephone said that there were too few programs and/or services for making housing affordable, compared to 73.1% of United Way clients who filled out survey forms for CRRP. Among donor groups that contributed to the United Way, affordable housing was one of the primary "unmet, undermet or met needs required in the community" listed by respondents.

The United States Department of Housing and Urban Development (HUD) also publishes annual "Fair Market Rents" for communities across the country. The data for Danbury is presented in the table below.

DANBURY FAIR MARKET RENTS 2008

UNIT SIZE	RENTAL RATE
Efficiency	$942
One Bedroom	$1,143
Two Bedroom	$1,451
Three Bedroom	$1,737
Four Bedroom	$2,153

These are "gross" rents, inclusive of all utilities, taxes, insurances, water and sewer fees and so forth. The rents are used as a guideline for contract rents with apartment owners renting to holders of HUD section 8 rental subsidy vouchers. At what income level is the FMR affordable, based on the 30% standard? The table below compares the FMR by apartment size and family size at different income levels and calculates the gross rent as a percent of that income.

FAIR MARKET RENT COMPARED TO INCOME BY LEVEL & FAMILY SIZE

UNIT SIZE	**0**		**1**		**2**		**3**		**4**	
FMR	**$942**		**$1,143**		**$1,451**		**$1,737**		**$2,153**	
Under 30%										
Family Size										
1	$21,950	51.5%	$21,950	62.5%						
2	$25,100	45.0%	$25,100	54.6%	$25,100	69.4%				
3					$28,200	61.7%				
4					$31,350	55.5%				
5							$33,850	61.6%		
6							$36,350	57.3%		
7									$38,850	66.5%
8									$41,400	62.4%
UNIT SIZE	**0**		**1**		**2**		**3**		**4**	
FMR	**$942**		**$1,143**		**$1,451**		**$1,737**		**$2,153**	
31%-50%										
Family Size										

1	$36,600	30.9%	$36,600	37.5%						
2	$41,800	27.0%	$41,800	32.8%	$41,800	41.7%				
3					$47,050	37.0%				
4					$52,250	33.3%	$52,250	39.9%		
5							$56,450	36.9%		
6							$60,600	34.4%	$60,600	42.6%
7									$64,800	39.9%
8									$68,950	37.5%
UNIT SIZE	**0**		**1**		**2**		**3**		**4**	
FMR	**$942**		**$1,143**		**$1,451**		**$1,737**		**$2,153**	
51%-80%										
Family Size										
1	$47,400	23.8%	$47,400	28.9%						
2	$54,150	20.9%	$54,150	25.3%	$54,150	32.2%				
3					$60,950	28.6%				
4					$67,700	25.7%	$67,700	30.8%		
5							$73,100	28.5%		
6							$78,550	26.5%	$78,550	32.9%
7									$83,950	30.8%
8									$89,350	28.9%

From the above analysis it is evident that the FMR is unaffordable to households under 30% of median income. These families will require subsidies to afford the rent or apartment projects with restricted below market rates will need to be developed using a variety of development subsidies. In the 31%-50% of median bracket, efficiency and one bedroom units would be affordable to single persons and two person households and a two bedroom unit would be affordable to a three person household.

However, for three person and larger households, the appropriate sized units are less affordable, with between approximately 33% and 43% of income required to pay for housing. These figures are on the outside edge of what would normally be considered "affordable". The degree of unaffordability in this income bracket is not as severe as in the under 30% category, but there is clearly a continuing trade-off between affordability and over-crowding. In the 51%-80% of median category, the FMRs are generally affordable at or below one-third of household income.

But how do these HUD published rental rates compare to available rates in the community? A data sample was collected from the local newspaper real estate section. The data indicated that studio apartments or rooms for rent were available at $495, one-bedrooms units at an average of about $928, two-bedroom units at an average of about $1,276, three-bedroom units at an average of about $1,381, and four-bedroom units at an average of $2,075. Generally the average data represents a rental that does not include the cost of utilities. Therefore, the absence of utility costs in the rent prices listed in the newspaper explains some of the discrepancy between them and the HUD FMRs (which do include cost provisions for utilities). Also, the FMRs are for the entire Danbury region, not just the City itself. With housing prices more expensive in the surrounding communities than in Danbury, it is logical that the FMRs for the entire region would be somewhat higher than rental prices in Danbury. A caution is noted here, that the advertised data sample was not a comprehensive survey of the area market.

Table P Average Rent Prices – Danbury News-Times Listings April 28, 2008		
	Average	**HUD FMR**
Studio	$495*	$942
One Bedroom	$928	$1,143
Two Bedroom	$1,276	$1,451
Three Bedroom	$1,381	$1,737
Four Bedroom	$2,075	$2,153

**Listings are for "rooms for rent" at weekly rates. Monthly cost estimated by multiplying by 4.3*

Source: Danbury News-Times.

Recent dramatic changes in the national economy and housing market have brought a new specter into the discussion of housing market conditions and general housing affordability: foreclosure. Due to more liberal lending practices and a tremendous influx of subprime mortgages, combined with a downturn in housing prices and an economy bordering on a recession, many homeowners are struggling to pay their monthly mortgage bills. In addition, many households took on a mortgage of an amount that was not realistically supportable given their economic means. As a result, the number of foreclosures across the nation has skyrocketed in recent months. While Danbury has, to this point in time, weathered the housing crisis fairly well, other cities in Connecticut have been severely impacted, and there is no guarantee that Danbury will remain insulated from this growing national and regional problem.

In March 2008, 59 new foreclosure listings were filed in the City of Danbury according to RealtyTrac.com; this is equivalent to approximately 1 out of every 267 owner-occupied housing units (based upon 2000 Census data). This compares to 94 new listings for Waterbury (1 out of every 216 owner-occupied housing units), 91 new listings for New Haven (1 out of every 153 owner-occupied housing units), 210 new listings for Bridgeport (1 out of every 104 owner-occupied housing units), 51 new listings for Stamford (1 out of every 504 owner-occupied housing units) and 40 new listings for Norwalk (1 out of every 507 owner-occupied housing units). While foreclosure listings in Danbury have not reached the extreme levels seen in New Haven and Bridgeport, the number of listings on a "per owner-occupied unit" basis is almost twice as high as Stamford and Norwalk.

One reason that Danbury has navigated the housing crisis fairly well to this point is that the City has had a lower percentage of subprime mortgages than other urban communities. According to data from DataPlace.org, the percentage of conventional mortgages that were originated by subprime lenders in Danbury was only 21.5% in 2004; in cities such as Bridgeport and New Haven, this percentage equals or exceeds 50%. Nevertheless, the City of Danbury must be cognizant of the fact that should the housing market continue its downturn through 2009, as many economists are predicting, the potential exists for a significant number of foreclosures in the City. Such a situation may require the City to address the problem through services or programs.

Supply of Housing Stock

The housing stock changes in Danbury over the past thirty years are indicative of a housing stock diversifying to meet the ever-changing housing needs of the local citizenry. Although recently experiencing a single-family home construction boom, Danbury has clearly given ample provision for other types of housing, especially small and large unit complexes. A diverse housing stock, in turn, provides more opportunities for expanding housing affordability.

Table Q Number of Units Per Structure 1980-2007 by Type of Structure				
	1980	**1990**	**2000**	**Est. 2007**
Total Units	22,273	25,950	28,519	30,623
1-Unit Structures	13,856	13,550	14,790	16,093
% of Total	**62.2**	**52.2**	**51.9**	**52.6**
2-9 Unit Structures	6,139	7,906	9,125	9,494
% of Total	**27.6**	**30.5**	**32.0**	**31.0**
10 or More Unit Structures	1,873	3,404	4,162	4,503
% of Total	**8.4**	**13.1**	**14.6**	**14.7**
Mobile Homes & Other	405	1,090	442	533
% of Total	**1.8**	**4.2**	**1.6**	**1.7**

Source: 1998-2002 Consolidated Plan; 2000 U.S. Census; Claritas, Inc.; compiled by HMA.

Housing Production

From 2000 through 2007, there have been over 6,500 homes constructed in the Housatonic Valley region. About 42% of the new housing construction has been in Danbury. Other communities adding over 400 new housing units were New Milford, Newtown, Ridgefield and Brookfield. While most outlying construction has been single family homes plus an occasional age-restricted development, the Danbury data includes multiple apartment and condominium projects.

The decade from 1990 to 2000 experienced a drop in the rate of housing production from the two prior decades. According to the 2000 Census, only 2,569 new housing units were produced in the City during the 1990s. Data from the State Department of Economic and Community Development indicates that 2,725 housing permits were authorized in the City of Danbury between 2000 and 2007. If continued at this rate, Danbury would add approximately 3,400 units to its housing stock by the 2010 Census, which would represent a roughly 12% increase in housing units from the 2000 Census. This figure would correlate well with the recent trend of percentage changes in housing units per decade, a trend that is likely to decrease as Danbury approaches a physical "built-out" point in the future. Please note that smaller percentage changes in housing production is partially reflective of the growing number of housing units in Danbury.

Table R Vacant Units by Number of Bedrooms, 2000		
Number of Bedrooms	**Number of Units**	**% of Vacant Units**
0 to 1	247	18.5
2	600	44.9
3 +	489	36.6
Total	**1,336**	**---**

Source: 2000 U.S. Census; compiled by HMA.

Table S Number of Housing Units, 1970-2007		
Year	**Number of Housing Units**	**% Change from Previous Period**
1970	16,923	---
1980	22,581	25.0
1990	25,950	13.0
2000	28,519	9.9
2007 (Est.)	30,623	7.4

Source: 1998-2002 Consolidated Plan; 2000 U.S. Census; Claritas, Inc.; compiled by HMA.

Demand for Housing – Vacancy Status

Census data illustrates the number of units found vacant by tenure. Of the total 1,336 vacant units, or 4.7% of the total housing units in Danbury, single-family detached houses comprised the largest percentage with 575 units or 43% of the total vacant units. Two-family housing structures were second with 202 units or 15.1%, and structures with 10 to 19 units were third with 13.1%. Structures with three to nine units also accounted for a notable percentage of the vacant units (15.1%). The total number of vacant units in Danbury according to the 2000 Census indicates a sharp decrease from the 1990 Census total of 1,856 vacant units, a decrease of 520 units or 28%.

Data from the 2000 Census indicates that the overwhelming majority (81.5%) of vacant units in Danbury have two or more bedrooms. This fact has important affordable housing implications; as there are a larger number of multi-bedroom units vacant than studios and one-bedrooms, it may be easier over the short term to turn these vacant units into affordable housing for families rather than single persons or the elderly. Similarly, the data on vacancy status indicates important facts about these vacant units, such as the fact that over one-third of them are seasonal homes and less than one-third are available for rent. Only about 18% of the vacant units fall into the "other vacant" category that might indicate that they are abandoned and could be potentially rehabilitated for use as affordable housing.

Table T
Vacant Units by Status,
1990

Unit Size	For Rent	For Sale	Other Vacancies	Total Vacant Units
0 to 1 bedrooms	121	25	212	358
2 bedrooms	136	128	441	705
3+ bedrooms	73	105	615	793
TOTAL	**330**	**258**	**1,268**	**1,856**

Source: 1998-2002 Consolidated Plan.

Table U
Vacant Units by Vacancy Status,
2000

Vacancy Status	Number of Units	% of Vacant Units
For Rent	436	32.6
For Sale	120	9.0
Rented or Sold, Not Occupied	68	5.1
For Seasonal, Recreational or Occasional Use	476	35.6
For Migrant Workers	0	0.0
Other Vacant	236	17.7
Total	**1,336**	**---**

Source: 2000 U.S. Census; compiled by HMA.

Condition and Age of Housing Stock

Older homes are more likely to have lead-based paint than newer homes. Any house or apartment built before 1979 may contain lead-based paint. In fact, an estimated 62% of all homes in the United States built between 1960 and 1979 have been found to contain lead-based paint. In addition, it has been found that an estimated 90% of the dwelling units built before 1940 have lead-based paint in the interior or on the exterior.

An examination of the 2000 Census data indicates that the median year built for housing in Danbury is 1965; this is an increase of one year from the 1990 Census. A total of 81.4% of Danbury's housing stock was built after 1940 versus 18.6% built in 1939 or earlier. Although children living in older homes within the community are the most at risk due to the age of the housing stock, elevated blood-levels in children is not perceived as a problem in many of these units.

Studies have shown that the age of a housing unit is the most significant attribute that determines the likelihood of the presence of lead-based paint. In particular, it has been found that there are no significant differences in the incidence of lead-based paint by household income, the value of the housing unit, or the amount of rent paid. Although elevated blood-levels are more commonly found among lower income children, wealthy households are as likely to occupy homes with lead-based paint as lower income households. Similarly, there is no significant difference between single-family and multi-family housing units. See the table below and **Section 91.205 (e)** for further detail.

Table V
Lead Abated Properties by Year
1993-2008

Year	# of Properties Abated
1993	24
1994	27
1995	20
1996	18
1997	14
1998	8
1999	8
2000	9
2001	6
2002	1
2003	15
2004	7
2005	11
2006	5
2007	3
2008 (YTD)	0
TOTAL	**176**

Source: Danbury Department of Health and Housing.

Table W Age of Housing Stock by Income and Ownership Status, 2000							
		RENTER-OCCUPIED			OWNER-OCCUPIED		
	TOTAL	Total	Extremely Low	Very Low	Total	Extremely Low	Very Low
Pre-1950 Housing	7,615	4,180	830	1,010	3,435	355	455
1950-1979 Housing	12,845	4,375	1,180	915	8,470	685	945
1980-2000 Housing	6,730	2,795	695	420	3,935	265	325
TOTALS	**27,190**	**11,350**	**2,705**	**2,345**	**15,840**	**1,305**	**1,725**

Source: CHAS Databook, Tables 14A and 14B; compiled by HMA.

Cost of Housing – Owners

According to the 2000 Census, the median value of all housing units in Danbury decreased slightly during the 1990s, though the overall value of owner-occupied housing has increased significantly since 1960, most noticeably during the 1980s.

The very small decrease in the median value of owner-occupied units in Danbury from 1990 to 2000 (-$1,700 or –0.9%) had little impact on the affordability of housing in the City. According to the generally accepted formula (affordable owner-occupied housing is generally recognized to be 2.5 times greater than the purchasing household's income), a household would require an income of nearly $75,000 to purchase a median value home in Danbury as of the 2000 Census.

Table X Median Home and Condominium Sales Price by Year				
Year	Median Sales Price, Single-Family Home	% Change from Previous Year	Median Sales Price, Condominium	% Change from Previous Year
2002	$260,000	---	$165,000	---
2003	$294,950	13.4	$199,950	21.2
2004	$335,000	13.6	$230,000	15.0
2005	$372,500	11.2	$270,000	17.4
2006	$373,000	0.1	$261,000	-3.3
2007	$350,000	-6.2	$268,500	2.9

Source: The Warren Group; compiled by HMA.

Clearly, the median sales price for single-family homes and condominiums (which routinely constitute the bulk of owner-occupied housing in a community) rose dramatically in Danbury between 2002 and 2005; the median single family home sales price increased by over 43% during this time period, while the median condominium sales price increased by over 63% over the same time period. Creating additional affordable housing in a housing market where home prices are escalating rapidly or are already high, such as in Danbury, can be a difficult proposition.

Cost of Housing – Renters

According to Census 2000 data, the median rents for studio and one-bedroom apartments in Danbury fall within the $500-$749 per month cohort. The median rents for two or more bedroom apartments fell within the $750-$999 per month cohort. However, current market data and anecdotal evidence discussed previously indicate a substantial increase in rents in the City of Danbury since 1999.

Rent Burdens/Cost Burdened

According to 2000 Census cross-tabulated data on renter cost burden, of the 11,350 occupied rental units in the City, 6,395 were identified as affordable (i.e., no more than 80% of the HUD-Adjusted Median Family Income for the area). Only 5,055 of the City's total rental units were classified as affordable for persons having an income of 50% of the HAMFI, and only 2,710 of the units were classified as being affordable for households having an income of 30% of the HAMFI.

Affordability indicators using various incomes and housing cost measures for 2008 discussed previously in **Section 91.210 (a)** include:

- An average annual income of $37,680 is necessary in order to afford a studio unit with a monthly rent of $942.
- An average annual income of $45,720 is necessary in order to afford a one-bedroom unit with a monthly rent of $1,143.
- An average annual income of $58,040 is necessary in order to afford a two-bedroom unit with a monthly rent of $1,451.
- An average annual income of $69,480 is necessary in order to afford a three-bedroom unit with a monthly rent of $1,737.
- An average annual income of $86,120 is necessary in order to afford a four-bedroom unit with a monthly rent of $2,153.

With the escalation of housing prices and rents during this decade, as compared to more modest gains in household income, it is likely that the number of rental units considered affordable for the various low and moderate income cohorts discussed above have declined.

Owner-Occupied Units

At the time of creation of the previous 2003-2008 Consolidated Plan, cross-tabulated 2000 Census data on owner household cost burden had not yet been released. This data is now available, however, through the CHAS data system. According to 2000 Census data, there were 15,849 owner-occupied housing units in the City's inventory. From that, 4,195 (26.5%) would be considered affordable for households with an income of 80% of the Area MFI as of 2000. A total of 3,037 (19.2%) owner-occupied units are considered affordable for households with an income of 50% of the Area MFI and 1,313 (8.3%) of the units are affordable for households with an income of 30% of the Area MFI.

Table Y
Affordable Units by Tenure
2000

	Bedroom Size	Units Affordable at <30% HAMFI	Units Affordable at <50% HAMFI	Units Affordable at <80% HAMFI
Renter-Occupied Units: 11,345 Total	0-1	1,760	2,740	3,295
	2	610	1,570	2,110
	3+	340	745	990
	Total	**2,710**	**5,055**	**6,395**
Owner-Occupied Units: 15,840 Total	0-1	108	262	356
	2	515	1,020	1,394
	3+	690	1,755	2,445
	Total	**1,313**	**3,037**	**4,195**

Source: CHAS Databook, Tables 10A, 10B and 10C; compiled by HMA.

Renter vs. Owner

Danbury's housing stock has continued to diversify over the past few decades, with over 40% renter-occupied units. However, owner-occupied housing units with three or more bedrooms still account for 38.7% of the housing stock. Although a wide variety of housing types can now be found in Danbury, many parts of the City are still predominantly populated by single-family detached dwellings in suburban-style development patterns.

The ratio of Danbury residents living in owner-occupied versus renter-occupied units in the City, which had remained fairly constant between 1970 and 1990 at roughly 2:1 owner-occupied to renter-occupied, has shifted noticeably toward a higher percentage of persons living in rental units.

Table Z
Population by Ownership Status
1970-2000

Year	Total Population in Occupied Housing Units	Population in Owner-Occupied Units	Percentage in Owner-Occupied Units	Population in Renter-Occupied Units	Percentage in Renter-Occupied Units
1970	49,065	32,840	66.9	16,225	33.1
1980	58,568	39,421	67.3	19,147	32.7
1990	62,681	39,726	63.4	22,955	36.6
2000	71,720	42,335	59.0	29,385	41.0

Source: 1998-2002 Consolidated Plan; 2000 U.S. Census; compiled by HMA.

First-Time Homebuyers

Danbury has a housing stock that provides opportunities for homeownership in the form of single-family homes or cooperative and condominium apartments. At market rates, these homes and units are out of reach of many moderate income families and are unattainable for very low and low income families.

Housing for the Disabled, Persons with HIV/AIDS and Their Families

The present level of services offered to HIV positive individuals and/or AIDS patients is not sufficient to address the demand for services and care. According to the Connecticut Department of Public Health, there are 221 people in the City of Danbury living with HIV or AIDS. Men account for 67% of this population, and intravenous drug use is the leading means of infection, with over 35% of the cases attributable to this activity. Over the last decade, the annual number of infections peaked in 2003 with 20 reported cases. Recent years have had significantly lower reported cases, ranging from 9 to 15 cases per year. It is important to note that the figure of 221 persons with HIV or AIDS may be underestimated. The 221 HIV and AIDS cases in Danbury constitute 2.1% of the total cases of HIV or AIDS in Connecticut.

There are limited facilities to service the needs of persons with AIDS and related diseases. At present, the AIDS Project of Greater Danbury provides residential and support services for persons with AIDS and related diseases. Currently, there are beds in a group home residence, and the AIDS Project has access to beds at other locations. The City's Shelter Plus Care facility may also be utilized for persons with AIDS and related diseases.

Concentrations of racial/ethnic minorities and/or low and moderate income families

An "area of low and moderate income concentration" is defined as those Census tracts that have low and moderate income populations (households earning 95% or less of the Area Median Family Income) exceeding 40% of the total population of each Census tract. As of the 2000 Census, the highest concentrations of low and moderate income persons are found in Census tracts 2101 and 2102, with the percentages of low and moderate income residents reaching 59.99% (or 2,757 persons) and 46.58% (or 2,059 persons), respectively. Refer to the similar discussion in the "Housing and Homeless Needs" section for more detail.

Impediments to Affordable Housing

Impediments to creating affordable housing or to meeting the needs of special populations are greater than opportunities in view of the market and inventory conditions of housing in Danbury. Clearly, high cost and high demand, overall income levels of residents and the absence of developable land for new opportunities are driving affordable housing advances into retreat. Zoning structure and development patterns are such that most new construction opportunities are in low-density areas at high values. Multi-family zoning exists, but vacant land in these areas does not.

(b) Public and assisted housing. ***(1) The plan must describe the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs, results from the Section 504 needs assessment (i.e., assessment of needs of tenants and applicants on waiting list for accessible units, as required by 24 CFR 8.25), and the public housing agency's strategy for improving the management and operation of such public housing and for improving the living environment of low- and moderate-income families residing in public housing. The consolidated plan must identify the public housing developments in the jurisdictions that are participating in an approved HUD Comprehensive Grant program. Activities covered by the consolidated plan that are being coordinated or jointly funded with the public housing Comprehensive Grant program must be identified by project and referenced to the approved Comprehensive Grant program. (2) The jurisdiction shall include a description of the number and targeting (income level and type of family served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason.***

Public/Assisted Housing Profile

The Housing Authority of the City of Danbury, Connecticut (HACD) was created pursuant to Section 8-40 of the Connecticut General Statutes. HACD has contracted with the Federal Government acting through the Department of Housing and Urban Development (HUD), for financial assistance for low-income public housing pursuant to the United States Housing Act of 1937, as amended.

The Housing Authority of the City of Danbury ("HACD") is one of the ten largest public housing authorities in the State of Connecticut. The HACD's combined state/federal public and housing choice voucher programs consist of 1,840 affordable family and senior rental units in five developments and private apartments throughout the City of Danbury and the region. The HACD's current housing inventory of 2,055 units compares to 1,133 housing units in 2000. As of September 2007, HACD had 349 federal low-rent housing units including 143 federal elderly rental apartments in (5) five developments across the City of Danbury, CT. HACD's state program houses 613 low and moderate households including 152 elderly households and approximately 1,194 authorized residents.

HACD administers a regional Federal Section 8 (Housing Choice Voucher) program with 802 contract units for Danbury, Ridgefield, Newtown, Sherman, New Milford, Bethel, Redding, Brookfield, Monroe, Washington, Bethlehem, and Bridgewater.)

HACD has also contracted with the State of Connecticut's Department of Economic and Community Development for financial assistance for elderly and moderate rental housing projects in the form of capital grants pursuant to Sections 8-14a and 8-70 of the Connecticut General Statutes. Currently, HACD has low- and moderate-income family and elderly rental apartments in six (6) developments across the City of Danbury CT. HACD has also contracted with the State Department of Social Services for grants-in-aid for rental assistance funds.

HACD, as subcontractor, administers a regional Section 8 (Housing Choice Vouchers) program for the State of Connecticut including Danbury, Ridgefield, Newtown, Sherman, New Milford, Bethel, Redding, Brookfield, Monroe, Washington, Bethlehem, and Bridgewater, Stamford, Norwalk. Through its state regional Housing Choice Voucher program, HACD also serves 291 households including 21 elderly households and approximately 312 authorized residents.

Clients Served: HACD successfully serves its target population of low and moderate income households in the Greater Danbury area. In fact, 70% of HACD's over 2000 low- and moderate- income households pay no more

than 30% of their family income for rent. The rent difference is subsidized by the Department of Housing and Urban Development (HUD). Working families account for 52% of HACD's families; with 40% of HACD families are on public assistance, Social Security, SSI, and/or a pension plan.

HACD provides decent and affordable housing in a safe and secure living environment for low and moderate-income residents throughout the Greater Danbury area. Based upon the 2002 Census, HACD's inventory of housing units represents 10% of the City of Danbury's affordable housing stock and is home to 5% of the City's population.

HACD residents and Section 8 voucher holders combined occupy 20% of the region's rental apartments. Close to 70% of HACD's units are serving families who earn 50% or less of the area median income for the area in which the units are located. In addition, another 10% of those being served earn less than 80% of the area median income. In total, 95% of the families being served by subsidy earn less than 80% of the area median income. Seventy five of the elderly persons being assisted under HACD's Elderly Housing programs earn less than 25% of the area median income.

HACD also has a federal Section 8 homeownership program with 22 homeownership units.

Applicants are tracked with a variety of waiting list formats for multiple programs. The applicants are transferred directly to Section 8 where the system maintains records of tenants and landlord payments, as well as utility schedules. Rent changes and recertifications are automatically calculated and then printed together with all requisite recertification forms and documents. In addition to providing on-line maintenance of tenant and landlord data, the system tracks portability payments, invoices PHAs for vouchers it administers. The authority also has complete electronic submission capabilities for the HUD 50058 and TRACS 50059, which it currently employs in administering its current programs.

Currently, the Housing Authority has offices in each of its developments in addition to the main office. The Housing Authority of the City of Danbury has operated as a Regional Section 8 Program with agreements from the surrounding towns of the Housatonic Valley.

Each Housing Authority development has a Community Room/Resource Room for people to upgrade their skills. The rooms include information libraries with materials on housing, job training and job postings. ESL classes are available at certain locations, and the rooms also serve as resident meeting and discussion locations. All Family self-sufficiency participants are eligible to use these facilities.

Assisted Housing Inventory/Other

The City of Danbury also supports the following inventory of assisted housing developed over the years by many public and quasi-public agencies to serve a broad range of owner and renter housing needs for low and moderate income families and the elderly in the City.

- "Danbury Commons" - a 188 unit elderly Section 8 Existing complex administered by the Connecticut Housing Finance Authority (CHFA). Of these 188 units, 150 are 1-bedroom units and 38 are 2-bedroom units for families.

- "Kimberly Place" - an elderly housing complex consisting of 116 1-bedroom units.

- "The Godfrey" - a 9 unit affordable housing complex which received Section 8 financing from HUD.

- Beaver Street Housing Cooperative - 70 unit affordable housing development which received financing from HUD.
- "Danbury Tower" - an 81 unit elderly complex, managed, but not owned by the Housing Authority.
- "Ives Manor" - a 97 unit complex owned and operated by the Housing Authority.
- "Palace View Senior Housing" – Built in 1999 with City 108 assistance, the project houses 70 low/moderate income seniors.
- "Ability Beyond Disability (DATAHR)" – a 15 unit complex consisting of one-bedroom apartments for elderly and disabled residents funded by DECD and HUD.
- "Augustana Homes of Danbury" – 84 units of HUD-subsidized housing located at 88 Main Street
- "Eden Drive" – 59 units of subsidized housing funded by HUD.
- "Fairfield Mill Ridge" – a 30 unit complex with two-bedroom and three-bedroom units for families, funded by DECD and HUD.
- "Fairfield Ridge" – a 25 unit complex with two-bedroom and three-bedroom units for families, funded by DECD, HUD and CHFA.
- "Coalpit Hill" – 114 units of CHFA-supported housing on Coalpit Hill Road.
- "Crosby Manor" – 50 units of subsidized elderly housing on West Wooster Street.
- "Glen Apartments" – 100 units of subsidized elderly housing on Rogers Park Road.
- "Putnam Tower" – 54 units of subsidized elderly housing on Beaver Street.
- "Wooster Manor" - 100 units of subsidized elderly housing on West Wooster Street.
- "Laurel Gardens" – 64 units of subsidized rental housing on Main Street.
- "Mill Ridge Extension" – 127 units of subsidized rental housing on Mill Ridge Road.

Restoration and Revitalization

In the past, the Danbury Housing Authority had undertaken an extensive rehabilitation and renovation program for many of its units, including the completion of the Laurel Gardens Project. The Highridge development complex, which was also slated for completion, has been partially demolished and turned over to a private-sector developer who is converting the units into private homeownership units. The extensive rehabilitation of Danbury's public housing units explains, to a great extent, the Authority's unit vacancy rate of approximately 4%.

The Danbury Housing Authority intends to continue its efforts to upgrade its various facilities. Over the next five years, the Housing Authority plans to complete major capital upgrades to its housing complexes, including new roofs, elevators and other capital systems.

Due to the exceedingly high costs of construction, the lack of available sites and the lack of funding mechanisms, publicly-sponsored new construction of dwelling units in the City is a difficult task. It is not anticipated that the construction of new public housing units will meet the projected public housing needs in an efficient manner. At this juncture, it seems more appropriate to support/investigate opportunities for rehabilitation and/or revitalization of housing units within the City. In an effort to create additional housing public units, the Authority has applied for funding from various sources for the acquisition and/or construction of units, as well as the rehabilitation of existing units.

Lead-based paint can cause serious health effects, particularly in children. Children are more likely than adults to be exposed to lead because they engage m greater hand-to-mouth activity and because they, by nature, can absorb more lead than adults. According to the Agency for Toxic Substances and Disease Registry, about one in six children in America have high levels of lead in their blood. Although the average blood-lead level of U.S. children has been reduced over the last twenty years, concern about the effects of low lead levels in children has risen.

The City of Danbury has determined that a number of housing units currently occupied by low, very low, and extremely low-income residents contain lead-based paint hazards, as defined in Section 104 of the Residential Lead-Based Paint Hazard Reduction Act of 1992. Fortunately, there are relatively few Elevated Blood Level cases (>20g/dL) in the City, information obtained from various health officials in the City indicate that elevated lead-levels in children may remain and/or become more of a concern. Further, a large percentage of the City's rental stock -- many of the older, poorly maintained units -- is believed to contain lead and could be in violation of State regulations. These State regulations have a significant impact on affordability and availability of rental housing.

Resident Initiatives

The Danbury Housing Authority has, for the last several years, actively encouraged its residents to participate in tenant management programs as well as homeownership activities and programs. These activities will continue. Through the Housing Authority's Tenant Council, tenants within Housing Authority developments are able to govern themselves and control certain areas of property operations. Tenant Patrols and Tenant Security Forces also provide the opportunity for residents to participate in the monitoring of their communities and prevention of crime. The Housing Authority continues to promote homeownership opportunities for its residents, as well.

The Housing Authority also provides computer camps, after-school programs and a tennis camp for children living in public housing units.

Section 504 Assessment

Section 504 of the Rehabilitation Act of 1973 prohibits federal agencies and all nonfederal agencies receiving federal funds from excluding people with disabilities, including psychiatric disabilities, from programs or activities - including specific housing programs - because of their disability. The present 504 discusses the elements and goals involved in converting housing units to render them handicap accessible. Accessibility Needs are depicted as a high priority.

The Housing Authority of the City of Danbury firmly believes in allowing families to live where they want to live. This mobility was a cornerstone of the Danbury 2000 Desegregation Task Force, in which the Housing Authority played a major role. The Housing Authority has been fostering this idea for a number of years through its award winning Scattered Site Public Housing Program and the Regional approach to the Section 8 Program.

In the past, the Housing Authority operated a family self-sufficiency program, which had then been discontinued. The Housing Authority plans to restart the program on a pilot basis in 2008, with 10 families taking part in the program during the first year. The program will be based upon the concept of workshops and training sessions. Workshops will likely cover the areas of financial literacy, homeownership skills, post-purchase counseling, job skills development.

Units are expected to be lost from the assisted housing inventory

The Housing Authority has plans for the disposition of 31 units of Scattered-Site Housing. However, these units will be sold to assisted housing providers and individuals who will maintain the units as affordable housing through the use of deed restrictions. Thus, although these 31 units will no longer be reflected in the Danbury Housing Authority's inventory, they will remain as affordable housing units for the residents of Danbury and their disposition will not result in a net loss of affordable housing units.
See also Section 91.210(4, (d) and 91.215(k)

(c) Homeless facilities. ***The plan must include a brief inventory of facilities and services that meet the emergency shelter, transitional housing, permanent supportive housing, and permanent housing needs of homeless persons within the jurisdiction.***

Since 1992, the City of Danbury has engaged in a very systematic and thoughtful process to develop a community response to a burgeoning population of homeless individuals and families. Since that time, numerous work groups, task forces and committees were organized to address various aspects of this concern. In 1993, and again in 1995, the Office of the Mayor commissioned two task forces to address homelessness in the city. Membership consisted of the Downtown Business Council, the United Way, the Women's Health Center, the Council of Ministers, the Danbury Housing Authority, the Health, Housing and Welfare Department, the Aids Project of Greater Danbury, the Midwestern Council on Chemical Abuse and the Greater Danbury Mental Health Authority.

Several years ago, the City, under the direction of Mayor Mark Boughton, created the Mayor's Task Force to End Homelessness. This task force was chaired by Dianne E. Yamin, the Judge of Probate for the City of Danbury and was composed of representatives from City government departments and agencies, state legislators, City Council members, social service providers, mental health providers, bankers, real estate developers, clergy and Danbury citizens. The task force was given the charge of creating a comprehensive plan to end homelessness in Danbury over a 10 year period. In early 2006, the task force completed its work with the publication of its 10 Year Plan to End Homelessness (see Appendix A). This Plan called for the development of over 300 units of transitional and permanent housing over the next ten years, as well as providing homeless individuals and families and households with a variety of economic, social, medical, mental health and substance abuse issues with the resources they need to find housing and remain housed for the long-term.

The plan presented four major objectives for ending homelessness in Danbury:

- Increase the supply of permanent housing units to meet the projected need of homeless persons.
- Keep people housed and reduce the number of people becoming homeless and specifically reduce the number of people being discharged into homelessness by state and local institutions and agencies.
- Ensure that there are adequate, appropriate and sufficient services to assist homeless or at risk persons in accessing and retaining housing.
- Develop a strategy to ensure that the plan is both implemented and monitored to completion.

For each of these four objectives a set of "action areas" was identified and recommendations were formulated for each action area for several different time periods: Year 1; Year 2; Year 3; and Years 4 through 10. The 10 Year Plan is attached as an Appendix to this Consolidated Plan for reference purposes.

As of March 2008, substantial progress has been made in achieving the goals and objectives identified in the 10 Year Plan. A reorganized Danbury Housing Partnership has been implemented as the oversight agency for the 10 Year Plan. A new Point of Entry for moving individuals and families into the housing and social services network has been organized, funded and started operating called the Dream Homes Community Center (DHCC). DHCC is a collaboration of four non-profit organizations: the Danbury Housing Authority; the Association of Religious Communities; We CAHR; and People First of Connecticut. DHCC serves three specific populations: persons who are homeless; renters; and first-time homebuyers. In its capacity of serving homeless individuals, the DHCC serves as the Point of Entry for the homeless population.

In addition, the Continuum of Care has received increased grant funding from HUD and DHCC has implemented the Homeless Management Information System (HMIS) to coordinate the collection and analysis of data on the homeless population served in Danbury, as well as creating a universal intake form. Regional outreach has also occurred, with funding received from the surrounding communities of New Milford, New Fairfield, Redding and Ridgefield for Dream Homes, and additional funding resources are being explored. Danbury implemented its first-ever Project Homeless Connect, which enabled homeless individuals and families to access potential services from over 60 state and local organizations.

In terms of developing new transitional and permanent housing units, MCCA has developed Sunrise Terrace, a long-term residential facility comprised of 16 beds in two-bedroom townhouse condominiums in Danbury that are rented to individuals recovering from substance abuse. Christian Community Outreach Ministries (CCOM) is constructing an 8 bed transitional housing facility for individuals along with supportive services that is projected to open in mid-2008. The Renaissance at Danbury, a planned development of 60 attached homeownership units that was formerly known as the Highridge public housing project, has 20 units that have already been sold and/or occupied. In 2009, Connecticut Outreach West is planning to open a 28-unit apartment building in Danbury that will have 6 two-bedroom apartments and 22 one-bedroom apartments for individuals and families. Of these 28 units, 17 units will be for low-income households and 11 units will serve as supportive housing for the homeless. Stetson Place, a 70-unit condominium complex recently constructed in Danbury, has a number of units that are occupied by residents with disabilities through the assistance of We CAHR. A small number of units funded through the Shelter + Care, CDBG and LAMPP programs have also come on-line.

Emergency Shelters: The City of Danbury has 4 emergency shelters serving individuals and families. These include the Dorothy Day Hospitality House, the Dorothy Day Overflow Shelter, the Danbury City Shelter and the Woman's Center of Greater Danbury. While shelters have been successful at providing temporary shelter, they have been ineffective in reducing the incidence of homelessness. Provision of emergency shelters addresses the immediate need for housing, but does little to address the underlying social, economic and physical causes of homelessness. These four facilities provide a total of 46 year-round beds plus 3 family "units". Of the 46 year-round beds, 40 are for individuals and 6 are for families. In addition, these facilities have the capacity for 25 additional seasonal beds and 2 overflow or voucher (O/V) beds

Transitional Housing: There is a wide spectrum of transitional housing opportunities in Danbury. The Housing Authority of the City of Danbury (HACD) operates a 20 unit SRO that serves homeless individuals with a disability - psychiatric, substance abuse and/or AIDS. The purpose of the SRO is to offer up to two years of stable housing while engaging and serving these individuals in the community. Amos House is a transitional housing program serving families where the parent experiences a substance abuse problem. Children & Family Aid operate Harmony House as a family transitional shelter. In a unique collaborative venture, the HACD and the GDMHA have developed a short-term transitional housing program intended to serve up to 23 individuals with a serious psychiatric disability who are homeless. The Shelter of the Cross facility provides transitional housing for up to six elderly persons at their main facility. In total, these facilities provide 66 year-round beds, of which 29 beds are for individuals and 37 beds are for families. These facilities also offer a total of 14 family "units" for homeless families.

Typically, the individuals in the HACD/GDMHA transitional housing program usually resided in shelters and on the streets because they had no income to pay for housing. In this program, they are able to develop some residential stability, apply for benefits and explore more permanent housing without fear of being homeless. This program has also eliminated a common practice of the local hospital psychiatric unit, of discharging individuals from the hospital to a shelter after an acute episode of treatment.

The McDonough House provides 30 day housing for adults with chemical addiction, and the GDMHA operates a Condo Program and a Supportive Living Community. Interlude provides Intensive Residential and Recovery programs as well.

Permanent Supportive Housing: The two primary housing providers in the mental health system, the Greater Danbury Mental Health Authority and Interlude, Inc., offer a wide range of housing support services to over 100 seriously psychiatrically disabled and dual diagnosed individuals and families in the region. Additionally, the AIDS Project provides case management services and counseling to individuals and families in scatter-site housing in Danbury. The Housing Authority of the City of Danbury has formed unique partnerships to jointly provide services to low-income citizens of the State of Connecticut. The AIDS Project of Greater Danbury and the Housing Authority have developed "Set Aside" funding of Section 8 Vouchers and operation of the Housing Authority's single room occupancy facility. Housing providers and service providers have worked hand in hand to create meaningful and valuable housing for the homeless and disabled for a very long time.

Permanent Housing: There is a historic and ongoing commitment to provide individualized, permanent housing in Danbury, and the surrounding area. The Housing Authority of the City of Danbury has continually strove to not only involve its tenants in its programs, but also has worked with the tenants towards tenant management. All of its programs, whether Authority-initiated or tenant-initiated, are based in the idea of helping our residents to move out of the housing developments and into their own homes. In the past, the Housing Authority, through

the State Finance Authority, started a first time homebuyer program for people from the authority. This program became the model program for the state. Through this program, 25 public housing families were able to purchase their own homes. The Housing Authority is also working with the Housing Development Fund (HDF) to continue to provide opportunities for public housing residents to purchase their first homes.

The Housing Authority currently has three programs which target homeless families. Through the State Department of Economic and Community Development it administers 14 units under their Rental Assistance Program. Through the Federal Department of Housing and Urban Development it has targeted homeless psychiatrically disabled people with set aside vouchers. The Housing Authority, of the City of Danbury has successfully operated a Section 8 Leased Housing program consisting of over 800 vouchers, since the program was started. The Housing Authority of the City of Danbury also administers 962 units of housing within the City of Danbury.

The Housing Authority of the City of Danbury has operated as a Regional Section 8 Program with agreements from the surrounding towns for a number of years. The purpose of this regional approach is twofold; first to allow people who live in a community to stay in that community and not have to move to Danbury because they need to receive a housing subsidy and second, to allow people from the inner city to be able to move into the suburban towns with their subsidy.

Continuum of Care

The Housing Authority of the City of Danbury has applied for, and received, funding from the Shelter Plus Care program, in cooperation with area service providers, in order to assist and provide opportunities to homeless individuals and families with disabilities in our area. Tenant Based Rental Assistance certificates are used by a wide-ranging group of people in order to provide permanent housing with supportive services. Danbury is the home of a large, well-integrated system of housing and supportive service providers, dedicated to the ongoing development evaluation and maintenance of a continuum of care to individuals and families who are homeless and have a disability.

System of Outreach and Assessment in Danbury: Catholic Charities (CC) of Fairfield County has a long and rich history of providing outreach and assessment services to the shelters and streets of Danbury. As the contract agency for PATH, CC outreach workers have developed a very strong linkage to local shelters, police and health care providers in our area. This team provides services to all individuals who are homeless (e.g. Veterans, persons with a mental illness, persons with a substance abuse problem, persons with HIV/AIDS, etc.)

The GDMHA Dual Diagnosis ACT psychiatrist and social workers make routine "rounds" at the shelter to assess and engage potential clients for our service system. In addition to this, the Danbury Hospital Crisis Outreach Team and Responsive Services Program (RSP) ACT provide inreach, assessment and treatment to homeless people who are in the shelters or on the CC Homeless Outreach Team (HOT) and the aforementioned ACT and DH programs.

There is currently a Shelter Plus Care program that is being run by the Housing Authority and the GDMHA in cooperation with many other components of the service system. This program is presently serving 85 individuals and families. The DMHAS also operates a Bridge Subsidy program in the Danbury area. This program provides a direct monetary subsidy to psychiatrically disabled people while they await Section 8 or other public housing in our area.

Crisis Intervention/Clinical Services: The consortium of providers in the Danbury area recognizes the need to provide immediate access to homeless individuals to the service system. To that end, a variety of agencies in Danbury offer crisis intervention/clinical services to people in the local shelters and on the streets. The Greater Danbury Mental Health Authority, the Danbury Hospital Mobile Crisis Team, the Danbury Hospital Community Center for Behavioral Health and Community Psychiatric Center, Greater Bridgeport Mental Health Center Inpatient Detoxification Unit, the Midwestern Council on Chemical Abuse (MCCA), and AIDS Project-Greater Danbury offer services that provide for acute as well as long term needs of the homeless in our area.

Case Management Services: These services are provided by a wide variety of agencies in the Danbury area. The mental health system has organized a single point of entry through the Dream Homes consortium. This has enabled the provision of a less confusing support system to consumers of these services. Please see the "CofC Service Inventory Chart" which follows this page for a complete listing of support providers.

Vocational Services: These services are provided by a small number agencies in the Danbury area, including Education Connection; Ability Beyond Disability; the Bureau of Rehabilitation Services; the State of Connecticut Department of Labor; TBICO; ULA-Senior Aide; and DATHAR. These agencies and organizations provide individual employment placement and support as well as supported education programs. The Housing Authority also provides access to vocational materials through the community rooms/resource rooms in each housing development under its jurisdiction.

See also Sections 91.205 (c) and 91.215 (c)

(d) Special needs facilities and services. ***The plan must describe, to the extent information is available, the facilities and services that assist persons who are not homeless but who require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.***

Previously in this Consolidated Plan, it is calculated that the average annual incomes needed to sustain a studio or a one-bedroom apartment in Danbury are $37,680 and $45,720, respectively. The estimated average amount of monies that an individual on Supplemental Security Income (SSI) received in Danbury was $8,446 annually, based upon data from the 2006 American Community Survey. This figure does not include any rental stipend from the State of Connecticut Department of Social Services. Obviously, there is a considerable gap between this income level and the income level needed to secure decent housing in Danbury.

If decent safe and affordable housing is provided to the most entrenched person who is homeless, it will go a long way in engaging that person in the continuum of care in the community. Unfortunately, with only a limited number of certificates in the current program, there continues to be a significant unmet need.

The Shelter Plus Care Steering Committee has continued to meet throughout the implementation of this program. These ongoing meetings have enabled the community to continually review the needs of homeless individuals and the paucity of affordable housing in the City. The Steering Committee is yet another example of a continuous process of collaboratively assessing this problem.

A large proportion of homeless within the City of Danbury is unsheltered. The proportion of unsheltered homeless is partially explained by the small number of facilities available to house homeless individuals, as well as the unwillingness of some homeless to accept available shelter. We know that given the opportunities that Shelter Plus Care offers, this percentage has and will diminish.

The local service system has successfully implemented a Shelter Plus Care. This program is currently housing and serving 62 client individuals and families. The HACD continues to administer both the grant for the GDMHA and the PILOT program. The goals of these programs include:

- Access permanent housing for these individuals.
- Provide the full array of community supports necessary to maintain their home.
- Apply for benefits/entitlements and follow-up until successful completion.
- Provide supports in order to become gainfully employed.

There is currently a steering committee that is the governing organization for the program. The committee fulfills all screening oversight evaluation and procedural functions of the Shelter Plus Care program and will continue to do so in the future. Adding the HACD to this group has strengthened the linkage to the most significant supplier of affordable housing in Danbury. This has enhanced the continuum of care that currently exists.

All organizations and agencies committed to this project are participants in the aforementioned continuum of care. The member agencies share a philosophy of individualized service, based on client preferences, skills and need for supports. All supportive services and/or activities that will be provided by the organizations committed to this project will ready the Shelter Plus Care/TEA participants to have a home and successfully maintain this status.

Population to be served

The City believes that it is essential to focus its energies on four major categories of people who find themselves homeless and not connected to services in Danbury:

- Families where an adult member has a disability;
- Those persons with a serious psychiatric disability;
- Those individuals with a serious substance abuse problem;
- People who have a serious psychiatric disability and a concomitant substance abuse problem.

It is imperative that these population subsets be provided with permanent and affordable housing. As with the current program, the City will target people living in shelters, in transitional housing who came from the shelters or streets and, most importantly, those sleeping in areas not intended for this use.

Types of Housing

Danbury believes that it has already demonstrated a community commitment to the ideal that where one lives is a choice left to the tenant, not to the neighborhood. The fact is that the overwhelming majority of people in the mental health, substance abuse and other service systems live in their own apartments, not in congregate "group home" settings. Therefore, the continuing use of tenant based rental assistance that is portable within our service region, is the most flexible and philosophically congruent means to support this program.

Supportive Services

The Housing Authority has clearly indicated both the extent and value of the supportive services that are and will be available to participants in the Shelter Plus Care Danbury project in its submission of an application for Shelter Plus Care funding.

Members of the Catholic Charities Homeless Outreach Team (HOT), as well as case managers from the GDMHA Dual Diagnosis ACT program and the Danbury Hospital RSP ACT program will develop lists of potentially eligible participants from their ongoing outreach and engagement efforts. The fact that our City has an already operational Shelter Plus Care program will make each step of this process move more efficiently.

Experience has shown that the largest hurdle to overcome after finding a suitable apartment and executing a lease is the linkage to ongoing services for participants in the program. There is a very effective tracking and monitoring system in place for the current program that enables the local coordinator to, at a moment's notice, know what services a person has been referred to, whether the person has become engaged with the services and if the person continues with the services. A very simple, but effective "treatment plan" enables the program to have documentation of these efforts.

The service system in Danbury is extremely committed to consumer choice. Where a participant will live and who she/he will receive services from is as much a result of an empirical assessment as it is the choice of the client. As with all clients in the mental health system, participants will be offered an array of choices in regard to where they will live. The only limits that will be placed on them/us will be those that are imposed by prejudice and stigma.

Likewise, with services the City has tried to garner participation by a variety of service providers so that as much as possible, participants will choose whom they receive services from. As an example, Danbury Hospital and Midwestern Connecticut Council on Alcoholism both offer substance abuse treatment services - based upon client choice, following an evaluation, they will be able to select whichever agency makes sense to them. Similarly, Catholic Charities Case Management and Mental Health Association, Danbury, each can offer "case management" - referral, linkage, advocacy, counseling - services to participants. Again, based upon client choice and preference, the decision will be made as to where services will be received.

Other services like the assertive community treatment program or AIDS services are more proscribed. The former will provide intensive outreach, assessment linkage, referral, treatment and support to clients in this program. These programs already have experience working with people who are homeless and have a disability; therefore, this will be an easy "fit" for them.

All services will be available for at least the five-year term of the program. As with any services offered in

Danbury, should the need arise to extend the services beyond the length of the housing certificate, each agency is committed to do so. The participants in the program, who still need services, will not be left by the wayside at the end of the five years.

See also Section 91.205(a), (b) and 41) and 91.215(d) for related narrative

Table AA
Sampling of Supportive Housing Service Providers
Shelter Plus Care

SOURCE OF PROVIDER	**TYPE OF CONTRIBUTION**
Housing Authority, City of Danbury	Overall coordination of service providers
Catholic Charities of Fairfield County, Inc.	Outreach/Case Management
Danbury Hospital – Behavioral Health	Mobile Outreach
	Comm.Psych.Outpt.
	Adult Partial Hospitalization
	Dual Diagnosis Comprehensive Program
	Acute Inpatient Psychiatric Treatment
	Outpatient Detoxification
	Methadone Maintenance Treatment Program
	Outpatient Chemical Dependency Rehab
	Substance Abuse Aftercare
MCCA	Outpatient Substance Abuse Treatment
Responsive Services Program	Assertive Community Treatment
Interfaith AIDS Ministry of Danbury	AIDS Homecare
Mental Health Association, Danbury	Residential Case Management
Health, Housing and Welfare Department, City of Danbury	Job Training
Education Connection	Vocational Training
GDMHA Dual Diagnosis Program	Assertive Community Treatment

(e) Barriers to affordable housing. ***The plan must explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing in the jurisdiction are affected by public policies, particularly by policies of the jurisdiction, including tax policies affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.***

Danbury has shown a solid commitment as a community to expanding affordable housing options for its residents. Despite this commitment, there is still substantial unmet demand for affordable housing in the City. This demand is almost certainly attributable to the general lack of affordable housing in the communities surrounding Danbury. Under the State's 10% requirement, the nine other towns in the Housatonic Valley region besides Danbury have an unmet requirement of 4,086 affordable units. As a result, an increasing demand for affordable housing and a lack of affordable housing construction in the suburbs are combining to shift the entire regional demand for affordable housing onto Danbury's shoulders. Thus, a difficult and unfair situation exists where Danbury continues to provide and expand affordable housing offerings, yet is still unable to keep pace with demand.

Constraints associated with local policies, which may influence the development of affordable housing, include tax policies, zoning or land use controls, building codes, fees and charges, growth limits, and others. For example, no new multi-family housing zones are being created, largely due to the absence of available land. Rezoning of land, which is already developed, is extremely difficult, both politically and legally. As a result affordable housing must compete with economic forces associated with existing properties that are far too expensive to acquire.

According to 2000 census data, 29,740 persons, or 29.73% of the City's population, are classified as low and moderate income households which are defined as those not making more than 50% and 80% of the median area income respectively. This concentration illustrates a need to target needed services to assist this population which represents over 43%, or 11,888 households, in the City. The very nature of these demographic characteristics speaks to an impediment which is extremely difficult to overcome.

The analysis of Barriers to Affordable Housing consists of a comprehensive review of policies, practices and procedures that effect the location, availability and accessibility of housing and current residential patterns and conditions. The analysis also contemplates taking appropriate actions to overcome the effects of any impediments identified through the analysis. The analysis also reviewed, to the extent practicable, private actions, which may impede fair housing choice. Maintaining appropriate records reflecting the analysis and actions is also required.

ANALYSIS OF LAWS. REGULATIONS. POLICIES. PROCEDURES AND PRACTICES.

C1TY CODE AND CITY CHARTER

These documents represent the basis of government structure and delegation of authority within the municipality of Danbury. As such, the provisions for guiding the conduct of government, the structure for representation on boards and commission and the protocols for fiscal processes and accountability do not represent an impediment to fair housing.

ZONING REGULATIONS

Danbury adopted zoning regulations to guide the development of property over time in accordance with the City's Master Plan. The Master Plan calls for a variety of different housing densities located throughout the City. Much of the City's total land area is zoned for housing densities of greater than one unit per acre. Single family and multifamily zoning and residences exist throughout most of these zoning districts.

Zoning regulations also provide for the development of affordable housing through incentive provisions within zones. These provisions allow for greater densities of housing units above traditional housing densities as an incentive to develop more or facilitate the development of affordable housing. The analysis did not find any impediments to fair housing inherent to the zoning structure of the City. Fees and costs were also not found to be issues, neither were any adverse influences over return on investment.

Conversely, and unrelated to zoning, the cost and availability of land and property to develop affordable housing is an impediment imposed by the real estate economy in general. This impediment is improbable to overcome due to its magnitude and scope.

PRACTICES AND PROCEDURES

The City of Danbury maintains a variety of housing and supportive housing activities. These activities are outlined in the City's ConPlan and include programs to assist income groups earning less than 80% MFI through grants and loans, rehabilitation of housing, supportive housing assistance, counseling, home care and other related activities. An analysis of these activities produced no evidence of impeding fair housing. This analysis also included a review of past programs with attention paid to any racial or ethnic disparities in levels of service or relationship between minority population and others being served through these programs. The results of this review determined that minority populations were being served proportionate to the characteristics of the population as a whole.

An extensive citizen participation and outreach program is integral to the City's affordable housing practices. Included in these outreach activities, is an extensive direct mail and client targeting effort designed to reach those most likely to utilize affordable housing and supportive housing services. Additionally, information exchange beyond the City's borders is an effort Danbury makes to draw attention to its program offerings to those presently not located in the community. Projects and programs available were not found to discriminate or exclude as to income, geography or housing type.

DEMOGRAPHIC PROFILE

According to the most recent 2000 Census figures and population estimates for 2007 from the Census Bureau and Claritas, Inc., Danbury's socio-ethnic mix has become more ethnically and racially diverse since the 1990 Census. As such, a statistical loss in minority population associated with housing-related issues was not able to be discerned.

LOCATION, AVAILABILITY AND ACCESSIBILITY OF HOUSING

The influences on location, availability and accessibility of housing were touched on previously in the context of regulations (land use). Danbury is a mature community in the sense that vacant land for new development is

limited. Based upon the overall strength of the housing market in Fairfield County, the absence of available land results in high costs and great demand. New housing is priced at above average prices. This is a symptom of an incremental trend in the value of new residential housing in many areas of Connecticut.

Value and/or costs influence the location, availability or accessibility of affordable housing. Lower cost housing tends to be located in older neighborhoods. A supply of existing, affordable housing stock of this type is available, although not abundantly so within the City. The availability and accessibility of housing to all persons, regardless of ethnicity, is largely influenced by factors outside the control of the City. In addition to the high cost of real estate, Danbury also maintains a relatively high per capita and household income. These measures parallel each other insofar as a higher income is typically necessary to support the average home or apartment in the community.

ACTIONS TO OVERCOME IMPEDIMENTS AND BARRIERS TO FAIR AND AFFORDABLE HOUSING

The City's response to the primary impediment to fair housing choice, cost, is to continue to offer and support programs that lower the cost burden for persons and families living in Danbury. The City has provided financial assistance in the areas of homeownership, rental, rehabilitation, assistance to persons with disabilities, counseling, public health services and others cited in the City's Consolidated Plan. The HACD, the City of Danbury and its associated agencies continue to market available program resources openly, to all residents and non-residents, with programs available to different age groups, regardless of race or ethnicity, with a focus on persons earning at or below 80% MFI.

The most constraining state controlled policy, which affects affordable housing, is the availability of State/Federal funds. Resources to develop new housing are controlled by the government at both levels consistent with budget objectives. The absence of consistency in funding levels is a variable, which has an effect on affordable housing development statewide.

Another constraining condition relates to the processing of external funding applications at the State and Federal levels. Many times funding applications take months to approve and many more months to contract for and actually receive funds. For those projects which are "ready to go", this delay can sometimes be devastating to the projects' success. Although internal improvements are proposed at both levels, it is important to recognize that valuable funding sources designed to promote affordable housing involve lengthy, time consuming processes.

Mitigation Measures (see also Section 91.215(f))

While there are few actions that can feasibly reduce or eliminate all or even some barriers to affordable housing, the City is prepared to and is taking strides to ameliorate the conditions that can prevent residents of the City from obtaining quality, affordable shelter. For example:

- The City will continue its efforts to initiate and adopt regulations designed to eliminate barriers to the creation of affordable housing. Regulations providing for development density bonuses were adopted during 1994.

- It is anticipated that the City will continue to work with surrounding suburban communities on the issue of creating affordable housing, including financial support from neighboring towns for the Mayor's 10 Year Plan to End Homelessness.

- The City's Housing Partnership will continue its work in implementing the Mayor's 10 Year Plan to End Homelessness, as well as working to coordinate the development of new affordable housing in Danbury.

- The Danbury Housing Authority will continue to implement its scattered site-housing program and administer its public housing units and Section 8 program.

- The City will update its Plan of Conservation and Development, a component of which will be an analysis of the City's housing stock and housing market, and the promulgation of policy objectives for housing development in Danbury.

- The City will continue to work with private and non-profit housing development organizations and financial resources, such as the Housing Development Fund, to provide housing that is available to all of Danbury's residents.

- The Housatonic Valley Council of Elected Officials will be completing a Regional Housing Study that will significantly address the issue of affordable housing in the Greater Danbury area.

- The City certifies that it has completed such an analysis and will affirmatively promote fair housing.

Other narrative on Barriers to Affordable Housing is contained in Section 91.215(f)

91.215 Strategic Plan.

(a) General. For the categories described in paragraphs (b), (c), (d), and (e) of this section, the consolidated plan must do the following: *Indicate the general priorities for allocating investment geographically within the jurisdiction and among priority needs, as identified in the priority needs table prescribed by HUD; describe the basis for assigning the priority (including the relative priority. when required) given to each category of priority needs; Identify any obstacles to meeting under-served needs; summarize the priorities and specific objectives, describing how funds that are reasonably expected to be made available will be used to address identified needs and; for each specific objective, identify proposed accomplishments the jurisdictions hopes to achieve in quantitative terms over a specified time period, or in other measurable terms as identified and defined by the jurisdiction.*

Geographic Targeting of Planned Investment

The composition and characteristics of Danbury's housing stock and population make up is very mixed. This makes strategic programming with respect to addressing specific geographic areas or racial/ethnic groups difficult. Geographical considerations incorporated into the One-Year Plan relate to specific locations of the City planned for investment over the next twelve months.

Danbury's lower income population is located primarily in the central City. Although there are some small pockets of older housing stock with lower income residents, there does not exist a concentration of extreme depression which requires exclusive attention. The generally homogeneous neighborhoods of Danbury include a mixture of lower and other income families, young and older residents, white and other non-white ethnic and racial citizens. The efforts programmed within the Plan are able to focus on income needs and probable means of assistance (activity) toward achieving additional affordable housing and supportive housing services.

Persons of very low income have been programmed for highest priority, in all activity areas, based on the degree of imbalance between capacity to sustain safe and decent housing and the actual cost and availability of housing under current and projected market conditions. Again, factors which contribute to such an extreme gap, in being able to provide affordable housing to households of low income, include: high cost and short supply of available land for development shortage of new housing stock affordable to such families and, shortage of funds available to assist those in need. These "worst case" groups will become those which will attract the most attention in resource allocation and programming.

For example, the downtown area of Danbury is very densely populated and contains the greatest concentrations of racial/ethnic minorities and low and moderate-income persons. Due to the age of the housing stock and the lack of funds being invested in this area, the City has, in recent years, made a concerted effort to revitalize the central city area. As part of this effort Community Development Block Grant (CDBG) and other funds have been targeted for use in these areas to facilitate housing rehabilitation, lead paint abatement and public improvements. These efforts will continue over the next five years, and it is hoped that these efforts will strengthen downtown Danbury and ensure that the existing housing stock in these central areas is decent safe and affordable.

Danbury has implemented a Main Street North Redevelopment Plan in the center of the City. The targeted redevelopment area is located within the 2101 Census Tract and adjacent to the 2102 Census Tract, both of

which have low/moderate income concentrations of over 50%. High density affordable housing is proposed for the area, and the program statement for the Plan states, "the redevelopment area should be developed in a manner that will support and enhance Main Street and provide needed housing opportunities".

Proposed Accomplishments, in Years and/or Services

The Priority Needs tables represent a clear picture of Danbury's proposed accomplishments over the next five years, in the areas of housing and community development throughout the city. Rather than repeating information that immediately follows this section, refer to the detailed discussion on proposed accomplishments, measured over time and in units/service levels contained within each respective need category.

Basis for Assigning Priorities to Each Priority Need (General)

Each of the priority needs (housing, homeless, special needs and community development needs) was assigned a priority need level in accordance with the following HUD definitions:

High Priority (H): Activities to address a high priority need will be funded by the City during the five-year period.

Medium Priority (M): If funds are available, activities to address medium priority needs may be funded by the City during the five-year period.

Low Priority (L): The City will not usually fund activities to address a low priority need during the five-year period, but will consider certifications of consistency for other entities' applications for assistance.

No Such Need (N/A): The City has found that there is no such need or that the need is already substantially addressed

Priorities and relative priorities were allocated to meeting needs and serving need groups depending on levels of severity, absence of current services or facilities, as well as, statistical indicators that draw the attention of the City and its various service delivery agencies. The basis for assigning housing priorities was additionally influenced by such measures as cost burden, over-crowding, substandard conditions and absence of available housing stock or funding resources. Other priority needs were measured against similar findings. Subsequent sections of the Strategic Plan review the allocation of priorities in the context of each *Need Area* category.

The City has elected to retain many of its adopted priorities from its previous Consolidated Plan. Additionally, Danbury has expanded its Strategic Plan to encompass many new objectives, involving a much-broadened institutional structure. Cross-references have been provided where information inter-relates, in various sections of the Consolidated Plan. A complete review is encouraged.

Obstacles to Meeting Underserved Needs

The City can expect to meet certain obstacles in its attempt to address the housing and community development needs of Danbury. Many obstacles cannot be predicted nor overcome. A detailed discussion of obstacles and barriers of affordable housing is presented in other sections of the Plan. However, there are more familiar

obstacles, which hamper the capacity of housing and supportive housing service providers, about which the City should begin to prepare. Obstacles to meeting undeserved needs of populations, programs and facilities include:

- Funding Availability-Absence or lack of sufficient funds to provide or sustain service
- Funding Accessibility - Inability to access funding available for such purposes, but for which procurement remains hampered or unsuccessful
- Access/Contact with Need Populations - Difficulties associated with reacting to needs on an emergency basis, often due to limitations on determining who, where and what required needs exist in advance of the problem.
- Coordination and Effectiveness of Service Providers - Maximizing resources and service delivery by reducing waste, duplication, overlapping activities and diffusing impact to the population in need.
- Continuity of Services and Program Delivery - Issues associated with changing financial, political or programmatic philosophies or priorities over an extended timeframe.
- Adequacy of Services and Program Delivery - Concerns related to the sensitivities of program activities to the actual needs of a target population, the importance of being client-sensitive
- Adequacy and Maintenance of Facilities - Sufficient attention to or capacity of facilities designed to serve target populations, particularly over an extended period of time.
- Sustained Commitment to Adopted Priorities - Obstacles specific to meeting goals and objectives in the face of changing administrative or political priorities at the local, State or Federal levels, over time.
- Adaptability of Activities to changing needs - The ability to adapt and improvise strategies and program activities as economic, political or programmatic changes occur over the life span of the plan's implementation.

SUMMARY OF PRIORITIES AND OBJECTIVES - Housing

Priority A:

Provide affordable rental housing opportunities for extremely low and very-low income renters by increasing the supply and maintaining the availability of affordable rental housing in the City

- Continue the provision of existing rental assistance and support applications for additional rental assistance and rental subsidies (i.e. Section 8 vouchers and certificates and other forms of rent subsidization). In addition, encourage the provision of supportive services aimed at promoting self-sufficiency.
- Increase the supply of quality, affordable rental housing in the City by supporting both the rehabilitation of affordable rental units, and the construction of new affordable rental housing.
- Increase the supply and availability of affordable rental units, especially with two or more bedrooms.

Priority B:

Cultivate affordable homeownership opportunities through the financing or construction of housing for first time homebuyers, the preservation of existing ownership housing through rehabilitation and improving the availability of supportive social services to homeowners.

- Support and encourage the development of new affordable ownership housing in the City.
- Support and encourage the rehabilitation of existing owner-occupied housing units
- Enhance the delivery of support services which will alleviate or reduce the problems of cost burden and overcrowding experienced by extremely low-income homeowners, resulting from limited economic resources.
- Assist and protect existing homeowners from the potential fall-out from severe changes in the housing market, should they materialize, through programs and services that help prevent or limit foreclosures.

SUMMARY OF PRIORITIES AND OBJECTIVES - Homeless

Priority A:

Increase the level and delivery of support services to the homeless and those at-risk of becoming homeless.

- Continue to address the issue of homelessness consistent with the Mayor's Task Force To End Homelessness report released in 2006 (attached as Appendix A).
- Expand existing programs of assessment and outreach targeted to serve homeless families, individuals and persons with special needs, as well as programs, which are designed to prevent at-risk populations from becoming homeless.
- Provide transitional housing and companion support services to assist homeless families and persons with special needs to break the cycle of homelessness.
- Increase the provision of permanent supportive housing and permanent housing for homeless families, individuals and persons with special needs.
- Assist local service providers in expanding their existing programming designed to provide permanent supportive housing and/or permanent housing for these individuals.
- Support the development of housing for specifically identified groups, such as veterans, at every point along the continuum of care spectrum (emergency shelter, transitional housing, supportive permanent housing and permanent housing).
- Address the needs of homeless veterans in the community through the expansion of facilities to meet their needs.

SUMMARY OF PRIORITIES AND OBJECTIVES - Other Special Needs/Non-Homeless

Priority A:

Support and promote supportive housing services through programs which may include health services, family counseling, substance abuse counseling, parenting skills, and other appropriate services which would assist them in overcoming or better dealing with their special needs.

- Expand supportive housing activity to serve various need groups

SUMMARY OF PRIORITIES AND OBJECTIVES - Non-Housing Community Development

Priority A:

Maintain and improve existing public facilities and encourage the development of upgraded facilities, particularly with regard to, clean up of contaminated sites, parks/recreation facilities and parking facilities serving low-income populations.

- Develop and implement plans to address contaminated sites and therefore, further economic development and enhance public safety
- Expand and improve existing recreational facilities, particularly those located in distressed areas with high concentrations of low-income populations.
- Expand and improve parking facilities, particularly existing facilities, which serve the commercial business district, where necessary and feasible.
- Expand facilities for seniors to improve quality of services and increase capacity and effectiveness of program.

Priority B:

Encourage the continued maintenance and improvement of the City's infrastructure, particularly with regard to street and sidewalk improvements, as well as flood drain improvements.

- Support and encourage the repair, replacement or reconstruction of local sidewalks and/or streets for neighborhood enhancement and to encourage economic development
- Support and encourage repair, replacement or reconstruction of local flood drainage facilities for neighborhood enhancement and to facilitate economic development

Priority C:

Support the continuance and/or expansion of existing public service programs including those which provide services to the handicapped, youth, an/or substance abusers or which offer transportation services and employment training.

- Support the continuance and/or expansion of existing public service programs designed to assist seniors, the handicapped, youth and/or substance abusers.
- Support the development, continuance and/or expansion of existing public service programs designed to provide transportation services to low-income City residents and persons with special needs.
- Encourage the development continuance and/or expansion of existing employment training programs
- Continue to support and encourage the development of programs designed to promote crime awareness and prevention.
- Wherever feasible, support the expansion of existing child care programs to provide a wider array of services to children in need
- Endorse and support the activities and programs of youth centers and child care Centers already in existence in the City and support the development of new centers, if feasible
- Support the continuance and/or expansion of existing public service programs that provide health services to low-income populations in the City.

Priority D:

To expand existing efforts to meet the needs of the City's physically handicapped population by supporting projects designed to make current facilities accessible or to provide new handicapped accessible facilities/equipment.

- Support the continuance and/or expansion of activities designed to improve access for persons with disabilities.

Priority E:

To enhance and expand existing economic development efforts, particularly with regard to the rehabilitation of commercial/industrial structures, improvement of infrastructure to benefit commercial/industrial businesses, micro-business development and the provision of technical assistance to new and established businesses.

- Support the development of loan and/or other programs designed to assist new and/or *existing* businesses to rehabilitate commercial/industrial structures
- Provide funding to finance infrastructure improvements that will benefit industrial/commercial properties wherever feasible and appropriate. Wherever possible, identify/leverage alternate sources of funding to finance such improvements.
- Encourage the development of programs designed to provide "start-up" capital to small businesses in an effort to increase the number of new micro-businesses in the City.
- Continue to support entities, which provide technical assistance to the business community and facilitate the development of new programs designed to provide technical assistance to those who wish to start a new business in the City.

Priority F:

To enhance and expand other community development efforts, particularly with regard to lead-based paint remediation/education and code enforcement activities.

- Support the development of programs and policies designed to improve lead-based paint education and remediation in City-funded housing rehabilitation projects
- Support existing efforts of code enforcement, including the demolition of unsafe housing in low-income neighborhoods.
- Continue to encourage and support asbestos removal activities in all City-funded housing rehabilitation projects

Priority G: Senior Programs

To promote and encourage the continued operation of existing senior programs and services such as those offered by the Department of Elderly Services

Priority H: Youth Programs

To promote the development of supportive programs for youth including job/career development extracurricular activity, computer literacy, and volunteerism

Priority I: Anti-Crime Programs

To continue support of anti-crime programs in cooperation with the City of Danbury Police Department

Priority J:

Support programs to build the capacity of non-profit agencies and organizations to meet non-housing community development needs.

Priority K:

Support energy conservation to address environmental impacts and the increasing cost burden from escalating energy costs.

Priority L:

To continue existing administrative and planning activities necessary for the implementation of the objectives, actions and programs outlined in this Strategic Plan including fair housing counseling, tenant-landlord counseling and/or public awareness

- Continue to fund the necessary planning and administrative activities undertaken by the Lead Agency to improve coordination of housing and community development activities in Danbury.
- Support and encourage the development of public service programs designed to provide fair housing counseling and tenant/landlord counseling to low-income City residents.

(b) Affordable housing. The consolidated plan must include the priority housing needs table prescribed by HUD and must do the following: describe the basis for assigning relative priority to each category of priority need and shall state how the analysis of the housing market and the severity of housing problems and needs of extremely low-income, low-income, and moderate-income renters and owners identified in accordance with Sec. 91.205 provided the basis for assigning the relative priority given to each priority need category in the priority housing needs table prescribed by HUD; family and income types may be grouped together for discussion where the analysis would apply to more than one of them; a statement of specific objectives must indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units; and a description of proposed accomplishments shall specify the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined in 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership over a specific time period.

Please refer to the Housing Needs Table on the following page

Table CC Housing Needs				
Renter		**Need Level**	**Units**	**Estimated $**
Small Related	0-30% of MFI	High	478	$11,950,000
	31-50% of MFI	High	469	$11,725,000
	51-80% of MFI	Med	129	$3,225,000
Large Related	0-30% of MFI	High	170	$4,250,000
	31-50% of MFI	High	203	$5,075,000
	51-80% of MFI	Med	46	$1,150,000
Elderly	0-30% of MFI	High	458	$11,450,000
	31-50% of MFI	High	145	$3,625,000
	51-80% of MFI	Med	17	$425,000
All Other	0-30% of MFI	Med	283	$7,075,000
	31-50% of MFI	Med	425	$10,625,000
	51-80% of MFI	Med	67	$1,675,000
Owner	0-30% of MFI	High	946	$23,650,000
	31-50% of MFI	High	600	$15,000,000
	51-80% of MFI	Med	187	$4,675,000

(1) Basis for assigning priorities to each priority housing need

Priority A:

Provide affordable rental housing opportunities for extremely low and very-low income renters by increasing the supply and maintaining the availability of affordable rental housing in the City

- *Continue the provision of existing rental assistance and support applications for additional rental assistance and rental subsidies (i.e. Section 8 vouchers and certificates and other forms of rent subsidization). In addition, encourage the provision of supportive services aimed at promoting self-sufficiency.*
- *Increase the supply of quality, affordable rental housing in the City by supporting both the rehabilitation of affordable rental units, and the construction of new affordable rental housing.*
- *Increase the supply and availability of affordable rental units, especially with two or more bedrooms.*

Danbury has identified the rental population as those generally in most need of assistance. This relates to the relative shortage of rental housing stock, shortage of affordable rents, the absence of new inventory expected to be produced and the limitations on rental assistance funds to all groups.

Extremely low-income and very low-income renters comprise 44.5% of all households in rented housing. As a community plagued with a limited affordable rental housing stock, this percentage of renters represents a significant need group.

Small-related families (2 to 4 persons) have been identified as a higher priority group. Many young families with children of very low and low income are incapable of affordable market rental housing (not withstanding the inability to acquire a home). Additionally, young families, unlike elderly families, are more likely to "double up" to accept overcrowded housing conditions which can be both unsafe and unhealthy, a circumstance we seek to reduce by providing additional affordable rental stock. Large-related families are equally important to include, as a high priority needs group. Many of the same justifications apply to this segment of the population as does with small-related families. The activities we believe to be the most effective to address the needs of this group include New Construction, Housing Rehab and Rental Assistance.

Elderly households of 1 and 2 members represent our most expanding need group and one which the City must focus on assisting in the next five years. Elderly residents of our community represent for the most part citizens whom have lived in Danbury for many years and wish to remain here. Some own their own homes and have families, children and grandchildren living nearby. Due to their longevity in the community, most desire to remain here despite the high cost of housing. Many, especially those of lower income, are unable to afford or sustain a home of their own. Consequently, many are forced to compete in the open market for rentals, which are extremely unaffordable for older persons on low, fixed incomes. Through new construction of additional units and by providing rental assistance to maintain residency in existing quarters, we hope to continue to provide elder households with an opportunity to afford to live in Danbury.

The cost burdens of elderly, small related families and other families are similarly high although the previous two groups are the two highest in both actual numbers and cost burden. A large proportion of extremely low-income renters faces cost burdens in Danbury. 64.8% of extremely low-income renters face cost burdens greater than 30%, while 46.9% of renters face cost burdens greater than 50% of their income.

In addition, 57.0% of the very low-income renter households' face cost burdens greater than 30%, and 10.6% of the same households face cost burdens greater than 50% of their income. This priority attribution is further attributed to low rental vacancy rates and the absence of available public housing units, the low, fixed numbers of Section 8 Rental Assistance certificates and the extremely high rent structure for rental housing in Danbury.

Given the age of units in the City and the high percentage of households experiencing housing problems, there is a need for rehabilitation programs in Danbury, particularly for low-income families. This estimate has not changed since the previous ConPlan.

Priority B:

Cultivate affordable homeownership opportunities through the financing or construction of housing for first time homebuyers, the preservation of existing ownership housing through rehabilitation and improving the availability of supportive social services to homeowners.

- *Support and encourage the development of new affordable ownership housing in the City.*
- *Support and encourage the rehabilitation of existing owner-occupied housing units*
- *Enhance the delivery of support services which will alleviate or reduce the problems of cost burden and overcrowding experienced by extremely low-income homeowners, resulting from limited economic resources.*

Existing homeowners of low income often suffer from unsafe or deficient housing largely due to the conditions of an older home and the circumstances associated with deferred maintenance. The City has assigned the highest priority to providing rehabilitation resources in an effort to improve, upgrade and sustain existing home owners in their homes in a safe, clean and comfortable environment. The City will assist existing homeowners through other means based on 1) economic and market conditions, 2) special needs associated with other groups, 3) relative smaller numbers in need that require additional services other than rehab or that are not receiving services already (i.e., meals).

According to 2000 CHAS data, existing extremely low-income and very low-income elderly homeowners represent over 52% of all extremely low-income and very low-income owner households in the City. Even more concerning is that of the total elderly households of all incomes in Danbury, extremely low-income and very low-income elderly households represents a majority. This group also experiences the highest cost burdens at the lower income levels of all owners.

Market and inventory characteristics indicate that extremely low-income and very low-income elderly occupants dominate older housing stock. These homes were purchased years ago, at reasonable cost commensurate with the income earned by someone active in the work force at that time.

Now retired, elderly households must attempt to maintain and exist in their homes in the context of a completely changed economic condition (within the community and the region). An additional burden is the supportive service needs of this population as well.
Danbury has also chosen the prioritized young families in the assignment of preference for assistance. As previously mentioned, market conditions severely restrict the capacity of a young family to acquire and sustain a home through ownership.

Although the availability of less expensive housing and the cost of new construction housing is not always economically feasible to provide, priority is being placed on providing first time buyers, generally young

families, with little or no means to acquire and own their home. Costs associated with homebuyers assistance are great (related to other forms of assistance to low income persons) and often difficult to come by in large denominations.

Creative options like sweat equity housing have and will continue to be a possible avenue for the development of programs to assist first time homebuyers in Danbury. Again, as other need groups require attention as well, the City feels its best and most effective efforts to assist first time home buyers is through some form of home buyers assistance. The dependency of children on the family with children causes this group to be ranked higher than all others.

A total of 3,028 owner households (19.1% of the total) in the City earn less than 50% of Area MFI. In addition, 28.2% of the total owner-occupied households experience housing problems of some kind. A large proportion of extremely low-income owners face cost burdens. 77.2% of the extremely low-income owner households face cost burdens greater than 30%, while 54.1% face cost burdens greater than 50% of their income. In addition, over half (56.7%) of the very low-income owner households face cost burdens greater than 30%, while 28.2% face cost burdens greater than 50%. Additionally, 11.7% of the low-income owner households face cost burdens greater than 50%. Therefore, cost burden greater than 30% and greater than 50% among extremely low and very low-income owners, and cost burdens greater than 50% among low-income owners are all designated as high priorities for funding.

(2) Housing market influences over investment allocation related to; rental assistance, new housing production, rehabilitation of existing housing and acquisition of housing stock to preserve affordability

OVERVIEW

General housing market and inventory conditions reflect an expensive housing stock fueled by high cost fixed supply and an in-migrating family income characteristics with a capacity to meet market demands for price. The majority of Danbury's 27,153 occupied housing units are owner occupied homes. 58.3% of all occupied units were owned and two-thirds of these were 3 bedrooms or more in size. 2000 census tabulations revealed that only 3.4% of all year round units were vacant and only one-third of all vacant units were confirmed to be for rent.

Based on the relative affluence of the community and the high value of real estate, few units remain substandard. 2000 Census figures indicate that only 469 total housing units (1.6%) lack either plumbing or kitchen facilities meeting minimal standards, and the Danbury Department of Health and Housing estimates that 10% of the City's rental housing stock is substandard. Danbury does not support any significant number of abandoned properties nor do neighborhoods in any area suffer from extreme blighted conditions.

Because of market pressures, the City has seen an increase in the number of "illegal" apartments in existing buildings. These units are often in poor condition, not meeting basic health and safety codes and the City has moved to target enforcement to these structures.

The financial characteristics of housing units represent some of the true impediments to providing affordable housing to those in need. In general, the availability of available land for new development and the incremental increase in real estate values due, in part to the attractiveness of the community as a home to more affluent residents, makes it extremely difficult to provide, produce or create affordable housing units (either for sale of for rent). This one indicator reveals how difficult it is to develop home ownership opportunities for low/mod income persons or families when confronted with such a staggering value structure in Danbury.

Most housing units in the community are suitable for occupancy by most any need population. These include, but are not limited to elderly, persons with disabilities and families with children. Less than 20% of all housing units are 3 rooms or less in size, leaving the majority of the housing stock suitable for larger families. Housing stock for the elderly, presumably smaller in size, accessible and conveniently located, exists in small numbers, but remains expensive. Housing for persons with disabilities can be adapted, however, cost remains an issue.

Impediments to creating affordable housing or to meeting the needs of special population are greater than opportunities in view of the market and inventory conditions of housing in Danbury. Clearly, high cost and demand, overall income levels of residents and absence of developable land for new opportunities are driving affordable housing advances into retreat. Zoning structure and development patterns are such that most new construction opportunities are in low-density areas at high values.

Multi-family zoning exists, but vacant land in these areas does not. Based on the current distribution of owner versus rental housing stock, rental housing inventory will continue to stagnate, if not decrease, under the present cost structure.

Strategies for Mitigating Housing Market Influences Over Investment Allocation

The City's strategy is to combine private and public sector resources and commitments to implement approaches designed to make homeownership more affordable, accessible, and available. A multi-faceted 'product line' of programs and activities will be an effective way to mitigate the market impacts on rental, new construction, rehab and acquisition. The following strategies are consistent with the National plan:

Rental and Housing Rehabilitation

- The older existing housing stock can serve as a major resource for affordable homeownership with renovation or rehabilitation. The City should undertake a strong effort to reduce the cost of rehabilitation and to reduce the regulatory barriers to low-cost affordable rehabilitation.

- Many households that have previously been excluded from homeownership, including minority and lower income families, reside in central cities where the housing stock is older and opportunities for new construction are limited. Thus, any large effort to expand homeownership among these families must include rehabilitation of the housing stock in these areas.

- Home rehabilitation reflects a continuum from minor fixup, through remodeling and renovation, all the way to total "gut" rehabilitation, with each action presenting technical and financial issues requiring regulatory flexibility. Given the wide range of conditions and choices, home rehabilitation entails difficult regulatory challenges and significant costs.

- In the past building codes generally required that when a given percentage of a structure was replaced, the entire building had to be brought up to new construction code requirements. Over the years improvements have been made in the regulatory system to accommodate home rehabilitation. In the late 1980s HUD developed a series of rehabilitation guidelines to permit localities, in a flexible manner, to make choices and tradeoffs in building codes, standards, and other requirements and thereby make cost-effective rehabilitation feasible.

- New or emerging requirements in areas such as lead-based paint abatement asbestos removal, energy efficiency, fire safety, and protection from natural hazards represent further constraints to cost-effective home rehabilitation.

- Other new requirements involve off-street parking accommodations and zoning restrictions intended for new construction, or design rules more appropriately applicable to new construction. Although many of these requirements protect public health and safety, they can also add to costs.

- Developing and applying new and innovative products and technologies is also a problem in the home rehabilitation industry. Rehabilitation contractors frequently adopt and modify technologies that have been developed for new construction and are not necessarily cost-effective for home rehabilitation.

Ownership and Housing Acquisition

- Limiting the costs of homeownership, including financing, production, and transaction costs and fees, to make homeownership more affordable, make financing more available, and simplify the homebuying process to make it easier to purchase and own a home. Streamlining transaction costs, expanding creative financing and public gap financing, and making technological improvements in loan underwriting will reduce the costs of homeownership.

- Changing conventional methods of design and building less expensive houses will enable many more low- and moderate-income families to purchase homes.

- Regulatory reforms will allow developers and builders to reduce the costs of land assembly, housing construction, and home rehabilitation, making homeownership more affordable for willing homebuyers who are now priced out of the housing market

- Across all income levels, African-American and Hispanic American households have lower homeownership rates compared to other groups with comparable incomes. At the same time, low- and moderate- income households are much less likely than higher income households to own homes. Breaking down racial and ethnic barriers and increasing access for other underserved households will extend homeownership opportunities to families and enable minority households to own homes.

Expanding opportunities for homeownership, to raise awareness and make homeownership a reality for people through education and counseling, information technology, communications media, and community involvement. Many would-be homeowners are not aware that they can own a home with-or more often without-special assistance. Broad-based outreach and marketing will spread the word to young and old, low- and moderate-income as well as more affluent households, minority families, and new immigrant populations that they can indeed become successful homeowners.

(3) Proposed accomplishments, by income level and housing tenure

Objective #1-Maintain Rental Assistance Programs to Serve Income Eligible Need Groups

Activity: Rental Assistance

Rental Assistance represents the most direct form of providing affordable housing to low income households whereby the effective rent of the unit can be higher than the appropriate amount to be paid by the low income resident. This form of assistance expands the opportunities for housing stock by including both restricted and

unrestricted rental units the subsidy provides a "gap filler" between a level of rental payment which the low income resident is capable of affording and the market or other value of the rent which is determined by competitive economic forces.

Rental Assistance is programmed toward small families, special needs households, elderly and other households in that order. Assistance can take the form of certificate or voucher programs as well as blending other forms of assistance, such as rehab, to preserve or underwrite rent levels to remain or become affordable. Costs for Rental Assistance have traditionally been delivered by the Housing Authority from programs such as HUD Section 8 Voucher program with expectations that additional resources could be found.

Section 8 vouchers are accessible to the extremely low-income and very low-income renter population, although limited in supply. As previously indicated, limited supply and high cost of rental housing preclude cost effective development of rental housing to satisfy need. Funding to accomplish this is not available at the present cost structure in Danbury. Rental Assistance is a primary activity identified to assist small-related households.

Strategy: The maintenance of these programs will continue to assist those currently receiving rental subsidy as well as provide future opportunity to those in need of rental assistance. The program serves all levels of income groups and directly reduces the adverse effects of cost burden in housing.

Use of Funds: Rental Assistance is a "buy down" mechanism to offset the renter's capacity to pay a fair portion of their income toward housing expenses. Funds from Section 8 and Voucher programs are paid directly to the property by the program.

Accomplishment: Sustain assistance to approximately 802 vouchers, annually, based on current allocation.

Objective #2- Preservation and Rehabilitation of Existing Housing.

Activity: Rehabilitation

The primary concern in addressing the needs of extremely low-income and very low-income elderly homeowners is keeping them in their existing homes. Based on individual income or health situations, that is not always possible. However, the upkeep and maintenance of the housing stock itself is a very important aspect of serving this need group. Firstly, keeping the existing, older home safe and sanitary is paramount. Secondly, if elderly homeowners are forced to seek other forms of housing, they increase demand for those forms (already burdened by supply) and lastly, if a housing unit owned by an extremely low-income or very low-income elderly family is sold or transferred, the likelihood of that house serving an extremely low-income and very low-income family again is low. Therefore, preservation (through rehabilitation) of housing units for extremely low-income and very low-income elderly families is the primary activity of service to this group. This activity is appropriate for all other income groups as well and should be applied, as resources are available for such purposes.

Strategy: Preservation of existing housing stock is as valuable as the opportunity to create new housing. Insofar as the development of new affordable housing is costly and difficult the maintenance of existing homes to sustain the quality of life for existing low-income homeowners is a significant objective to attain.

Use of Funds: Matching funds and flexible funds to leverage private investment of rehab improvements.

Accomplishment: Projected 10 homes annually.

Objective #3- Provide Home Ownership Assistance to First Time Buyers.

Activity: Homebuyer Assistance

The most effective method of assisting first time homebuyers, based on the projection of need and resources, is Homebuyer Assistance. Homebuyer Assistance can come in the form of sweat equity housing or direct home ownership assistance. The issue remains cost reduction. Sweat Equity Housing allows participants to contribute labor or "sweat" towards the construction of their future home in exchange for the traditional down payment required purchasing a home. The program is structured so that supervision, general contracting and project administration is provided by the resource provider and the applicant contributes hours of work until the home is complete. Under some circumstances, the end cost of sweat equity housing to the buyer is substantially reduced. This program can apply to both new construction and rehabilitation and will focus more specifically on families with children. Direct Home Ownership Assistance is a form of purchase assistance whereby the income eligible family is provided funds directly to acquire an existing home as opposed to a program which provides the home and qualifies an applicant to occupy it.

This program helps to enhance the local housing market by providing lower cost (generally lower quality) housing to first time homebuyers. This allows the sellers to move up in the housing market producing positive results. The availability of lower cost housing is limited, however, this form of assistance is easily implemented and cost effective. This program serves all household sizes.

Strategy: Providing direct assistance to first time buyers who purchase existing housing is an effective, efficient and timely method of serving this need group. A variety of mechanisms are in place to accomplish this; cash contributions, sweat equity programs, mortgage insurance and joint ventures with private developers are only a few.

The Connecticut Housing Finance Authority (CHFA) offers mortgages at discounted interest rates, points, and fees to stimulate homeownership in targeted urban areas of the State. CHFA mortgages are available to residents of public housing and those receiving Section 8 assistance. Mortgages feature fixed rates that are generally 1 1/2 to 2% below market carrying a 1% origination fee.

The City's Non-Profit Housing Partnership will implement activities during the ConPlan period to create additional homeownership opportunities.

Use of Funds: Options include: direct contributions, capital reserve pools, principal or interest rate buydowns and many others.
Accomplishment: Projected to serve 6 families annually.

Objective #4 - Pursue Joint Venture Opportunities with Outside Entities to Preserve, Create or Finance Housing.

Analysis: The competition for land, housing stock, mortgage funds and related housing resources is greatest in a high cost environment such as Danbury. Efforts to create "affordable housing" must compete along side market rate, for-profit efforts as well. By creating partnerships with entities outside the organization, the chances of reducing competition and increasing opportunities increases.

Key local partners in the homeownership development process include, State and local governments, State and local housing finance agencies, community residents, local businesses, realtors, homebuilders, community-based nonprofit organizations, national nonprofit intermediaries, mortgage lenders, mortgage and property insurers, title companies, appraisers, fair housing groups, religious groups, and many other public agencies and private firms.

Building capacity among local nonprofit organizations is essential. Although the level of affordable housing development and management undertaken by nonprofit groups has grown dramatically over the past two decades, their skills and resources vary widely. In some communities nonprofit organizations may lack the expertise and funding to accomplish their goals, and in other communities such groups may not even exist. It is critical that nonprofit and other local organizations develop the expertise necessary to successfully continue their unique and growing role in affordable homeownership development and management

Strategy: Continue to create partnerships with for-profit non-profit individuals, corporations, banks and others to meet affordable housing objectives. Take advantage of past partnerships to prove the value and integrity of such arrangements.

Use of Funds: Options include: rehabilitation of housing, site improvements, various mortgage and credit enhancement products, and many others.

Accomplishment: Projected to serve 10 units annually.

(c) Homelessness. The consolidated plan must include the priority homeless needs table prescribed by HUD and must describe the jurisdiction's strategy for the following: helping low-income families avoid becoming homeless; reaching out to homeless persons and assessing their individual needs; addressing the emergency shelter and transitional housing needs of homeless persons; and helping homeless persons make the transition to permanent housing and independent living.

Overview of Homelessness

Within the City of Danbury, there are limited emergency shelters, transitional housing facilities and permanent housing for the handicapped homeless or other similar facilities operated by institutions or organizations. The availability of services and facilities on a less than overnight basis to the homeless is limited to the capacity that food pantry can provide to its users. No additional day shelter, soup kitchens or other facilities are available, beyond those identified in the Needs Assessment.

Other support services are available to the homeless through social service agencies. For example, Social Service programs provide daily expense payment provide for medical care cost coverage and counsel homeless and/or near homeless in unemployment and other benefit-related modes of assist. Such agencies also provide emergency relative assistance to the near homeless in the form of rental assistance, however, such assistance is limited and often does not cover the cost of permanent housing in the current market

Overnight beds are virtually always full, and there is always more demand than supply. In addition the shelter responds to requests for shelter for families (generally women with children). Length of stay varies from overnight to over several years. The long stays relate to local persons, mostly elderly, for whom the shelter has become a residence of last resort - then only alternative to living in the street which they did prior to the shelter opening. The City is also aware of other homeless, unsheltered persons who are living outdoors in Danbury. Generally this includes about three or four persons at any given time. Further, the City is aware of some extremely substandard or overcrowded living situations of persons to whom the City provide meals or groceries.

Households are currently provided food from our emergency food pantry each month. Many of these people are dependent upon assistance benefits, and an increasing number have lost their jobs. These families and individuals, along with those in substandard or overcrowded situations, should be considered at risk of homelessness due to their precarious situations.

Racial and ethnic group statistics for persons or families in need of shelter are available from both the U.S. Census and through agency records maintained by the Shelter provided. Unsheltered individuals cannot be accommodated overnight based on limited space restrictions.

Attached as an addendum to this Consolidated Plan is the Mayor's Task Force to End Homelessness's "10 Year Plan to End Homelessness". This document forms the basis of the City's goals and objectives for addressing the issue of homelessness in Danbury over the next five years.

Sub-populations (Homeless Needs)

The service needs of sheltered and unsheltered persons are more readily met than overnight accommodations due to bed space and occupancy restrictions. According to Emergency Shelter accounts, many homeless are being considered severely mentally ill and are receiving supportive services as available. Case managers from affiliated agencies assist in providing services to this sub-population as needed.

Sheltered Homeless with alcohol or drug abuse problems with or without co-existing mental illness are the most commonly described sub-population and represent a majority of all sheltered homeless on record. Case management is provided by outside agencies. SMI and Alcohol or Drug Abuse unsheltered homeless account for a number of clients who are also served by support agency case management. Victims of Domestic Violence, Homeless Youth and AIDS related sheltered homeless are also provided facilities and services by caseworkers from affiliated agencies as required. The City homeless shelter facility does not have adequate on site staff or facilities to meet the demands of all sub-population-sheltered homeless.

Unsheltered homeless experience more of a burden due to the lack of bed space in the emergency shelter for overnight accommodations. Although daily drop-in, meals and counseling are provided, all unsheltered homeless are not able to have their emergency needs met at the present time.

Priority A:
Increase the level and delivery of support services to the homeless and those at-risk of becoming homeless

- *Expand existing programs of assessment and outreach targeted to serve homeless families, individuals and persons with special needs, as well as programs, which are designed to prevent at-risk populations from becoming homeless.*
- *Provide transitional housing and companion support services to assist homeless families and persons with special needs to break the cycle of homelessness.*
- *Increase the provision of permanent supportive housing and permanent housing for homeless families, individuals and persons with special needs.*
- *The City will assist local service providers in expanding their existing programming designed to provide permanent supportive housing and/or permanent housing for these individuals.*

(1) Helping low income families at risk of homelessness

Experience has shown us that there are two principal reasons for the homelessness of the persons the City has sheltered and worked with. The first is the lack of rental housing available to the low and very low-income persons. Many of the shelter users receive a fixed income per month or a similarly low Social Security check.

The City has often had to place Danbury residents who became homeless and stayed in our shelter outside of Danbury when they were ready to live on their own again. There have been several situations where individuals did locate a room in Danbury to rent for a month, at times receiving groceries or meals at shelters and at other times maintaining themselves independently.

The other principal cause for persons becoming homeless relates to the "survival of the fittest". In the highly competitive market for housing that has existed locally, those individuals who are burdened with problems in functioning become marketed out. The diseases of alcoholism, addiction or mental illness have often, though not always, played a role in the downward spiral in the lives of those the City serve. The consequent inability to maintain a steady job or income for those able to work becomes a factor. However, it is important to note that the bulk of our work involves assisting individuals to combat and overcome the debilitating effects of these conditions. Many have successfully stabilized, returned to work, etc. Housing, however, inevitably remains a problem for them, especially when they work at lower paying jobs.

An adequate supply of rental rooms or efficiency apartments affordable to those on fixed incomes or working for low wages (e.g. low and very low income population) who can live independently are needed.

Housing that embodies the SRO concept with related supportive services. This could mean, for example, an existing six room single family dwelling being converted to rooms rented to four individuals with common kitchen and living areas. The supportive service component can be located off-site. This concept can similarly be smaller or larger and can be provided in various sections of City without disturbing the character of the neighborhood. This would be geared to those whose ability to live independently is heightened by a social service component (e.g. help with shopping, budgeting, transportation, etc.). An example of this is the Shelter of the Cross housing provided in PY28.

Subsidies funded at a level to make this available to singles are another needed component in making rental housing available to lower income singles. Additional rental units that can be subsidized through the HUD Section 8 certificates or housing vouchers (and the additional federal funds to provide these). Again, this housing need not necessarily be newly built, but rather created from existing housing stock of varied sizes and existing uses.

For those who need assistance in stabilizing their lives towards fully independent functioning, housing that is transitional in nature and includes a program that teaches families and basic living skills that many needy families today have never learned is much needed.

The characteristic of families and individuals that are at extreme risk of being unsheltered remains consistent with the symptoms of high cost housing and a fluctuating regional economy. At-Risk Population is borne out of eviction, loss of employment absence of affordable shelter, reduction in State or Federal subsidy levels or volume, increases in medical care costs as well as emotional factors such as drugs, alcohol and other conditions which afflict the special needs population.

Objective #1- Maintain Emergency Shelter Facilities and Operations and expand outreach

Analysis: Information on usage and need of these facilities is well documented. Preservation of emergency shelter services is crucial as a starting point to self-sufficiency for singles and families without housing.

Strategy: Continue to seek private, governmental and institutional funding to sustain shelter operations.

Use of Funds: Operating expenses, food, maintenance and related costs to sustain the current facility.

Accomplishment: Serve maximum capacity 70 individuals, 17 families annually.

Objective #2 - Pursue New Opportunities for Transitional Shelter, Permanent Supportive and Permanent Housing for Formerly Homeless.

Analysis: The provision of emergency shelter care serves only the first and immediate needs of homeless persons. Additional and progressively independent levels of care are also needed. Self-sufficiency is more likely attained with housing beyond homeless shelters for those who are working against homelessness.

Strategy: Seek additional housing units, financial assistance and development collaborations with similar providers to obtain the secondary (and beyond) levels of care facilities to serve this income group. Seek Shelter Plus Care funding.

Use of Funds: Funds must be sought and obtained, therefore, no specific attribution of use can be determined.

Accomplishment: Development of 125 units of permanent supportive and permanent housing over five years, plus 30 units of transitional housing over five years.

(2) Outreach and assessment of homelessness

Objective #1 - Expand existing programs of assessment and outreach targeted to serve homeless

Expanding existing programs and support services will help homeless families and individuals make the transition from shelters to permanent housing, and will help prevent at-risk individuals and families from becoming homeless in the future.

The provision of support services to those currently homeless will help curb the spread of homelessness, by assisting those families and individuals in becoming economically and socially self-sufficient. Such support services may include counseling, referral services, case management services, financial counseling, educational instruction, job skill development etc. The City will continue to support existing facilities and non-profit agencies currently servicing homeless populations through the expenditure of CDBG and/or HOPWA funds, and wherever feasible and/or necessary, will attempt to provide additional assistance to these entities to serve the most in need — i.e. special needs populations/mentally ill.

Homeless programs which will continue to be supported by the City include, but are not necessarily limited to the Shelter Plus Care Program sponsored by the State Department of Mental Health, Dorothy Day Center, City Shelter, Harmony House, Shelter of the Cross, Amos House, Elizabeth House, Catholic Family Services Case Management Program, Salvation Army, DCF, AIDS Project of Greater Danbury, CASSP, Good Friend Program, Danbury Public Schools High School Crisis Intervention Services, Doors Program, and Alternative Center for Education, among others.

(3) Emergency shelter and transitional housing

Objective #1-Expand existing programs of transitional housing targeted to serve homeless

The demand for emergency shelter care speaks to the need for transitional shelters, which bridge the gap between those without any shelter and those who may be preparing to move into permanent housing. This population in need has traditionally, inherent mental health or other issues, which require supportive housing service in addition to the housing unit itself.

The development of additional transitional shelters is currently being explored. Existing support services offered by transitional facilities should be continued, and expanded wherever possible to accommodate homeless families and special needs populations such as mentally ill, substance abusers, victims of domestic violence, and persons infected with HIV/AIDS.

In addition, formal linkages with other service providers and/or governmental agencies (such as the Federal Emergency Management Agency, the City's Health, Housing and Welfare Department and Department of Elderly Services, Community Action Committee of Danbury, etc.) That provide transitional and/or support services should be reinforced and/or cultivated.

(4) Transition to permanent housing and independent living

Objective #1 - Increase the provision of permanent supportive housing and permanent housing for the homeless.

In order to successfully break the cycle of homelessness, it is important to provide a smooth transition from emergency shelters and transitional housing to permanent housing. This transition can be made easier for homeless populations through the provision of permanent supportive housing or permanent housing. There is a need in the City to provide permanent supportive housing and permanent affordable housing to homeless families, individuals and persons with special needs.

Based on best available information, there are currently 47 homeless families, 6 of which are currently in transitional housing. In addition, of the 321 homeless individuals in Danbury, only 68 are currently in transitional housing. To facilitate the ultimate achievement of self-sufficiency and economic independence, these families and/or individuals could first be placed in permanent supportive housing which would provide the necessary support services to help them become self-sufficient. These support services may include child care, transportation, remedial education, job training, training in homemaking and parenting skills, money management household management job development and placement, and other appropriate services.

The City will make an effort to support those entities that provide referrals to permanent supportive housing for homeless families, and will support expansion of the supply of permanent supportive housing wherever feasible. In addition, the City will support the development of permanent affordable housing for use by homeless families and individuals that are able to make the transition to permanent housing.

(5) Working toward a continuum of care service delivery model

Please see Continuum of Care table on the following page.

Table DD Continuum of Care: Gaps Analysis - Individuals				
Beds/Units				
	Estimated Need	**Current Inventory**	**Unmet Need/Gap**	**Relative Priority**
Emergency Shelter	71	46	25	Med
Transitional Housing	123	29	94	High
Permanent Housing	162	50	112	High
Total	**356**	**125**	**231**	

Continuum of Care: Gaps Analysis – Persons in Families with Children				
Beds/Units				
	Estimated Need	**Current Inventory**	**Unmet Need/Gap**	**Relative Priority**
Emergency Shelter	6	6	0	Med
Transitional Housing	37	37	0	High
Permanent Housing	58	27	31	High
Total	**101**	**70**	**31**	
Estimated Sub-Populations	**Sheltered**	**Unsheltered**	**Total**	
Chronically Homeless	31	17	48	
Seriously Mentally Ill	62	2	64	
Chronic Substance Abuse	62	18	80	
Veterans	17	3	20	
Persons with HIV/AIDS	4	1	5	
Victims of Domestic Violence	7	2	9	
Youth	2	0	2	

Source: 2007 Continuum of Care narrative.

Objectives #1 - Increase the provision of continuum of care opportunities, permanent supportive housing and permanent housing for the homeless.

The Continuum of Care model addresses how communities are use HUD's and other resources to assist homeless individuals and families with emergency shelter and also make the transition to longer-term, permanent housing. Efficient program models incorporate measures such as: superior performance in integrating and coordinating outreach, emergency shelter, transitional housing, permanent housing and comprehensive support services for homeless persons; developing and maintaining a computerized network that enables providers to track services to homeless individuals or families; and implementing a "one-stop-shopping" approach, through which all essential data is collected at intake, thereby permitting effective and holistic service delivery.

Additional criteria includes progress towards mainstreaming homeless persons, and assisting them to develop the skills and abilities needed to achieve sell- sufficient extensive communication and cooperation with advocates, nonprofits, the faith community, social service agencies, and local governments; leverage of additional public and private resources.

This level of care to previously homeless individuals or families pressures a progression away from emergency and/or transitional living. Permanent supportive housing is necessary to accommodate clients who are capable of self-sufficient but with supportive service assistance.

The attainment of permanent housing facilities by previously homeless persons or families is the desired goal of all service providers. The need for permanent housing relates to the homeless population in general. Permanent housing for independent persons or families is needed for singles as well as family households.

Rental housing has become the primary need tenure for this need population. Expectations that needs will be satisfied by adding to the permanent housing stock which services now working, formerly homeless are good depending upon funding source availability. A variety of agencies are pursuing the attainment of this goal.

See also Section 91.205(c) and 91.210(c).

(d) Other special needs. The consolidated plan must describe the priority housing and supportive service needs of persons who are not homeless but require supportive housing (i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addiction, persons with HIV/AIDS and their families, and public housing residents).

Please see the CPMP tables attached as Appendix B.

(1) Non-Homeless supportive housing needs and services

Supportive Housing needs in the area of support housing relate to the various services necessary to sustain an individual in a housing environment which is not directly related to the housing unit per se. In many cases supportive housing needs are addressed in concept with the development of the housing unit itself. However, the absence of supportive housing services to need groups who are provided housing units only has become an unacceptable relationship for both the service provided and recipient.

Supportive Housing needs are identified in the areas of mental health, medical health, reorientation counseling, job training and related needs. Additionally, the capacity of service agencies with limited resources to adequately provide supportive housing services is being stressed.

With regard to persons with special needs, the homeless needs assessment revealed that the largest percentage of homeless (34%), within the special needs sub-population, are those with mental health issues. Alcohol and substance abuse at 33% of the total follow this sub-population. The special needs populations in the City, including HIV/AIDS victims, severe mentally ill, and victims of neglect are served by existing programs, but those with special needs are likely to require some form of permanent supportive housing.

Since these special needs populations are at a greater risk of becoming homeless, existing programs and services designed to assist these populations require City support. These support services may include health services, family counseling, substance abuse counseling, parenting skills, and other appropriate services which would assist them in overcoming or better dealing with their special needs. Therefore, wherever feasible and/or necessary, the City will assist local service providers in expanding their existing programming designed to provide permanent supportive housing and/or permanent housing for these individuals.

Objective #1- Expand Supportive Housing Activity to Serve Various Need Groups.

Analysis: The supportive housing needs of the population are the most diverse of all other need categories. Diverse needs, ranging from battered spouse counseling to elderly day care services, required attention if each of the specific need groups is to be served.

The outreach and service mechanisms described in the aforementioned continuum of care are well versed in identifying and serving this population. However, we have significant gaps in the housing arena that must be filled. As identified in the City of Danbury Consolidated Plan and in the Housing Plan that was developed by the GDMHA, the lack of affordable housing in Danbury is staggering.

Experience has shown that the largest hurdle to overcome after finding a suitable apartment and executing a lease, is the linkage to ongoing services for participants in the program. We have developed a very effective tracking and monitoring system for the current program that enables the local coordinator to, at a moment's notice, know what services a person has been referred to, whether the person has become engaged with the services, and if the person continues with the services. A very simple, but effective "treatment plan" enables the program to have documentation of these efforts.

As explained in earlier parts of this application, the service system in Danbury is extremely committed to consumer choice. Where a participant will live and from whom she/he will receive services is as much a result of an empirical assessment as it is the choice of the client. As with all clients in the mental health system, participants will be offered an array of choices in regard to where they will live. The only limits that will be placed on them/us will be those that are imposed by prejudice and stigma.

Likewise with services we have tried to get participation by a variety of service providers so that as much *as* possible, participants will choose from whom they receive services. As an example, Danbury Hospital and Midwestern Connecticut Council on Alcoholism both offer substance abuse treatment services - based upon client choice, following an evaluation, they will be able to select whichever agency makes sense to them. Likewise, Catholic Charities Case Management and Mental Health Association, Danbury, each can offer "case management" - referral, linkage, advocacy, counseling -services to participants. Again, based upon client choice and preference, the decision will be made as to where services will be received.

Other services like the assertive community treatment program or AIDS services are more proscribed. The former will provide intensive outreach, assessment, linkage, referral, treatment and support to clients in this program. These programs already have experience working with people who are homeless and have a disability, therefore, this will be an easy "fit" for them.

All services will be available for at least the five-year term of this Plan. As with any services offered in Danbury, should the need arise to extend the services, each agency is committed to do so. The participants in the program who still need services, will not be left by the wayside at the end of the five years.

Strategy: Ensure maintenance of existing supportive housing activities and related funding sources. Through collaborations between existing agencies and by seeking new collaborations, economies in service levels, costs and overlap reduction will occur. Shelter Plus Care funding will facilitate these efforts. The ConPlan structure should greatly assist in this effort by forgiving such collaborations where appropriate and practical.

Use of Funds: Existing funds can be reprogrammed to provide increased or more efficient services where collaborations between multiple agencies are created. These funds offset operating expenses and facility maintenance. For Fiscal Year 2008-2009, a total of $109,769 has been proposed in the City budget for the City homeless shelter, Amos House, Dream Homes Community Center, AIDS Project-Greater Danbury and Interfaith AIDS Ministry.

Accomplishments: Increase service levels by 5% annually.

See also Special Needs Facilities and Services in Section 91.205(d) and 91.270(d) for narrative and 91.215(c) for special needs population table data.

(e) Non-housing community development plan. The consolidated plan must describe the Jurisdiction's priority non-housing community development needs eligible for assistance under HUD's community development programs by CDBG eligibility category, reflecting the needs of families for each type of activity, as appropriate, in terms of dollar amounts estimated to meet the priority need for the type of activity, in accordance with a table prescribed by HUD. This community development component of the plan must state the jurisdiction's specific long-term and short-term community development objectives (including economic development activities that create jobs), which must be developed in accordance with the statutory goals described in Sec. 91.1 and the primary objective of the CDBG program to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities, principally for low-income and moderate-income persons. Subsection (2) of this section is not applicable.

Please see the CPMP tables attached as Appendix B. It should be noted that this table only includes CDBG funds planned to be expended over the next 5 years. As described elsewhere in this document, the City of Danbury will also spend significant local funds to meet non-housing community development needs.

(1) Overview of priority non-housing community development needs, by category

The City of Danbury addresses non-housing community development needs within a comprehensive strategy. CDBG funds represent one component of this strategy. The City addresses these needs through grants under its Human and Social Welfare Fund and expenditures as part of its Capital Improvement Program as well as its annual operating budget. Both the Human and Social Welfare Fund and Capital Improvement Programs include a needs assessment and planning process.

The Human and Social Welfare Fund provides assistance to non-profit agencies with a focus on social service needs and programs. For Fiscal Year 2008-2009, a budget of $1,233,027 has been approved. This is approximately $350,000 less than requests received from non-profit agencies. This level of requests in excess of funds available is not unusual in these challenging economic times. As part of the Fiscal Year 2008-2009 funding process, the Mayor requested the Common Council to modify the process used in the future to select programs and agencies for funding. The recommended process will include a community assessment of needs followed by a request for proposals from agencies for services and programs prioritized by the assessment. This process will include a public hearing. It is anticipated that the 2008-2012 Consolidated Plan will be used as a resource as part of this assessment.

The Capital Improvement Program is both a budgeting and planning process for the City to address its public facility needs. The program covers Fiscal Year 2008-2009 as well as five additional years through Fiscal Year 2013-2014. Therefore, the time period covered is very similar to this Consolidated Plan period. The process includes an assessment of needs and requests for funding by city departments. This information is reviewed by the Planning Commission with a recommendation as to activities and funding levels for the immediate fiscal year. This is followed by a review by the Mayor and a recommendation for funding for the immediate fiscal year. For Fiscal Year 2008-2009, capital expenditures for city activities are approximately $2,500,000 with an additional $500,000 for sewer system improvements.

The City of Danbury realizes that in order to meet its non-housing community development needs, resources beyond those available through the City are needed. In this regard, the City has worked with the Greater Danbury Nonprofit Resource Center (GDNRC) to build the capacity of local non-profit agencies. There are approximately 350 nonprofits in Danbury. The idea to create the GDNRC evolved from the Greater Danbury Funders Group, a voluntary group of government, private sector and non-profit organizations who collaborate to positively change Danbury. GDNRC provides several programs aimed at capacity building including:

Online Resource Center – This online website provides listings of nonprofit agencies, funders and resource providers.

Tactical and Organizational Assessments – These assist nonprofits to assess their current situation to enable them to identify opportunities and to improve capacity for serving targeted clients/customers.

Skilled Volunteer Professionals – The GDNRC recruits and manages a pool of volunteers with professional skills, identifies and posts volunteer opportunities, matches volunteers to projects, analyzes community needs and available resources.

Education and Training – The GDNRC provides high quality, local, practical and inexpensive training programs for nonprofit staff and volunteers.

In its application for Fiscal Year 2008-2009 funding, the GDNRC has established the following objectives:

- Increase agency usage of its website to 75 agencies posting events and news items.
- Grant consultant services to 5 agencies.
- Maintain relationships with 5 professional consultants for planning services.
- Train 25 board members, 250 agency staff members in 80+ agencies.
- Increase pool of skilled volunteers to 20 volunteers with professional skills including IT support, financial planning, marketing development, human resource management, etc.
- Provide volunteer services to 20 agency projects.

The Housing and Community Development Activities CPMP Table attached in Appendix ____ contains an estimate of dollars to address non-housing community development needs. These estimates include the sources discussed above.

The City's non-housing community development needs have been identified to include Social Services, Public Services, Public Facilities, Infrastructure and Economic Development. Social Service needs are presented in much greater detail in the Annual Action Plan, and include: Senior services, Youth services, Health services (including HIV/AIDS services), Substance abuse, Neighborhood services, Housing Counseling and, aid to Persons with disabilities to name a few.

The City has identified the need to incorporate Public Services as a major community objective based on the need and importance of the public preventative health and human service requirements. The City's commitment to this is evidenced by an appropriation of approximately $1.23 million of local funds to public and social service providers for Fiscal Year 2008-2009 discussed above.

Preservation and improvement of these programs will add value to the integrity of the community and the well being of its population in need. In addition to being inclusive of persons with disabilities in our housing programs, the City has consistently recognized the importance of eliminating physical barriers to persons with disabilities at public sites not used for the general conduct of government

Danbury has generally included activities for Public Facilities and Improvements in its Annual Action Plans. Public Facilities and Improvement dollars are used to leverage or be allocated in concert with private dollars for new initiatives in public/private partnerships adopted in the community. We anticipate meeting needs in the areas of housing, deterioration of neighborhood business districts and addressing economic development of key importance.

Public investment in infrastructure, if carefully planned and programmed, contributes to both maintaining economic competitiveness and sustained growth. Maintenance and expansion of existing infrastructure in the City is a key component of continued economic growth as well as improving the quality of life for the lower income residents of these neighborhoods.

Downtown Danbury, like so many other New England downtowns, has fluctuated in terms of economic development over the past few decades. The downtown area will require sustained resources from and will continue as an identified need within the CDBG program. The City has acknowledged that the downtown is in

need of attention, energy and revitalization. As such, the Lead Agency supports and encourages activities that would help to encourage economic growth in the City and its downtown.

Narrative summary of community development objectives

Community Development objectives require the collective planning, programming and budgeting by multiple agencies to implement capital and public service strategies. Such strategies will apply the following objectives: implement the Capital improvement and facilities plan developed by the City, upgrade deteriorated infrastructure, expand public service programs and improve service levels, implement ADA accessibility plans and, achieve goals established for sub-priorities in the areas of economic development and planning.

Public Facility Needs
Senior and ***neighborhood*** public facility needs continue to be a high priority for the City. There is a need for the further provision and development of youth services in the City to address the needs of its children and teens. Further development of youth services and the expansion of existing programs to service City youth cannot be accomplished without adequate facilities such as ***youth centers*** which are designed to house such programs. Similarly, the need assessment identified a need for quality, affordable ***child day care*** to be maintained in the City. There is also a growing need for the expansion of certain types of specialized day care, such as before and after school day care, sick child care, and infant care.

The City, through its overall planning and in response to public comment, is developing its Senior Center facility through $1,050,000 million funded under the Sec. 108 Program. This improvement will increase the size of the existing Senior Center and provided additional parking and site amenities.

Improvements to and/or development of ***parks and recreational facilities*** are also a high priority need for CDBG funding in the City. The land area presently dedicated to active and passive recreational use in Danbury is generally considered sufficient for the needs of the City's population. The most pressing need in the City with regard to parks and recreation resources is therefore the need to upgrade existing parks, open space and recreational facilities.

(2) Short and long-term objectives for community development (See also Consolidated Plan Priority Tables)

The following objectives articulate the City's direction in accomplishing its community development priorities over the next five years. The priority needs table, as well as the Needs Assessment section, provide a more detailed view on the backgrounds of each issue.

Objective #1- Implement Anti-Crime and crime awareness priorities city-wide

Analysis: Crime is a pressing community development need in the City of Danbury. According to 2006 crime statistics, the violent crime rate in Danbury is anywhere from 2.3 to 20.2 times the violent crime rate in the surrounding region towns, and the property crime rate is anywhere from 2.5 to 5.9 times higher. Some of the programs and service available with regard to crime awareness and prevention include affordable counseling/rehabilitative services for victims and perpetrators of crime, early childhood education and parenting skills to help prevent cases of abuse, crisis intervention programs, incarceration alternatives, and legal and financial assistance and programming.

Strategy: Address the problems and levels of crime in the City by meeting the following needs: Lack of alternatives for lower income people; insufficient number of role models or mentors; inadequate positive peer supports; little sports oriented recreation, realistic job training and/or employment

Use of funds: Use CDBG dollars toward overcoming insufficient number of probation officers, insufficient services for victims of crimes and/or insufficient number of police officers.

Accomplishment: Decrease incidents in target areas by 5% over 5 years.

Objective #2- Attain Goals Set for Other Community Development Needs in the Areas of Economic Development and Planning and Capacity Building.

Analysis: The regulatory authority provided by the Consolidated Plan opens many new opportunities to the community in the areas of economic development and related capacity building. Job retention and creation needs prompt continued focus of these areas especially for lower income households. The development of specific programs involves strategic planning tools and capacity building tools to be used in program areas today where previously such latitude was not possible.

Strategy: Pursue the inclusion of economic development activities and programs with planning and zoning activities, to serve as a model to other business segments within the community. Additionally, pro-active involvement in at-risk cases will be built into the outreach and retention systems.

Use of Funds: Planning and Capacity building activity expenses.

Accomplishments: Monitor at-risk job base and support development of future programs in response.

Objective #3 - Upgrade and Replace Deteriorated Infrastructure

Analysis: Age and safety concerns related street curb, sidewalk and related features prompts an effort to address this need Citywide. Focus remains in low/mod areas.

Strategy: Instituted a systematic program whereby upgrade activities are coordinated by feature, location and highest need. DPW has created a comprehensive program which (along with City dollars) will accomplish the objective.

Use of Funds: Direct capital costs for materials, labor and related expenses for each feature.

Accomplishment: Concentrate infrastructure improvements in low/moderate income areas as defined in this Plan.

Objective #4- Upgrade and improve Public Facilities

Analysis: Aging public facilities and deferred maintenance warrant attention.

Strategy: Coordinate jointly with City agencies, the implementation of the public facilities plan. Focus shall remain on CDBG eligible activities although economies can be realized in certain elements of coordinating all improvements.

Use of Funds: Direct capital costs for reconstruction rehabilitation or replacement of needs improvements to public facilities.

Accomplishment: Focus upgrades and improvements in low/moderate income areas with a particular focus on ADA improvements.

Objective #5 - Expand Public Service Programs to Target Populations in Coordinated Fashion

Analysis: Multiple service delivery points have reduced the overall effectiveness of many public services to specific need groups. Mental health, family counseling, substance abuse, public health and related services are included in this dilemma. Linkage between various agencies through coordinated programming and budgeting is necessary for improved service delivery.

Strategy: Utilize the organizational structure of the ConPlan to coordinate multiple public service delivery points in all areas through the elimination of duplication. Specific service enhancements are targeted in public health and family service areas.

Use of Funds: Program operating costs will be underwritten with available funds.

Accomplishments: Maintain accessibility to overall public services.

Objective #6-Expand Public Service Programs to Senior Populations and Programs

Analysis: Multiple service delivery points have reduced the overall effectiveness of many elderly services and to specific elderly need groups. Senior centers, senior citizen-based public health and related services are included in this need. Linkage between various agencies through coordinated programming and budgeting is necessary for improved service delivery.

Strategy: Utilize the organizational structure of the ConPlan to coordinate multiple elderly population service delivery points in all areas. Specific service enhancements are targeted in public health and senior center service areas. For purposes of elderly population service programs, the qualifying age shall be 55 and over.

Use of Funds: Program operating costs will be underwritten with available funds. For the Fiscal Year 2008-2009, a total of $447,709 has been proposed in the City budget for the Commission on Aging, elderly transportation, elderly health-related grants, and visiting nurses.

Accomplishments: Coordinate and provide specific elderly services.

Objective #7 - Expand Public Service Programs to Youth Populations

Analysis: There is currently a need for the further provision and development of youth services in the City to address the needs of its children and teens. There is also a need in Danbury to address the unmet needs of homeless youth in the City. Of particular concern is the need for medical, mental health and dental care for children and teens, activities for junior high school-age youth, transportation to existing youth programs and facilities, prevention and treatment programs geared toward teenage pregnancy, foster homes and group homes with supportive social services for homeless youth, and outreach to mentally ill children.

The City of Danbury recognizes the importance of providing for its youth, and therefore supports activities designed to address the need for more fully developed youth services in the City by designating youth services as a high priority for funding.

Strategy: Utilize the organizational structure of the ConPlan to coordinate multiple youth service delivery programs. Specific service enhancements are targeted in public health and other youth service areas.

Use of Funds: Program operating costs will be underwritten with available funds. For the Fiscal Year 2008-2009, a total of $135,824 has been proposed in the City budget for youth services.

Accomplishments: Maintaining youth services by 10% annually.

Objective #8- Implement ADA Needs Priorities City-Wide

Analysis: ADA compliance regulations prompt many public facilities to be upgraded in order to meet statutory requirements. An assessment of various sites throughout the City has been made and a priority list developed from this assessment

Strategy: Continue to implement ADA-related improvements to affected buildings facilities and recreation areas.

Use of Funds: Capital cost of construction for specified improvements.

Accomplishments: Attain barrier free accessibility to currently code-deficient sites within prescribed timetable.

Objective #9- Elimination of Slums and Blight

Analysis: Areas of slums and blight exist in the City of Danbury in small pockets and isolated individual properties. The City has made a strong commitment to improving these areas and eliminating the visual and detriment that blight has on surrounding neighborhoods.

Strategy: Undertake a blight elimination initiative with a particular focus on low/moderate income areas.

Use of Funds: CDBG funding and City funds.

Accomplishments: Eliminate pockets of slum and blight in the City.

Objective #10- Neighborhood Improvements

Analysis: Certain areas of Danbury are marked by vacant lots and deteriorating physical elements such as streets, sidewalks, signage and lighting elements. The City is committed to improving these areas by enhancing their attractiveness and livability for both residents and visitors alike.

Strategy: Undertake a neighborhood improvement initiative with a particular focus on low/moderate income areas.

Use of Funds: CDBG funding and City funds.

Accomplishments: Improve the physical environment of low/moderate income neighborhoods.

Objective #11- Support Energy Conservation

Analysis: The increasing costs and environmental affects of the reliance on fossil fuels are impacting the quality of life in communities throughout the country including Danbury. These impacts are particularly significant on low- and moderate-income persons. A reduction in these impacts will benefit both the environment and the quality of life of residents.

Strategy: Integrate Energy Star standards into activities undertaken with CDBG resources. Such activities may include the use of Energy Star rated equipment purchased with CDBG funds as well as the use of energy efficient construction techniques and materials.

Use of Funds: CDBG funding.

Accomplishments: Reduce the negative impacts of fossil fuel energy sources and reduce energy costs.

(f) Barriers to affordable housing. The consolidated plan must describe the Jurisdiction's strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing as identified in accordance with Sec. 91.210(e), except that if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this paragraph (f), as determined by HUD, the unit of general local government may submit its assessment submitted to the State to HUD and shall be considered to have complied with this requirement.

Funding and Process-related barriers

While Danbury has met and exceeded affordability guidelines, all of the suburban neighbors have lagged behind. Such agencies as mentioned above who might aspire to correct that situation might seek out appropriately priced homes in the suburbs and apply the acquisition and resale strategy outlined above. However, that strategy has lost viability due to the rising suburban price levels over the first half of this decade.

Even with a decrease in the number of affordable housing units in the City over the past several years, Danbury has shown a solid commitment as a community to expanding affordable housing options for its residents. However, there is still an unmet demand for affordable housing in the City. This demand is almost certainly attributable to the general lack of affordable housing in the communities surrounding Danbury. Under the State's 10% requirement, the nine other towns in the Housatonic Valley region besides Danbury have an unmet requirement of 4,086 affordable units. As a result, an increasing demand for affordable housing and a lack of affordable housing construction in the suburbs are combining to shift the entire regional demand for affordable housing onto Danbury's shoulders. Thus, a difficult and unfair situation exists where Danbury may build new affordable units, yet is still unable to keep pace with demand.

Constraints associated with local policies, which may influence the development of affordable housing, include tax policies, zoning or land use controls, building codes, fees and charges, growth limits, and other. For example, no new multi-family housing zones are being created, largely due to the absence of available land. Rezoning of land, which is already developed, is extremely difficult. As a result affordable housing must compete with private economic forces associated with existing properties that are far too expensive to acquire.

According to 2000 census data, 29,740 persons, or 29.73% of the City's population, are classified as low and moderate income households which are defined as those not making more than 50% and 80% of the median area income respectively. This concentration illustrates a need to target needed services to assist this population which represents over 43%, or 11,888 households, in the City. The very nature of these demographic characteristics speaks to an impediment which is extremely difficult to overcome.

The most constraining state controlled policy, which affects affordable housing, is the availability of public funds. Resources to develop new housing are controlled by the legislature at levels consistent with overall state budget objectives. The absence of consistency in funding levels is a major variable, which has an effect on affordable housing development statewide.

An additional constraint in the development of affordable housing is the State's internal policies regarding targeting resources to certain applicant groups. State agencies' often target housing development and supportive service funds to applicant groups such as private non-profits, to the exclusion of municipalities, Housing Authorities and other affordable housing development entities. This dilutes the City's attempts at developing additional affordable housing.

The last constraining condition relates to the processing of external funding applications at the State and Federal levels. Many times funding applications take months to approve and many more months to contract for and actually receive funds.

For those projects which are "ready to go", this delay can sometimes be devastating to the projects' success. Although internal improvements are proposed at both levels, it is important to recognize that funding sources designed to promote affordable housing involve lengthy, time consuming processes.

STRATEGIES TO REDUCE BARRIERS - Regulatory-related

State

Petition Legislators to support new authorizations of housing development funds; attend and present evidence at budget hearings to increase housing fund allocation; petition DECD (Department of Economic and Community Development) to broaden its applicant pool on more programs to allow municipalities to apply for state funds; discuss and offer local assistance on streamlining DECD applicant review process in an effort to reduce processing time and not jeopardize project viability.

Local

Continue to support, create regulatory solutions to broaden affordable housing opportunities with the existing zoning structure of the City; attend meetings, present evidence of opportunities available, which are not harmful to the integrity of current zoning standards. Based on the constraints we believe to be present within state and local policies, we find that no impact will be felt on most of the fundamental activities associated with our priority attributions.

These programs or activities include moderate rehabilitation, rental assistance, homebuyer assistance, and support facilities and services. Only new construction may be affected based on density considerations and/or funding considerations related to the above mentioned constraints.

The City will undertake an update of its Plan of Conservation and Development which will specifically include and address issues/opportunities to remove barriers to affordable housing. CDBG resources will continue to be targeted toward programs to assist meeting basic housing needs in the City.

Rental and Housing Rehabilitation-related (from previous section)

- The older existing housing stock can serve as a major resource for affordable homeownership with renovation or rehabilitation.

- Home rehabilitation reflects a continuum from minor fix-up, through remodeling and renovation, all the way to total "gut" rehabilitation, with each action presenting technical and financial issues requiring regulatory flexibility. Given the wide range of conditions and choices, home rehabilitation entails difficult regulatory challenges.

- In the past building codes generally required that when a given percentage of a structure was replaced, the entire building had to be brought up to new construction code requirements.

- New requirements in areas such as lead-based paint abatement asbestos removal, energy efficiency, fire

safety, and protection from natural hazards represent further constraints to cost-effective home rehabilitation.

- Other new requirements involve off-street parking accommodations and zoning restrictions intended for new construction, or design rules more appropriately applicable to new construction. Although many of these requirements protect public health and safety, they can add to costs, deter rehabilitation, and inadvertently lead to abandonment or disinvestment rather than improvement of existing structures.

Ownership and Housing Acquisition-related

- Costs of homeownership, including financing, production, and transaction costs and fees, to make homeownership more affordable, make financing more available, and simplify the home buying process to make it easier to purchase and own a home.

- Changing conventional methods of design and building less expensive houses will enable many more low- and moderate-income families to purchase homes.

- Regulatory reforms to allow developers and builders to reduce the costs of land assembly, housing construction, and home rehabilitation, making homeownership more affordable for willing homebuyers who are now priced out of the housing market.

- Across all income levels, African-American and Hispanic American households have lower homeownership rates nationally compared to other groups with comparable incomes. At the same time, low- and moderate-income households are much less likely than higher income households to own homes. Breaking down racial and ethnic barriers and increasing access for other underserved households will extend homeownership opportunities to families and enable minority households to own homes.

- Many would-be homeowners are not aware that they can own a home with-or more often without-special assistance. Broad-based outreach and marketing will spread the word to young and old, low- and moderate-income as well as more affluent households, minority families, and new immigrant populations that they can indeed become successful homeowners

- The Community Reinvestment Act is intended to encourage depository institutions to help meet the credit needs of the communities in which they operate, including low- and moderate-income neighborhoods, consistent with safe and sound banking operations. It was enacted by the Congress in 1977 and was revised in May 1995.

See also: Barriers to Affordable Housing in Section 91 .210(e)

(g) Lead-based paint hazards. The consolidated plan must outline the actions proposed or being taken to evaluate and reduce lead-based paint hazards, and describe how the lead-based paint hazard reduction will be integrated into housing policies and programs.

Local actions proposed include:

(1) Lead Paint Hazard Reduction Actions

Strategy 1: Coordinate public and private efforts to reduce lead-based paint hazards and protect young children. Establish an inter-agency work group and develop a public/private task force to coordinate and provide direction for prevention efforts.

Strategy 2: Integrate lead hazard evaluation and reduction activities into existing housing programs. Integrate activities to identify and reduce lead hazards with all government-assisted housing rehabilitation activities.

Strategy 3: Promote comprehensive public health programs. Support the development of programs with capability for screening, follow-up of children identified as lead poisoned, public education and prevention.

Strategy 4: Provide public information and education. Clearly communicate the extent of the lead problem and the measures to be taken to reduce risk and protect health.

(2) Integration of lead paint hazard reduction actions into housing activities

The Health, Housing and Welfare Department of the City of Danbury protects the public's health through health promotion programs, clinical services and the enforcement of State and City health regulations. Program services include inspection of rental housing and hotels for compliance with Danbury's housing maintenance code. This division also provides housing discrimination complaint investigation, non-profit affordable housing development and staff support for Danbury's Fair Rent Commission and the Danbury Housing Partnership.

The City commits to include lead hazard reduction in all subsidized weatherization and rehab loan and grant programs. Additionally, specific enhancements to the public health codes can strengthen City efforts to arrest this issue. These recommendations shall be considered for inclusion within local codes and regulations. Final determination as to appropriateness and language is at the discretion of the City.

- The owners of all dwellings shall comply with the requirements of the Connecticut General Statutes concerning the removal of toxic levels of lead from dwellings, as the same may be amended from time to time. The Director of Health may require any such owner to submit evidence of compliance with the requirements of the aforesaid provisions of the Connecticut General Statutes from qualified testing firms acceptable to the Director.

- Whenever the Director of Health receives a report of lead poisoning or otherwise determines that a child under the age of six (6) has an elevated blood level, the Director may cause the interior and exterior surfaces, water, and soil on the premises of the dwelling in which such child resides to be tested for lead content at the owner's expense.

- The Director shall take appropriate action to compel abatement of hazardous conditions if the lead content of interior and exterior surfaces, water or soil on such premises exceeds the permissible limits thereof as established in the Connecticut Lead Poisoning Regulations, as the same may be amended from time to time.

- Abatement shall be required if the lead content of interior and exterior surfaces on the premises exceeds the standards established in accordance with the Lead-Based Paint Poisoning Act Chapter 63 of the Social Security Act as the same may be amended from time to time. Similarly, abatement shall be required if the lead content of water on the premises meets or exceeds five one-hundredths of one milligram per liter (0.05 milligram/liter).

- The Director of Health may engage or order the engagement of qualified firms to perform testing for lead content in interior and exterior surfaces, water and soil. In addition, the Director may engage or order the engagement of firms to conduct abatement to ensure compliance with state regulations and with abatement orders issued pursuant to this section or to certify that abatements have been successfully accomplished, all at the owner's expense. A permit must be obtained from the Director of Health prior to the commencement of sandblasting work on any exterior surface. The Health Director will ad on the permit request within five (5) working days. Surfaces to be sandblasted must first be tested for lead by the Health Department or professional environmental testing service. If the testing reveals the presence of lead, the property owner must perform the work according to stipulated mandates including the use of equipment to ensure that no particulate matter shall escape into the atmosphere, soil or onto other property. Abatement of soil may be required when lead levels are 500 parts per million or greater.

(h) Anti-poverty strategy. The consolidated plan must describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families and how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing, set forth in the housing component of the consolidated plan, will be coordinated with other programs and services for which the jurisdiction is responsible and the extent to which they will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.

(1) Programs, and policies to reduce poverty

The nature and extent of poverty is often hidden from the balance of the population in our day to day lives. The geographic distribution of persons below the poverty line is symptomatic of how silent the affliction of poverty can be on a community. The factors over which the City has control are few. In an effort to address the needs of impoverished people and reflect a unified approach in the reduction of poverty, we support a strategy, which is similar to that of the State of Connecticut. This strategy is as follows:

1. Jobs and employment preservation of outreach and assistance programs; maintenance of certain aid once jobs are obtained to promote self-sufficiency and utilize innovative ways to assist the poor in job placement and training.

2. Housing: reinforce supportive housing services, especially to special needs population, to reduce becoming impoverished due to poor conditions or needs, preserve housing stock currently serving low income people, seek additional Section 8 and other rental subsidy certificates, sustain local budget levels for the preservation and production of affordable housing.

The preservation and support of those currently in need will reduce further economic deterioration or housing concerns. The development of new housing opportunities, plus related support services will serve to eat away at the growth rate of impoverished people.

(2) Coordination of anti-poverty activities

To meet the housing needs of the Danbury community, the City considers these actions as apart of its Anti-poverty strategy.

- Continue support to agencies addressing the need for permanent affordable rental and ownership housing units.
- Support non-profit organizations that are formed to expand the affordable housing market
- Support eviction prevention programs for individuals and families at-risk of becoming homeless.
- Support budget and credit counseling programs for individuals and families at-risk of becoming homeless.
- Increase community awareness of effective, affordable housing models.
- Encourage full local community involvement in the development of affordable housing.

- Work with existing coalitions and organizations to foster innovative approaches to expanding the affordable housing market
- Form coalitions involving the public, private and voluntary sectors in an effort to produce more low-cost housing.
- Establish dialogue among financial institutions to expand their role in developing affordable housing.
- Advocate changes in legislation that encourage the building of affordable housing and the preservation of existing affordable housing.
- Advocate legislation enabling creative housing approaches for seniors.
- Research innovative approaches to developing affordable, permanent housing for senior citizens and other special needs populations.

The City of Danbury will utilize all means, programs and services available to reduce the number of households in the community with incomes at or below the poverty level. The City will provide support and funding to agencies such as the Community Action Committee of Danbury (CACD), the community's designated anti-poverty agency, to facilitate its efforts to reduce the number of these households.

Goals for anti-poverty efforts

The Plan identifies a goal to serve over 200 households. Although this does not approach the estimated population in poverty, it represents a realistic accomplishment based on the availability of resources. We can only hope to maintain these levels of support while those factors out of our direct control are being addressed.

(i) Institutional structure. The consolidated plan must explain the institutional structure, including private industry, nonprofit organizations, and public institutions, through which the jurisdiction will carry out its housing and community development plan, assessing the strengths and gaps in that delivery system. The jurisdiction shall describe the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of the housing agency; relationships regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; and review by the jurisdiction of proposed development sites, of the comprehensive plan of the public housing agency, and of any proposed demolition or disposition of public housing developments. The plan must describe what the jurisdiction will do to overcome gaps in the institutional structure for carrying out its strategy for addressing its priority needs. If the public housing agency is designated as "troubled" by HUD), or otherwise is performing poorly, the jurisdiction shall describe any actions it is taking to assist the public housing agency in addressing these problems.

(1) Elements of the institutional structure

The Institutional Structure through which the City of Danbury proposes to accomplish its ConPlan is segmented into primary, secondary and tertiary entities. This stratification identifies to the degree of involvement in the course of implementing strategic priorities. It is through one or more departments of the City of Danbury that all housing and supportive services will be either directly provided or endorsed and supported in some fashion.

Over the years, the City has refined the process through which it carries out its Consolidated Strategy and Plan. This process involves a team approach to delivering Community Development services to the citizens of Danbury. Under its administrative structure, the Lead Agency continues to be the Finance Department. A CDBG strategy planning committee includes other public and non-profit organizations and agencies as well. The combined strength of the new CDBG administrative TEAM is envisioned to improve cost-effectiveness and coordination of service delivery for all CDBG funded and cofunded activities designed to serve low and moderate income persons. This network has been identified to assure adequate coverage to the various elements of the Consolidated Plan and the citizen participation structure by which it is implemented.

The Lead Agency will provide each citizen participation component with supportive staff assistance, with the goal of facilitating meaningful involvement of the public. Finance Department staff members will work to increase participation at the neighborhood level, especially among extremely low and very-low income citizens, as well as those traditionally under-represented.

The City will continue to utilize a consultant/manager approach in the implementation of day-to-day project activities. This has proven efficient and cost-effective in prior years. Selection of the CDBG Administrator is done by RFP and specific responsibilities and scope of work is defined by the City and adopted by mutual agreement.

The City will provide direct support for CDBG administration through the Finance Department and secondary support for specific activities as needed through its Departments such as Health and Housing, Public Works, etc.

PRIMARY Service Providers - include those departments or agencies of the City of Danbury which participate in the implementation of various ConPlan elements or activities:

Director of Finance

The Finance Director has direct supervision over the Department of Finance and is responsible for the keeping of all accounts and financial records of the City and Board of Education, the assessment and collection of taxes and special assessments and all other revenues, and the audit and control over all expenditures.

Health and Housing

The Health, Housing and Welfare Department of the City of Danbury protects the public health through health promotion programs and the enforcement of State and City regulations. Health promotion programs include AIDS testing and counseling clinic, communicable disease control, lead poisoning prevention, epidemiology, a School Based Health Center (SBHC) and other services.

The Department also provides staff support for the Danbury Housing Partnership. Additional activities include enforcement responsibility for the Danbury Housing Code, wetland regulations, erosion control regulations, Danbury Hazardous Waste Ordinance and the Connecticut Public Health Code as it applies to food services, subsurface sewage disposal and public health nuisances. The Department also conducts fair housing activities and provides administrative support for the Fair Rent Commission.

Department of Elderly Services

Under the guidance of the nine-member Commission on Aging, made up of appointed Danbury volunteers, the Department of Elderly Services continues to offer the residents of Danbury a generous variety of services, activities and information. The office of the Municipal Agent provides information, referral and other outreach services to Danbury's senior population.

Senior benefits include Connecticut's prescription program (ConnPACE), CT Property Tax Relief including Renter's Relief, the heat assistance program and all of the State of CT Department of Social Service programs.

Parks and Recreation

The Parks and Recreation Department's function is to ensure that the recreational needs of people of all age groups are met through a varied recreational program, including the development, improvement maintenance and expansion of any park, playground, athletic field and open space facility in the City.

Planning and Zoning

The Office of Planning and Zoning is responsible for guiding the future development of the City and for the administration and enforcement of zoning regulations. Major activities include advising the Mayor and land use boards and commissions on planning and zoning matters, directing downtown redevelopment and preparing plans, studies and implementation strategies on community development issues. The Department also issues zoning permits and certifies that building projects comply with zoning regulations.

The City of Danbury is presently contemplating the inclusion of economic development activities into the mission of the Planning and Zoning Department. By expanding the role of this office to include economic development planning and improvements, the City hopes to centralize and better coordinate service delivery of citywide planning activities to targeted need groups and areas.

Police Department

The Police Department is responsible for the preservation of the public peace, prevention of crime, apprehension of criminals, regulation of traffic, protection of rights of persons and property and enforcement of the laws of the State and ordinances of the City and all rules and regulations made in accordance therewith.

Department of Public Works

The Engineering Department is responsible for all engineering related projects in the City. This work includes administration of public works and other construction projects, technical reviews and reports for the Common Council, Planning Commission, Zoning Commission and issuance of sanitary sewer and water authorizations.

The Department is also responsible for all water and sanitary sewer service connections, the preparation of engineering plans and specifications for a variety of public works projects, the supervision of subdivision road construction, annual bridge inspections and traffic engineering reports. The Highway Department is responsible for constructing, reconstructing, altering, paving, repairing, maintaining, cleaning, lighting and inspecting highways, sidewalks and curbs.

Welfare and Social Services

The Health, Housing and Welfare Department offers a variety of services and programs such as:

Information and Referral Activities including to persons requesting such services and in those areas that the staff is knowledgeable;

Medical and -Outreach activities to underserved populations whereby a medical case worker is deployed to the Americares Free Clinic and Wellness On Wheels van for the purpose of screening and assessing patient needs for social services and possible eligibility for state and federal assistance programs;

Emergency shelter services for homeless adults without children(with a thirty day maximum stay and meeting certain eligibility criteria);

Job search and training services to unemployed persons seeking to improve their job search skills using a 5 day program designed after a nationally recognized curriculum;

Follow up and case management are also offered to participants; and

Other services and programs such as: Case management services for persons seeking housing assistance through a collaborative network of local providers seeking to prevent evictions and homelessness.

Technology Center - Danbury Public Library

For the people of Danbury, the library enables all individuals in satisfy their informational needs and in discover the possibilities of their imaginations. It is our mission to provide timely access to informative and creative works for every level of interest and ability, from a variety of perspectives and in a variety of formats.

Through its efforts in developing a Technology Center, the Library plans affirmative steps toward attracting visitors of all ethnic groups and income levels. The City has identified the Library as an important component in the proposed CDBG TEAM approach to delivering services to the community.

BOARDS AND COMMISSIONS-DANBURY

Commission on Aging

The Commission on Aging consists of nine members who act as the official agency of the City of Danbury on aging. The Commission is available to study the needs and to coordinate programs for the aging, particularly in connection with housing, economics, employment health, recreation and other matters. The Commission works with the Department of Elderly Services and it focuses on making the community more aware of the needs of our elderly population.

Commissions on Persons with Disabilities

The nine member Commission was established to advise the Mayor and the Common Council of the needs of persons with disabilities within the community with relation to housing, economics, employment, transportation, health, recreation and other matters.

Fair Rent Commission

The Fair Rent Commission was created in 1979 for the purpose of maintaining reasonable rental rates and eliminating excessive rental charges on residential property within the City of Danbury. Any tenant living in Danbury is eligible to file a complaint with the Fair Rent Commission. It will investigate and act on complaints, inquiries and other communications regarding alleged excessive rental charges. There are nine Commissioners appointed to this body.

Redevelopment Agency

The nine-member Redevelopment Agency is responsible for the acquisition, clearance and assembly of the land for redevelopment in the City.

Danbury Housing Partnership

The Danbury Housing Partnership is a board create by City ordinance for the purpose of encouraging the creation of affordable housing and to oversee implementation of the Ten-Year Plan to End Homelessness, adopted by the Common Council of the City of Danbury in March 2006.

Housing Authority

The Housing Authority of the City of Danbury is a quasi-governmental agency that was established in 1948 by enabling legislation of Federal, State and Municipal governments. It is governed by a five member Board of Commissioners who are appointed by the Mayor. The Housing Authority operates units of low income, moderate rental, elderly housing, scattered site public housing and units of single room occupancy.

(2) Linkages between Danbury and community development partners

Coordination strategies are provided in the context of primary, secondary and other levels of program or projec service delivery. The municipality, through its agents, is identified as the "first point of contact". This role is supported by its CDBG grantee status, multi-departmental structure and its mission based in public service to all the citizens of Danbury. Based on the needs and objectives developed in the ConPlan, the City is prepared to support applications for assistance by other entities toward accomplishing a variety of goals.

SECONDARY Service Providers - include private or public non-profit agencies, which although not integral to the organizational structure of the City of Danbury as grantee, but which all participate or provide services in the implementation of various ConPlan elements or activities. The following is only a sample of secondary service providers, and should not be construed as the extent of agencies providing supportive services to Danbury and the surrounding communities:

Housing and Economic Development Partners

Non-profit agencies play a primary role in the provision of affordable housing, supportive social services, and economic development activities. These organizations have constant contact with the public, which provides them with a unique understanding of the strengths and weaknesses of the City's housing and human service delivery system. These organizations are an essential part of the City's institutional structure as they are:

- eligible for governmental and private financing
- legally restricted to serving lower income populations
- the only agencies allowed to undertake new construction in several governmental programs
- in daily contact with households in need

Danbury will continue to participate in and support the efforts of the Housatonic Valley Economic Development Partnership, in addition to its local private and non-profit development corporations. The collective efforts of all parties will ensure that available resources are allocated to priority activities.

The Housatonic Valley Economic Development Partnership was established through an act of the legislature in May of 1992 to oversee the development and implementation of a strategic economic development plan for the Region. The Partnership is composed of a 23-member board of directors representing the public sector, the nonprofit sector, and the private sector in the Region.

As a first step in the process, the Partnership identified the goals for the action plan: provide a commonly shared vision of the Region's economic future; promote jobs that provide adequate pay and level of benefits to allow employees to afford to live in the Region; preserve the quality of life in the Region; maintain and strengthen the diversity of the economic base; develop the infrastructure needed for long-term commercial, industrial, and residential development; and strengthen regional leadership and capacity for long-term economic development.

The Non-Profit Housing Partnership is also a key entity in providing housing and related services to the citizens of Danbury, particularly those of lower income. The City has partnered with the organization on prior projects and sees them as a key partner in future affordable housing efforts.

The private sector participants in the development of affordable housing include members from financial institutions, builders/developers, foundations and contractors. Local financial institutions provide construction

financing, low interest rehabilitation loans, mortgage financing and loan servicing, while builders/developers are active in participating in affordable housing projects. Many private businesses are involved in organizations, which support the efforts of human service agencies and work to increase economic opportunities in Danbury.

Housing And Supportive Housing, Social Services And Related Partners

HOMECARE SERVICES

American Home Care
11 Lake Avenue Extension Danbury, CT 06811
(203) 798-6666 Fax (203) 798-6777

AA Homecare and Nursing
30 Main Street
Danbury, CT 06810
(203) 825-6225 Fax (203) 882-5530

Community Visiting Nurse and Home Care Agency
3989 Main Street
Stratford, CT 06497
(203) 744-6615 Fax (203) 378-5336

Danbury Nurse's Registry
131 Deer Hill Avenue
Danbury, CT 06810
(203) 748-2420 Fax (203) 798-0155

Danbury Visiting Nurse Association
4 Liberty Street
Danbury, CT 06810 (203) 792-4120 Fax (203) 792-2757

HCS Home Care Solutions
85 West Street
Danbury, CT 06810
(203) 792-8504 Fax (203) 792-8508
Homemaking/companion services

Homecare Inc.
355 Federal Road
Brookfield, CT 07804
(203) 775-0675 Fax (203) 775-8227 Clinical

Addiction Treatment Programs

Alcoholics Anonymous
155 Main Street
Danbury, CT 06810
(203) 743-8959

APT Foundation
1 Mile Hill Rd.
NewCity, CT 06470
(203) 426-3344 Fax (203) 781-4792
Residential

Cornerstone of Eagle Hill
28 Alberts Hill Rd.
Sandy Hook, CT 06482
(203) 426-8085 Fax (203) 426-2821
Inpatient rehabilitation

Danbury Hospital Chemical Dependency
24 Hospital Avenue
Danbury, CT 06810
(203) 797-7905 Fax (203) 731-8075
Inpatient rehabilitation, outpatient counseling and treatment services

McDonough House
132 Hut Hill Rd.
Bridgewater, CT 06752
(203) 354-4423, Residential

Midwestern Connecticut Council on Alcoholism
238 White Street
Danbury, CT 06810
(203) 792-4515 Fax (203) 792-6259
Counseling, educational

Narcotics Anonymous
P.O. Box 3775
Danbury, CT 06813-3775
1 (800) 627-3543

Outpatient Rehabilitation and Therapy Services (Speech Therapy, Physical Therapy, Occupational Therapy)

Associated Neurologists
69 Sandpit Rd.
Danbury, CT 06810
(203) 748-5631

Datahr Rehabilitation Institute
135 Old State Road
Brookfield, CT 06804
(203) 775-4700 Fax (203) 775-7396

Hand Management Center of Western Connecticut
55 Federal Road
Danbury, CT 06810
(203) 792-4263

Main Street Physical Rehab Center
235 Main Street
Danbury, CT 06810
(203) 730-5900

Physical Therapy Associates of Danbury
33 Hospital Avenue
Danbury, CT 06810
(203) 792-2164 Fax (203) 731-3210

Physical Therapy Associates
103 South Main Street
NewCity, CT 06770
(203) 270-0330

Mental Health Programs

Barrett House (also Catholic Family Services)
235 White Street
Danbury, CT 06810 (203) 794-0819 Fax (203) 748-4839
Day treatment programs

Catholic Family Services
30 Main Street
Danbury, CT 06810
(203) 743-4412
Counseling, advocacy
233 Main Street (203) 748-0848

Family Services

Danbury Hospital Mental Health Center
24 Hospital Avenue
Danbury, CT 06810
(203) 797-7899
Crisis Intervention, Day treatment programs, long term counseling-Behavioral Sciences Services, (203) 797-7007

Danbury Hospital Responsive Service Program
135 Main Street
Danbury, CT 06810
(203) 797-0582 Fax (203) 748-2973
Advocacy, support services

Datahr Rehabilitation Institute
135 Old State Road
Brookfield, CT 06804
(203) 775-7388

Family & Children's Aid
75 West Street
Danbury, CT 06810
Homemakers, counseling, Harmony House

Mental Health Association
24 Delay Street
Danbury, CT 06810
(203) 798-2853
Counseling, case management

Prelude
10 Robinson Avenue
Danbury, CT 06810
(203) 743-9021
Case management, housing

Women's Center
2 West Street
Danbury, CT 06810
(203) 731-5200 Fax (203) 731-5207
Advocacy, counseling, residential
(203) 731-5200, HIV & Women's support group

Senior Services

Connecticut Community Care
80 Main Street Danbury, CT 06810
(203) 748-0598 Advocacy, funding

Danbury Senior Center
-Commission on Aging
80 Main Street
Danbury, CT 06810
(203) 797-4686

Medical Inc.
151 Grassy Plain Rd.
Bethel, CT 06801
(203) 748-3806
Communication systems

Pediatric Youth Services

Commission on Child Care Rights and Abuse
261 Main Street
Danbury, CT 06810
(203) 748-4542 Parent aides, education

Danbury Youth Services
32 Stevens Street
Danbury, CT 06810
(203) 748-2936
Counseling, support groups, advocacy

Dream Come True
80 NewCity Road
Danbury, CT 06810
(203) 790-7333

Good Friends
109 Main Street
Danbury, CT 06810
(203) 790-0032
Mentoring

Hanohoe Clinic
205 Main Street
Danbury, CT 06810
(203) 748-6471
Indigent care

Harambee Center for Community Service
40 Main Street
Danbury, CT 06810
(203) 748-0230

Immunization Outreach
4 Liberty Street
Danbury, CT 06810
(203) 792-4120

Nurses for Healthy Newborns
Southbury, CT
(203) 355-7286
Home nursing visits; newborns; consultant

W.I.C.
13 Main Street
Danbury, CT 06810
(203) 797-4629
Nutritional counseling, meal subsidy

Youth Employment Service
337 Main Street
Danbury, CT 06810
(203) 797-0741

AIDS/HIV Services

AIDS Project Greater Danbury
721/2 West Street
Danbury, CT 06810
(203) 778-2437 Fax (203)743-1439
Case management advocacy, counseling, support groups, crisis intervention, education, free HIV testing

Bread and Roses
142 Portland Avenue
GeorgeCity, CT 06829
(203) 544-9213
Residential

Danbury Hospital AIDS Care Program
24 Hospital Avenue
Danbury, CT 06810
(203) 731-8611

Interfaith AIDS Ministry
155 Main Street
Danbury, CT 06810
(203) 748-4077 Careteams, speaker's bureau, pastoral counseling and support

Other Resources

Almost Family
52 Federal Road
Danbury, CT 06810
(203) 743-6456
Day Care

American Cancer Society
40 North Street
Danbury, CT 06810
(203) 748-2803
Education, support groups

American Heart Association
5 Brookside Drive
Wallingford, CT 06492
(203) 792-0051
Education

American Red Cross
2 Terrace Place
Danbury, CT 06810
(203) 792-8200
Education, transportation "Wheels"

Amos House
34 Rocky Glen Road
Danbury, CT 06810
(203) 791-9277
Residential

Association of Religious Communities
-Caregivers counseling
213 Main Street
Danbury, CT 06810
(203) 790-6568
Advocacy, counseling, family support services

City of Danbury Health, Housing and Welfare Department
155 Deer Hill Avenue
Danbury, CT 06810
(203) 797-4625 (Welfare Dept.: (203) 797-4569)
Advocacy, funding

Community Action Committee of Danbury
66 North Street
Danbury, CT 06810
(203) 748-4542
Advocacy, Senior Employment, funding

Connpace
P.O. Box 5011
Hartford, CT 06102
1-800-423-5026
Funding meds; Income limits single $13,800; married $16,600

Danbury Equal Rights and Opportunities
155 Deer Hill Avenue
Danbury, CT 06810
(203) 797-4589
Advocacy

Danbury Library
170 Main Street
Danbury, CT 06810
(203) 797-4505
Homebound services

Easter Seals of Connecticut
Danbury, CT 06810
1-800-874-7687
Education

Hispanic Cultural Society
37 West Street
Danbury, CT 06810
(203) 798-2855
Advocacy, education

Housatonic Valley Radiology
69 Sandpit Road
Danbury, CT 06810
(203) 797-1770 X-rays at home

I Can Cancer Support Services
21 Homestead Avenue
Danbury, CT 06810
(203) 790-6568 Fax (203) 790-6568
Advocacy, funding

Medical Options
135 Main Street
Danbury. CT 06810
(203) 743-5024
Advocacy

Medicaid (T19)
1-800-842-1508
Funding

Medicare
14 Walnut Street
Danbury, CT 06810
(203) 748-3433, Transportation

Med-i-chair
Platts Hill Road
NewCity, CT 06450
(203) 426-6565 Transportation

National Multiple Sclerosis Society
Western Connecticut Chapter
83 East Avenue
Norwalk, CT
(203) 838-1033 Fax (203) 831-5155

National Organization for Rare Diseases
55 Kenosia Avenue
P.O. Box 1968
Danbury, CT 06813-1968
(203) 744-0100

Prevent Blindness Connecticut
1275 Washington Avenue
MiddleCity, CT 06457
1-800-850-2020
Education, screenings, resource service

Salvation Army
111 Main Street
Danbury, CT 06810
(203) 791-0012
Housing, meals

United Way
342 Main Street
Danbury, CT 06810
(203) 792-5330, Funding

Veteran's Affairs
198 Main Street
Danbury, CT 06810
(203) 797-4620, Entitlements

Volunteer Bureau
337 Main Street
Danbury, CT 06810
(203) 797-1154

Western Connecticut Association for Human Rights (WeCAHR)
11 Lake Avenue Extension
Danbury, CT 06810
(203) 792-3540
Advocacy

ZONING REGULATIONS

Danbury adopted zoning regulations to guide the development of property over time in accordance with the City's Master Plan. The Master Plan calls for a variety of different housing densities located throughout the City. Much of the City's total land area is zoned for housing densities of greater than one unit per acre. Single family and multifamily zoning and residences exist throughout most of these zoning districts.

Zoning regulations also provide for the development of affordable housing through incentive provisions within zones. These provisions allow for greater densities of housing units above traditional housing densities as an incentive to develop more or facilitate the development of affordable housing. The analysis did not find any impediments to fair housing inherent to the zoning structure of the City. Fees and costs were also not found to be issues, neither were any adverse influences over return on investment.

Conversely, and unrelated to zoning, the cost and availability of land and property to develop affordable housing is an impediment imposed by the real estate economy in general. This impediment is improbable to overcome due to its magnitude and scope.

PRACTICES AND PROCEDURES

The City of Danbury maintains a variety of housing and supportive housing activities. These activities are outlined in the City's ConPlan and include programs to assist income groups earning less than 80% MFI through grants and loans, rehabilitation of housing, supportive housing assistance, counseling, home care and other related activities. An analysis of these activities produced no evidence of impeding fair housing. This analysis also included a review of past programs with attention paid to any racial or ethnic disparities in levels of service or relationship between minority population and others being served through these programs. The results of this review determined that minority populations were being served proportionate to the characteristics of the population as a whole.

An extensive citizen participation and outreach program is integral to the City's affordable housing practices. Included in these outreach activities, is an extensive direct mail and client targeting effort designed to reach those most likely to utilize affordable housing and supportive housing services. Additionally, information exchange beyond the City's borders is an effort Danbury makes to draw attention to its program offerings to those presently not located in the community. Projects and programs available were not found to discriminate or exclude as to income, geography or housing type.

DEMOGRAPHIC PROFILE

According to the most recent 2000 Census figures and population estimates for 2007 from the Census Bureau and Claritas, Inc., Danbury's socio-ethnic mix has become more ethnically and racially diverse since the 1990 Census. As such, a statistical loss in minority population associated with housing-related issues was not able to be discerned.

LOCATION, AVAILABILITY AND ACCESSIBILITY OF HOUSING

The influences on location, availability and accessibility of housing were touched on previously in the context of regulations (land use). Danbury is a mature community in the sense that vacant land for new development is

limited. Based upon the overall strength of the housing market in Fairfield County, the absence of available land results in high costs and great demand. New housing is priced at above average prices. This is a symptom of an incremental trend in the value of new residential housing in many areas of Connecticut.

Value and/or costs influence the location, availability or accessibility of affordable housing. Lower cost housing tends to be located in older neighborhoods. A supply of existing, affordable housing stock of this type is available, although not abundantly so within the City. The availability and accessibility of housing to all persons, regardless of ethnicity, is largely influenced by factors outside the control of the City. In addition to the high cost of real estate, Danbury also maintains a relatively high per capita and household income. These measures parallel each other insofar as a higher income is typically necessary to support the average home or apartment in the community.

ACTIONS TO OVERCOME IMPEDIMENTS AND BARRIERS TO FAIR AND AFFORDABLE HOUSING

The City's response to the primary impediment to fair housing choice, cost, is to continue to offer and support programs that lower the cost burden for persons and families living in Danbury. The City has provided financial assistance in the areas of homeownership, rental, rehabilitation, assistance to persons with disabilities, counseling, public health services and others cited in the City's Consolidated Plan. The HACD, the City of Danbury and its associated agencies continue to market available program resources openly, to all residents and non-residents, with programs available to different age groups, regardless of race or ethnicity, with a focus on persons earning at or below 80% MFI.

The most constraining state controlled policy, which affects affordable housing, is the availability of State/Federal funds. Resources to develop new housing are controlled by the government at both lev consistent with budget objectives. The absence of consistency in funding levels is a variable, which has an effect on affordable housing development statewide.

Another constraining condition relates to the processing of external funding applications at the State and Federal levels. Many times funding applications take months to approve and many more months to contract for and actually receive funds. For those projects which are "ready to go", this delay can sometimes be devastating to the projects' success. Although internal improvements are proposed at both levels, it is important to recognize that valuable funding sources designed to promote affordable housing involve lengthy, time consuming processes.

Mitigation Measures (see also Section 91.215(f))

While there are few actions that can feasibly reduce or eliminate all or even some barriers to affordable housing, the City is prepared to and is taking strides to ameliorate the conditions that can prevent residents of the City from obtaining quality, affordable shelter. For example:

- The City will continue its efforts to initiate and adopt regulations designed to eliminate barriers to the creation of affordable housing. Regulations providing for development density bonuses were adopted during 1994.

- It is anticipated that the City will continue to work with surrounding suburban communities on the issue creating affordable housing, including financial support from neighboring towns for the Mayor's 10 Yea Plan to End Homelessness.

- The City's Housing Partnership will continue its work in implementing the Mayor's 10 Year Plan to End Homelessness, as well as working to coordinate the development of new affordable housing in Danbury.

- The Danbury Housing Authority will continue to implement its scattered site-housing program and administer its public housing units and Section 8 program.

- The City will update its Plan of Conservation and Development, a component of which will be an analysis of the City's housing stock and housing market, and the promulgation of policy objectives for housing development in Danbury.

- The City will continue to work with private and non-profit housing development organizations and financial resources, such as the Housing Development Fund, to provide housing that is available to all of Danbury's residents.

- The Housatonic Valley Council of Elected Officials will be completing a Regional Housing Study that will significantly address the issue of affordable housing in the Greater Danbury area.

- The City certifies that it has completed such an analysis and will affirmatively promote fair housing.

Other narrative on Barriers to Affordable Housing is contained in Section 91.215(f)

91.215 Strategic Plan.

*(a) General. **For the categories described in paragraphs (b), (c), (d), and (e) of this section, the consolidated plan must do the following:** Indicate the general priorities for allocating investment geographically within the jurisdiction and among priority needs, as identified in the priority needs table prescribed by HUD; describe the basis for assigning the priority (including the relative priority. when required) given to each category of priority needs; Identify any obstacles to meeting under-served needs; summarize the priorities and specific objectives, describing how funds that are reasonably expected to be made available will be used to address identified needs and; for each specific objective, identify proposed accomplishments the jurisdictions hopes to achieve in quantitative terms over a specified time period, or in other measurable terms as identified and defined by the jurisdiction.*

Geographic Targeting of Planned Investment

The composition and characteristics of Danbury's housing stock and population make up is very mixed. This makes strategic programming with respect to addressing specific geographic areas or racial/ethnic groups difficult. Geographical considerations incorporated into the One-Year Plan relate to specific locations of the City planned for investment over the next twelve months.

Danbury's lower income population is located primarily in the central City. Although there are some small pockets of older housing stock with lower income residents, there does not exist a concentration of extreme depression which requires exclusive attention. The generally homogeneous neighborhoods of Danbury inclu a mixture of lower and other income families, young and older residents, white and other non-white ethnic a racial citizens. The efforts programmed within the Plan are able to focus on income needs and probable means of assistance (activity) toward achieving additional affordable housing and supportive housing services.

Persons of very low income have been programmed for highest priority, in all activity areas, based on the degree of imbalance between capacity to sustain safe and decent housing and the actual cost and availability of housing under current and projected market conditions. Again, factors which contribute to such an extreme gap, in being able to provide affordable housing to households of low income, include: high cost and short supply of available land for development shortage of new housing stock affordable to such families and, shortage of funds available to assist those in need. These "worst case" groups will become those which will attract the most attention in resource allocation and programming.

For example, the downtown area of Danbury is very densely populated and contains the greatest concentrations of racial/ethnic minorities and low and moderate-income persons. Due to the age of the housing stock and the lack of funds being invested in this area, the City has, in recent years, made a concerted effort to revitalize the central city area. As part of this effort Community Development Block Grant (CDBG) and other funds have been targeted for use in these areas to facilitate housing rehabilitation, lead paint abatement and public improvements. These efforts will continue over the next five years, and it is hoped that these efforts will strengthen downtown Danbury and ensure that the existing housing stock in these central areas is decent safe and affordable.

Danbury has implemented a Main Street North Redevelopment Plan in the center of the City. The targete redevelopment area is located within the 2101 Census Tract and adjacent to the 2102 Census Tract, both of

which have low/moderate income concentrations of over 50%. High density affordable housing is proposed for the area, and the program statement for the Plan states, "the redevelopment area should be developed in a manner that will support and enhance Main Street and provide needed housing opportunities".

Proposed Accomplishments, in Years and/or Services

The Priority Needs tables represent a clear picture of Danbury's proposed accomplishments over the next five years, in the areas of housing and community development throughout the city. Rather than repeating information that immediately follows this section, refer to the detailed discussion on proposed accomplishments, measured over time and in units/service levels contained within each respective need category.

Basis for Assigning Priorities to Each Priority Need (General)

Each of the priority needs (housing, homeless, special needs and community development needs) was assigned a priority need level in accordance with the following HUD definitions:

High Priority (H): Activities to address a high priority need will be funded by the City during the five-year period.

Medium Priority (M): If funds are available, activities to address medium priority needs may be funded by the City during the five-year period.

Low Priority (L): The City will not usually fund activities to address a low priority need during the five-year period, but will consider certifications of consistency for other entities' applications for assistance.

No Such Need (N/A): The City has found that there is no such need or that the need is already substantially addressed

Priorities and relative priorities were allocated to meeting needs and serving need groups depending on levels of severity, absence of current services or facilities, as well as, statistical indicators that draw the attention of the City and its various service delivery agencies. The basis for assigning housing priorities was additionally influenced by such measures as cost burden, over-crowding, substandard conditions and absence of available housing stock or funding resources. Other priority needs were measured against similar findings. Subsequent sections of the Strategic Plan review the allocation of priorities in the context of each *Need Area* category.

The City has elected to retain many of its adopted priorities from its previous Consolidated Plan. Additionally, Danbury has expanded its Strategic Plan to encompass many new objectives, involving a much-broadened institutional structure. Cross-references have been provided where information inter-relates, in various sections of the Consolidated Plan. A complete review is encouraged.

Obstacles to Meeting Underserved Needs

The City can expect to meet certain obstacles in its attempt to address the housing and community development needs of Danbury. Many obstacles cannot be predicted nor overcome. A detailed discussion of obstacles and barriers of affordable housing is presented in other sections of the Plan. However, there are more familiar

obstacles, which hamper the capacity of housing and supportive housing service providers, about which the City should begin to prepare. Obstacles to meeting undeserved needs of populations, programs and facilities include:

- Funding Availability-Absence or lack of sufficient funds to provide or sustain service
- Funding Accessibility - Inability to access funding available for such purposes, but for which procurement remains hampered or unsuccessful
- Access/Contact with Need Populations - Difficulties associated with reacting to needs on an emergency basis, often due to limitations on determining who, where and what required needs exist in advance of the problem.
- Coordination and Effectiveness of Service Providers - Maximizing resources and service delivery by reducing waste, duplication, overlapping activities and diffusing impact to the population in need.
- Continuity of Services and Program Delivery - Issues associated with changing financial, political or programmatic philosophies or priorities over an extended timeframe.
- Adequacy of Services and Program Delivery - Concerns related to the sensitivities of program activities to the actual needs of a target population, the importance of being client-sensitive
- Adequacy and Maintenance of Facilities - Sufficient attention to or capacity of facilities designed to serve target populations, particularly over an extended period of time.
- Sustained Commitment to Adopted Priorities - Obstacles specific to meeting goals and objectives in the face of changing administrative or political priorities at the local, State or Federal levels, over time.
- Adaptability of Activities to changing needs - The ability to adapt and improvise strategies and program activities as economic, political or programmatic changes occur over the life span of the plan's implementation.

SUMMARY OF PRIORITIES AND OBJECTIVES - Housing

Priority A:

Provide affordable rental housing opportunities for extremely low and very-low income renters by increasing the supply and maintaining the availability of affordable rental housing in the City

- Continue the provision of existing rental assistance and support applications for additional rental assistance and rental subsidies (i.e. Section 8 vouchers and certificates and other forms of rent subsidization). In addition, encourage the provision of supportive services aimed at promoting self-sufficiency.
- Increase the supply of quality, affordable rental housing in the City by supporting both the rehabilitation of affordable rental units, and the construction of new affordable rental housing.
- Increase the supply and availability of affordable rental units, especially with two or more bedrooms.

Priority B:

Cultivate affordable homeownership opportunities through the financing or construction of housing for first time homebuyers, the preservation of existing ownership housing through rehabilitation and improving the availability of supportive social services to homeowners.

- Support and encourage the development of new affordable ownership housing in the City.
- Support and encourage the rehabilitation of existing owner-occupied housing units
- Enhance the delivery of support services which will alleviate or reduce the problems of cost burden and overcrowding experienced by extremely low-income homeowners, resulting from limited economic resources.
- Assist and protect existing homeowners from the potential fall-out from severe changes in the housing market, should they materialize, through programs and services that help prevent or limit foreclosures.

SUMMARY OF PRIORITIES AND OBJECTIVES - Homeless

Priority A:

Increase the level and delivery of support services to the homeless and those at-risk of becoming homeless.

- Continue to address the issue of homelessness consistent with the Mayor's Task Force To End Homelessness report released in 2006 (attached as Appendix A).
- Expand existing programs of assessment and outreach targeted to serve homeless families, individuals and persons with special needs, as well as programs, which are designed to prevent at-risk populations from becoming homeless.
- Provide transitional housing and companion support services to assist homeless families and persons with special needs to break the cycle of homelessness.
- Increase the provision of permanent supportive housing and permanent housing for homeless families, individuals and persons with special needs.
- Assist local service providers in expanding their existing programming designed to provide permanent supportive housing and/or permanent housing for these individuals.
- Support the development of housing for specifically identified groups, such as veterans, at every point along the continuum of care spectrum (emergency shelter, transitional housing, supportive permanent housing and permanent housing).
- Address the needs of homeless veterans in the community through the expansion of facilities to meet their needs.

SUMMARY OF PRIORITIES AND OBJECTIVES - Other Special Needs/Non-Homeless

Priority A:

Support and promote supportive housing services through programs which may include health services, family counseling, substance abuse counseling, parenting skills, and other appropriate services which would assist them in overcoming or better dealing with their special needs.

- Expand supportive housing activity to serve various need groups

SUMMARY OF PRIORITIES AND OBJECTIVES - Non-Housing Community Development

Priority A:

Maintain and improve existing public facilities and encourage the development of upgraded facilities, particularly with regard to, clean up of contaminated sites, parks/recreation facilities and parking facilities serving low-income populations.

- Develop and implement plans to address contaminated sites and therefore, further economic development and enhance public safety
- Expand and improve existing recreational facilities, particularly those located in distressed areas with high concentrations of low-income populations.
- Expand and improve parking facilities, particularly existing facilities, which serve the commercial business district, where necessary and feasible.
- Expand facilities for seniors to improve quality of services and increase capacity and effectiveness of program.

Priority B:

Encourage the continued maintenance and improvement of the City's infrastructure, particularly with regard to street and sidewalk improvements, as well as flood drain improvements.

- Support and encourage the repair, replacement or reconstruction of local sidewalks and/or streets for neighborhood enhancement and to encourage economic development
- Support and encourage repair, replacement or reconstruction of local flood drainage facilities f neighborhood enhancement and to facilitate economic development

Priority C:

Support the continuance and/or expansion of existing public service programs including those which provide services to the handicapped, youth, an/or substance abusers or which offer transportation services and employment training.

- Support the continuance and/or expansion of existing public service programs designed to assist seniors, the handicapped, youth and/or substance abusers.
- Support the development, continuance and/or expansion of existing public service programs designed to provide transportation services to low-income City residents and persons with special needs.
- Encourage the development continuance and/or expansion of existing employment training programs
- Continue to support and encourage the development of programs designed to promote crime awareness and prevention.
- Wherever feasible, support the expansion of existing child care programs to provide a wider array of services to children in need
- Endorse and support the activities and programs of youth centers and child care Centers already in existence in the City and support the development of new centers, if feasible
- Support the continuance and/or expansion of existing public service programs that provide health services to low-income populations in the City.

Priority D:

To expand existing efforts to meet the needs of the City's physically handicapped population by supporting projects designed to make current facilities accessible or to provide new handicapped accessible facilities/equipment.

- Support the continuance and/or expansion of activities designed to improve access for persons with disabilities.

Priority E:

To enhance and expand existing economic development efforts, particularly with regard to the rehabilitation of commercial/industrial structures, improvement of infrastructure to benefit commercial/industrial businesses, micro-business development and the provision of technical assistance to new and established businesses.

- Support the development of loan and/or other programs designed to assist new and/or *existing* businesses to rehabilitate commercial/industrial structures
- Provide funding to finance infrastructure improvements that will benefit industrial/commercial properties wherever feasible and appropriate. Wherever possible, identify/leverage alternate sources of funding to finance such improvements.
- Encourage the development of programs designed to provide "start-up" capital to small businesses in an effort to increase the number of new micro-businesses in the City.
- Continue to support entities, which provide technical assistance to the business community and facilitate the development of new programs designed to provide technical assistance to those who wish to start a new business in the City.

Priority F:

To enhance and expand other community development efforts, particularly with regard to lead-based paint remediation/education and code enforcement activities.

- Support the development of programs and policies designed to improve lead-based paint education and remediation in City-funded housing rehabilitation projects
- Support existing efforts of code enforcement, including the demolition of unsafe housing in low-income neighborhoods.
- Continue to encourage and support asbestos removal activities in all City-funded housing rehabilitation projects

Priority G: Senior Programs

To promote and encourage the continued operation of existing senior programs and services such as those offered by the Department of Elderly Services

Priority H: Youth Programs

To promote the development of supportive programs for youth including job/career development extracurricular activity, computer literacy, and volunteerism

Priority I: Anti-Crime Programs

To continue support of anti-crime programs in cooperation with the City of Danbury Police Department

Priority J:

Support programs to build the capacity of non-profit agencies and organizations to meet non-housing community development needs.

Priority K:

Support energy conservation to address environmental impacts and the increasing cost burden from escalating energy costs.

Priority L:

To continue existing administrative and planning activities necessary for the implementation of the objectives, actions and programs outlined in this Strategic Plan including fair housing counseling, tenant-landlord counseling and/or public awareness

- Continue to fund the necessary planning and administrative activities undertaken by the Lead Agency to improve coordination of housing and community development activities in Danbury.
- Support and encourage the development of public service programs designed to provide fair housing counseling and tenant/landlord counseling to low-income City residents.

(b) Affordable housing. The consolidated plan must include the priority housing needs table prescribed by HUD and must do the following: describe the basis for assigning relative priority to each category of priority need and shall state how the analysis of the housing market and the severity of housing problems and needs of extremely low-income, low-income, and moderate-income renters and owners identified in accordance with Sec. 91.205 provided the basis for assigning the relative priority given to each priority need category in the priority housing needs table prescribed by HUD; family and income types may be grouped together for discussion where the analysis would apply to more than one of them; a statement of specific objectives must indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units; and a description of proposed accomplishments shall specify the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined in 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership over a specific time period.

Please refer to the Housing Needs Table on the following page

Table CC Housing Needs				
Renter		**Need Level**	**Units**	**Estimated $**
Small Related	0-30% of MFI	High	478	$11,950,000
	31-50% of MFI	High	469	$11,725,000
	51-80% of MFI	Med	129	$3,225,000
Large Related	0-30% of MFI	High	170	$4,250,000
	31-50% of MFI	High	203	$5,075,000
	51-80% of MFI	Med	46	$1,150,000
Elderly	0-30% of MFI	High	458	$11,450,000
	31-50% of MFI	High	145	$3,625,000
	51-80% of MFI	Med	17	$425,000
All Other	0-30% of MFI	Med	283	$7,075,000
	31-50% of MFI	Med	425	$10,625,000
	51-80% of MFI	Med	67	$1,675,000
Owner	0-30% of MFI	High	946	$23,650,000
	31-50% of MFI	High	600	$15,000,000
	51-80% of MFI	Med	187	$4,675,000

(1) Basis for assigning priorities to each priority housing need

Priority A:

Provide affordable rental housing opportunities for extremely low and very-low income renters by increasing the supply and maintaining the availability of affordable rental housing in the City

- *Continue the provision of existing rental assistance and support applications for additional rental assistance and rental subsidies (i.e. Section 8 vouchers and certificates and other forms of rent subsidization). In addition, encourage the provision of supportive services aimed at promoting self-sufficiency.*
- *Increase the supply of quality, affordable rental housing in the City by supporting both the rehabilitation of affordable rental units, and the construction of new affordable rental housing.*
- *Increase the supply and availability of affordable rental units, especially with two or more bedrooms.*

Danbury has identified the rental population as those generally in most need of assistance. This relates to the relative shortage of rental housing stock, shortage of affordable rents, the absence of new inventory expected to be produced and the limitations on rental assistance funds to all groups.

Extremely low-income and very low-income renters comprise 44.5% of all households in rented housing. As a community plagued with a limited affordable rental housing stock, this percentage of renters represents a significant need group.

mall-related families (2 to 4 persons) have been identified as a higher priority group. Many young families with children of very low and low income are incapable of affordable market rental housing (not withstanding the inability to acquire a home). Additionally, young families, unlike elderly families, are more likely to "double up" to accept overcrowded housing conditions which can be both unsafe and unhealthy, a circumstance we seek to reduce by providing additional affordable rental stock. Large-related families are equally important to include, as a high priority needs group. Many of the same justifications apply to this segment of the population as does with small-related families. The activities we believe to be the most effective to address the needs of this group include New Construction, Housing Rehab and Rental Assistance.

Elderly households of 1 and 2 members represent our most expanding need group and one which the City must focus on assisting in the next five years. Elderly residents of our community represent for the most part citizens whom have lived in Danbury for many years and wish to remain here. Some own their own homes and have families, children and grandchildren living nearby. Due to their longevity in the community, most desire to remain here despite the high cost of housing. Many, especially those of lower income, are unable to afford or sustain a home of their own. Consequently, many are forced to compete in the open market for rentals, which are extremely unaffordable for older persons on low, fixed incomes. Through new construction of additional units and by providing rental assistance to maintain residency in existing quarters, we hope to continue to provide elder households with an opportunity to afford to live in Danbury.

The cost burdens of elderly, small related families and other families are similarly high although the previous wo groups are the two highest in both actual numbers and cost burden. A large proportion of extremely low-come renters faces cost burdens in Danbury. 64.8% of extremely low-income renters face cost burdens greater than 30%, while 46.9% of renters face cost burdens greater than 50% of their income.

In addition, 57.0% of the very low-income renter households' face cost burdens greater than 30%, and 10.6% of the same households face cost burdens greater than 50% of their income. This priority attribution is furth attributed to low rental vacancy rates and the absence of available public housing units, the low, fixed numbers of Section 8 Rental Assistance certificates and the extremely high rent structure for rental housing in Danbury.

Given the age of units in the City and the high percentage of households experiencing housing problems, there is a need for rehabilitation programs in Danbury, particularly for low-income families. This estimate has not changed since the previous ConPlan.

Priority B:

Cultivate affordable homeownership opportunities through the financing or construction of housing for first time homebuyers, the preservation of existing ownership housing through rehabilitation and improving the availability of supportive social services to homeowners.

- *Support and encourage the development of new affordable ownership housing in the City.*
- *Support and encourage the rehabilitation of existing owner-occupied housing units*
- *Enhance the delivery of support services which will alleviate or reduce the problems of cost burden and overcrowding experienced by extremely low-income homeowners, resulting from limited economic resources.*

Existing homeowners of low income often suffer from unsafe or deficient housing largely due to the conditions of an older home and the circumstances associated with deferred maintenance. The City has assigned the highest priority to providing rehabilitation resources in an effort to improve, upgrade and sustain existing hom owners in their homes in a safe, clean and comfortable environment. The City will assist existing homeowne through other means based on 1) economic and market conditions, 2) special needs associated with other groups, 3) relative smaller numbers in need that require additional services other than rehab or that are not receiving services already (i.e., meals).

According to 2000 CHAS data, existing extremely low-income and very low-income elderly homeowners represent over 52% of all extremely low-income and very low-income owner households in the City. Even more concerning is that of the total elderly households of all incomes in Danbury, extremely low-income and very low-income elderly households represents a majority. This group also experiences the highest cost burdens at the lower income levels of all owners.

Market and inventory characteristics indicate that extremely low-income and very low-income elderly occupants dominate older housing stock. These homes were purchased years ago, at reasonable cost commensurate with the income earned by someone active in the work force at that time.

Now retired, elderly households must attempt to maintain and exist in their homes in the context of a completely changed economic condition (within the community and the region). An additional burden is the supportive service needs of this population as well.
Danbury has also chosen the prioritized young families in the assignment of preference for assistance. As previously mentioned, market conditions severely restrict the capacity of a young family to acquire and sustain a home through ownership.

Although the availability of less expensive housing and the cost of new construction housing is not always economically feasible to provide, priority is being placed on providing first time buyers, generally young

families, with little or no means to acquire and own their home. Costs associated with homebuyers assistance are great (related to other forms of assistance to low income persons) and often difficult to come by in large denominations.

Creative options like sweat equity housing have and will continue to be a possible avenue for the development of programs to assist first time homebuyers in Danbury. Again, as other need groups require attention as well, the City feels its best and most effective efforts to assist first time home buyers is through some form of home buyers assistance. The dependency of children on the family with children causes this group to be ranked higher than all others.

A total of 3,028 owner households (19.1% of the total) in the City earn less than 50% of Area MFI. In addition, 28.2% of the total owner-occupied households experience housing problems of some kind. A large proportion of extremely low-income owners face cost burdens. 77.2% of the extremely low-income owner households face cost burdens greater than 30%, while 54.1% face cost burdens greater than 50% of their income. In addition, over half (56.7%) of the very low-income owner households face cost burdens greater than 30%, while 28.2% face cost burdens greater than 50%. Additionally, 11.7% of the low-income owner households face cost burdens greater than 50%. Therefore, cost burden greater than 30% and greater than 50% among extremely low and very low-income owners, and cost burdens greater than 50% among low-income owners are all designated as high priorities for funding.

(2) Housing market influences over investment allocation related to; rental assistance, new housing production, rehabilitation of existing housing and acquisition of housing stock to preserve affordability

OVERVIEW

General housing market and inventory conditions reflect an expensive housing stock fueled by high cost fixed supply and an in-migrating family income characteristics with a capacity to meet market demands for price. The majority of Danbury's 27,153 occupied housing units are owner occupied homes. 58.3% of all occupied units were owned and two-thirds of these were 3 bedrooms or more in size. 2000 census tabulations revealed that only 3.4% of all year round units were vacant and only one-third of all vacant units were confirmed to be for rent.

Based on the relative affluence of the community and the high value of real estate, few units remain substandard. 2000 Census figures indicate that only 469 total housing units (1.6%) lack either plumbing or kitchen facilities meeting minimal standards, and the Danbury Department of Health and Housing estimates that 10% of the City's rental housing stock is substandard. Danbury does not support any significant number of abandoned properties nor do neighborhoods in any area suffer from extreme blighted conditions.

Because of market pressures, the City has seen an increase in the number of "illegal" apartments in existing buildings. These units are often in poor condition, not meeting basic health and safety codes and the City has moved to target enforcement to these structures.

The financial characteristics of housing units represent some of the true impediments to providing affordable housing to those in need. In general, the availability of available land for new development and the incremental increase in real estate values due, in part to the attractiveness of the community as a home to more affluent residents, makes it extremely difficult to provide, produce or create affordable housing units (either for sale of or rent). This one indicator reveals how difficult it is to develop home ownership opportunities for low/mod income persons or families when confronted with such a staggering value structure in Danbury.

Most housing units in the community are suitable for occupancy by most any need population. These include, but are not limited to elderly, persons with disabilities and families with children. Less than 20% of all housing units are 3 rooms or less in size, leaving the majority of the housing stock suitable for larger families. Housing stock for the elderly, presumably smaller in size, accessible and conveniently located, exists in small numbers, but remains expensive. Housing for persons with disabilities can be adapted, however, cost remains an issue.

Impediments to creating affordable housing or to meeting the needs of special population are greater than opportunities in view of the market and inventory conditions of housing in Danbury. Clearly, high cost and demand, overall income levels of residents and absence of developable land for new opportunities are driving affordable housing advances into retreat. Zoning structure and development patterns are such that most new construction opportunities are in low-density areas at high values.

Multi-family zoning exists, but vacant land in these areas does not. Based on the current distribution of owner versus rental housing stock, rental housing inventory will continue to stagnate, if not decrease, under the present cost structure.

Strategies for Mitigating Housing Market Influences Over Investment Allocation

The City's strategy is to combine private and public sector resources and commitments to implement approaches designed to make homeownership more affordable, accessible, and available. A multi-faceted 'product line' of programs and activities will be an effective way to mitigate the market impacts on rental, new construction, rehab and acquisition. The following strategies are consistent with the National plan:

Rental and Housing Rehabilitation

- The older existing housing stock can serve as a major resource for affordable homeownership with renovation or rehabilitation. The City should undertake a strong effort to reduce the cost of rehabilitation and to reduce the regulatory barriers to low-cost affordable rehabilitation.

- Many households that have previously been excluded from homeownership, including minority and lower income families, reside in central cities where the housing stock is older and opportunities for new construction are limited. Thus, any large effort to expand homeownership among these families must include rehabilitation of the housing stock in these areas.

- Home rehabilitation reflects a continuum from minor fixup, through remodeling and renovation, all the way to total "gut" rehabilitation, with each action presenting technical and financial issues requiring regulatory flexibility. Given the wide range of conditions and choices, home rehabilitation entails difficult regulatory challenges and significant costs.

- In the past building codes generally required that when a given percentage of a structure was replaced, the entire building had to be brought up to new construction code requirements. Over the years improvements have been made in the regulatory system to accommodate home rehabilitation. In the late 1980s HUD developed a series of rehabilitation guidelines to permit localities, in a flexible manner, to make choices and tradeoffs in building codes, standards, and other requirements and thereby make cost-effective rehabilitation feasible.

- New or emerging requirements in areas such as lead-based paint abatement asbestos removal, energy efficiency, fire safety, and protection from natural hazards represent further constraints to cost-effective home rehabilitation.

- Other new requirements involve off-street parking accommodations and zoning restrictions intended for new construction, or design rules more appropriately applicable to new construction. Although many of these requirements protect public health and safety, they can also add to costs.

- Developing and applying new and innovative products and technologies is also a problem in the home rehabilitation industry. Rehabilitation contractors frequently adopt and modify technologies that have been developed for new construction and are not necessarily cost-effective for home rehabilitation.

Ownership and Housing Acquisition

- Limiting the costs of homeownership, including financing, production, and transaction costs and fees, to make homeownership more affordable, make financing more available, and simplify the homebuying process to make it easier to purchase and own a home. Streamlining transaction costs, expanding creative financing and public gap financing, and making technological improvements in loan underwriting will reduce the costs of homeownership.

- Changing conventional methods of design and building less expensive houses will enable many more low- and moderate-income families to purchase homes.

Regulatory reforms will allow developers and builders to reduce the costs of land assembly, housing construction, and home rehabilitation, making homeownership more affordable for willing homebuyers who are now priced out of the housing market

- Across all income levels, African-American and Hispanic American households have lower homeownership rates compared to other groups with comparable incomes. At the same time, low- and moderate- income households are much less likely than higher income households to own homes. Breaking down racial and ethnic barriers and increasing access for other underserved households will extend homeownership opportunities to families and enable minority households to own homes.

Expanding opportunities for homeownership, to raise awareness and make homeownership a reality for people through education and counseling, information technology, communications media, and community involvement. Many would-be homeowners are not aware that they can own a home with-or more often without-special assistance. Broad-based outreach and marketing will spread the word to young and old, low- and moderate-income as well as more affluent households, minority families, and new immigrant populations that they can indeed become successful homeowners.

(3) Proposed accomplishments, by income level and housing tenure

Objective #1-Maintain Rental Assistance Programs to Serve Income Eligible Need Groups

Activity: Rental Assistance

ental Assistance represents the most direct form of providing affordable housing to low income households whereby the effective rent of the unit can be higher than the appropriate amount to be paid by the low income resident. This form of assistance expands the opportunities for housing stock by including both restricted and

unrestricted rental units the subsidy provides a "gap filler" between a level of rental payment which the low income resident is capable of affording and the market or other value of the rent which is determined by competitive economic forces.

Rental Assistance is programmed toward small families, special needs households, elderly and other households in that order. Assistance can take the form of certificate or voucher programs as well as blending other forms of assistance, such as rehab, to preserve or underwrite rent levels to remain or become affordable. Costs for Rental Assistance have traditionally been delivered by the Housing Authority from programs such as HUD Section 8 Voucher program with expectations that additional resources could be found.

Section 8 vouchers are accessible to the extremely low-income and very low-income renter population, although limited in supply. As previously indicated, limited supply and high cost of rental housing preclude cost effective development of rental housing to satisfy need. Funding to accomplish this is not available at the present cost structure in Danbury. Rental Assistance is a primary activity identified to assist small-related households.

Strategy: The maintenance of these programs will continue to assist those currently receiving rental subsidy as well as provide future opportunity to those in need of rental assistance. The program serves all levels of income groups and directly reduces the adverse effects of cost burden in housing.

Use of Funds: Rental Assistance is a "buy down" mechanism to offset the renter's capacity to pay a fair portion of their income toward housing expenses. Funds from Section 8 and Voucher programs are paid directly to the property by the program.

Accomplishment: Sustain assistance to approximately 802 vouchers, annually, based on current allocation.

Objective #2- Preservation and Rehabilitation of Existing Housing.

Activity: Rehabilitation

The primary concern in addressing the needs of extremely low-income and very low-income elderly homeowners is keeping them in their existing homes. Based on individual income or health situations, that is not always possible. However, the upkeep and maintenance of the housing stock itself is a very important aspect of serving this need group. Firstly, keeping the existing, older home safe and sanitary is paramount. Secondly, if elderly homeowners are forced to seek other forms of housing, they increase demand for those forms (already burdened by supply) and lastly, if a housing unit owned by an extremely low-income or very low-income elderly family is sold or transferred, the likelihood of that house serving an extremely low-income and very low-income family again is low. Therefore, preservation (through rehabilitation) of housing units for extremely low-income and very low-income elderly families is the primary activity of service to this group. This activity is appropriate for all other income groups as well and should be applied, as resources are available for such purposes.

Strategy: Preservation of existing housing stock is as valuable as the opportunity to create new housing. Insofar as the development of new affordable housing is costly and difficult the maintenance of existing homes to sustain the quality of life for existing low-income homeowners is a significant objective to attain.

Use of Funds: Matching funds and flexible funds to leverage private investment of rehab improvements.

Accomplishment: Projected 10 homes annually.

bjective #3- Provide Home Ownership Assistance to First Time Buyers.

Activity: Homebuyer Assistance

The most effective method of assisting first time homebuyers, based on the projection of need and resources, is Homebuyer Assistance. Homebuyer Assistance can come in the form of sweat equity housing or direct home ownership assistance. The issue remains cost reduction. Sweat Equity Housing allows participants to contribute labor or "sweat" towards the construction of their future home in exchange for the traditional down payment required purchasing a home. The program is structured so that supervision, general contracting and project administration is provided by the resource provider and the applicant contributes hours of work until the home is complete. Under some circumstances, the end cost of sweat equity housing to the buyer is substantially reduced. This program can apply to both new construction and rehabilitation and will focus more specifically on families with children. Direct Home Ownership Assistance is a form of purchase assistance whereby the income eligible family is provided funds directly to acquire an existing home as opposed to a program which provides the home and qualifies an applicant to occupy it.

This program helps to enhance the local housing market by providing lower cost (generally lower quality) housing to first time homebuyers. This allows the sellers to move up in the housing market producing positive results. The availability of lower cost housing is limited, however, this form of assistance is easily implemented and cost effective. This program serves all household sizes.

Strategy: Providing direct assistance to first time buyers who purchase existing housing is an effective, efficient and timely method of serving this need group. A variety of mechanisms are in place to accomplish this; cash contributions, sweat equity programs, mortgage insurance and joint ventures with private developers are only a few.

The Connecticut Housing Finance Authority (CHFA) offers mortgages at discounted interest rates, points, and fees to stimulate homeownership in targeted urban areas of the State. CHFA mortgages are available to residents of public housing and those receiving Section 8 assistance. Mortgages feature fixed rates that are generally 1 1/2 to 2% below market carrying a 1% origination fee.

The City's Non-Profit Housing Partnership will implement activities during the ConPlan period to create additional homeownership opportunities.

Use of Funds: Options include: direct contributions, capital reserve pools, principal or interest rate buydowns and many others.
Accomplishment: Projected to serve 6 families annually.

Objective #4 - Pursue Joint Venture Opportunities with Outside Entities to Preserve, Create or Finance Housing.

Analysis: The competition for land, housing stock, mortgage funds and related housing resources is greatest in a high cost environment such as Danbury. Efforts to create "affordable housing" must compete along side market rate, for-profit efforts as well. By creating partnerships with entities outside the organization, the chances of reducing competition and increasing opportunities increases.

Key local partners in the homeownership development process include, State and local governments, State and local housing finance agencies, community residents, local businesses, realtors, homebuilders, community based nonprofit organizations, national nonprofit intermediaries, mortgage lenders, mortgage and property insurers, title companies, appraisers, fair housing groups, religious groups, and many other public agencies and private firms.

Building capacity among local nonprofit organizations is essential. Although the level of affordable housing development and management undertaken by nonprofit groups has grown dramatically over the past two decades, their skills and resources vary widely. In some communities nonprofit organizations may lack the expertise and funding to accomplish their goals, and in other communities such groups may not even exist. It is critical that nonprofit and other local organizations develop the expertise necessary to successfully continue their unique and growing role in affordable homeownership development and management

Strategy: Continue to create partnerships with for-profit non-profit individuals, corporations, banks and others to meet affordable housing objectives. Take advantage of past partnerships to prove the value and integrity of such arrangements.

Use of Funds: Options include: rehabilitation of housing, site improvements, various mortgage and credit enhancement products, and many others.

Accomplishment: Projected to serve 10 units annually.

(c) Homelessness. The consolidated plan must include the priority homeless needs table prescribed by HUD and must describe the jurisdiction's strategy for the following: helping low-income families avoid becoming homeless; reaching out to homeless persons and assessing their individual needs; addressing the emergency shelter and transitional housing needs of homeless persons; and helping homeless persons make the transition to permanent housing and independent living.

Overview of Homelessness

Within the City of Danbury, there are limited emergency shelters, transitional housing facilities and permanent housing for the handicapped homeless or other similar facilities operated by institutions or organizations. The availability of services and facilities on a less than overnight basis to the homeless is limited to the capacity that food pantry can provide to its users. No additional day shelter, soup kitchens or other facilities are available, beyond those identified in the Needs Assessment.

Other support services are available to the homeless through social service agencies. For example, Social Service programs provide daily expense payment provide for medical care cost coverage and counsel homeless and/or near homeless in unemployment and other benefit-related modes of assist. Such agencies also provide emergency relative assistance to the near homeless in the form of rental assistance, however, such assistance is limited and often does not cover the cost of permanent housing in the current market

Overnight beds are virtually always full, and there is always more demand than supply. In addition the shelter responds to requests for shelter for families (generally women with children). Length of stay varies from overnight to over several years. The long stays relate to local persons, mostly elderly, for whom the shelter has become a residence of last resort - then only alternative to living in the street which they did prior to the shelter opening. The City is also aware of other homeless, unsheltered persons who are living outdoors in Danbury. Generally this includes about three or four persons at any given time. Further, the City is aware of some extremely substandard or overcrowded living situations of persons to whom the City provide meals or groceries.

Households are currently provided food from our emergency food pantry each month. Many of these people are dependent upon assistance benefits, and an increasing number have lost their jobs. These families and individuals, along with those in substandard or overcrowded situations, should be considered at risk of homelessness due to their precarious situations.

Racial and ethnic group statistics for persons or families in need of shelter are available from both the U.S. Census and through agency records maintained by the Shelter provided. Unsheltered individuals cannot be accommodated overnight based on limited space restrictions.

Attached as an addendum to this Consolidated Plan is the Mayor's Task Force to End Homelessness's "10 Year Plan to End Homelessness". This document forms the basis of the City's goals and objectives for addressing the issue of homelessness in Danbury over the next five years.

Sub-populations (Homeless Needs)

The service needs of sheltered and unsheltered persons are more readily met than overnight accommodations due to bed space and occupancy restrictions. According to Emergency Shelter accounts, many homeless are being considered severely mentally ill and are receiving supportive services as available. Case managers from affiliated agencies assist in providing services to this sub-population as needed.

Sheltered Homeless with alcohol or drug abuse problems with or without co-existing mental illness are the most commonly described sub-population and represent a majority of all sheltered homeless on record. Case management is provided by outside agencies. SMI and Alcohol or Drug Abuse unsheltered homeless account for a number of clients who are also served by support agency case management. Victims of Domestic Violence, Homeless Youth and AIDS related sheltered homeless are also provided facilities and services by caseworkers from affiliated agencies as required. The City homeless shelter facility does not have adequate on site staff or facilities to meet the demands of all sub-population-sheltered homeless.

Unsheltered homeless experience more of a burden due to the lack of bed space in the emergency shelter for overnight accommodations. Although daily drop-in, meals and counseling are provided, all unsheltered homeless are not able to have their emergency needs met at the present time.

Priority A:
Increase the level and delivery of support services to the homeless and those at-risk of becoming homeless

- *Expand existing programs of assessment and outreach targeted to serve homeless families, individuals and persons with special needs, as well as programs, which are designed to prevent at-risk populations from becoming homeless.*
- *Provide transitional housing and companion support services to assist homeless families and persons with special needs to break the cycle of homelessness.*
- *Increase the provision of permanent supportive housing and permanent housing for homeless families, individuals and persons with special needs.*
- *The City will assist local service providers in expanding their existing programming designed to provide permanent supportive housing and/or permanent housing for these individuals.*

(1) Helping low income families at risk of homelessness

Experience has shown us that there are two principal reasons for the homelessness of the persons the City has sheltered and worked with. The first is the lack of rental housing available to the low and very low-income persons. Many of the shelter users receive a fixed income per month or a similarly low Social Security check.

The City has often had to place Danbury residents who became homeless and stayed in our shelter outside of Danbury when they were ready to live on their own again. There have been several situations where individuals did locate a room in Danbury to rent for a month, at times receiving groceries or meals at shelters and at other times maintaining themselves independently.

The other principal cause for persons becoming homeless relates to the "survival of the fittest". In the highly competitive market for housing that has existed locally, those individuals who are burdened with problems in functioning become marketed out. The diseases of alcoholism, addiction or mental illness have often, though not always, played a role in the downward spiral in the lives of those the City serve. The consequent inability to maintain a steady job or income for those able to work becomes a factor. However, it is important to note that the bulk of our work involves assisting individuals to combat and overcome the debilitating effects of these conditions. Many have successfully stabilized, returned to work, etc. Housing, however, inevitably remains a problem for them, especially when they work at lower paying jobs.

An adequate supply of rental rooms or efficiency apartments affordable to those on fixed incomes or working for low wages (e.g. low and very low income population) who can live independently are needed.

Housing that embodies the SRO concept with related supportive services. This could mean, for example, an existing six room single family dwelling being converted to rooms rented to four individuals with common kitchen and living areas. The supportive service component can be located off-site. This concept can similarly be smaller or larger and can be provided in various sections of City without disturbing the character of the neighborhood. This would be geared to those whose ability to live independently is heightened by a social service component (e.g. help with shopping, budgeting, transportation, etc.). An example of this is the Shelter of the Cross housing provided in PY28.

Subsidies funded at a level to make this available to singles are another needed component in making rental housing available to lower income singles. Additional rental units that can be subsidized through the HUD Section 8 certificates or housing vouchers (and the additional federal funds to provide these). Again, this housing need not necessarily be newly built, but rather created from existing housing stock of varied sizes and existing uses.

For those who need assistance in stabilizing their lives towards fully independent functioning, housing that is transitional in nature and includes a program that teaches families and basic living skills that many needy families today have never learned is much needed.

The characteristic of families and individuals that are at extreme risk of being unsheltered remains consistent with the symptoms of high cost housing and a fluctuating regional economy. At-Risk Population is borne out of eviction, loss of employment absence of affordable shelter, reduction in State or Federal subsidy levels or volume, increases in medical care costs as well as emotional factors such as drugs, alcohol and other conditions which afflict the special needs population.

Objective #1- Maintain Emergency Shelter Facilities and Operations and expand outreach

Analysis: Information on usage and need of these facilities is well documented. Preservation of emergency shelter services is crucial as a starting point to self-sufficiency for singles and families without housing.

Strategy: Continue to seek private, governmental and institutional funding to sustain shelter operations.

Use of Funds: Operating expenses, food, maintenance and related costs to sustain the current facility.

Accomplishment: Serve maximum capacity 70 individuals, 17 families annually.

Objective #2 - Pursue New Opportunities for Transitional Shelter, Permanent Supportive and Permanent Housing for Formerly Homeless.

Analysis: The provision of emergency shelter care serves only the first and immediate needs of homeless persons. Additional and progressively independent levels of care are also needed. Self-sufficiency is more likely attained with housing beyond homeless shelters for those who are working against homelessness.

Strategy: Seek additional housing units, financial assistance and development collaborations with similar providers to obtain the secondary (and beyond) levels of care facilities to serve this income group. Seek Shelter Plus Care funding.

Use of Funds: Funds must be sought and obtained, therefore, no specific attribution of use can be determined.

Accomplishment: Development of 125 units of permanent supportive and permanent housing over five yea plus 30 units of transitional housing over five years.

(2) Outreach and assessment of homelessness

Objective #1 - Expand existing programs of assessment and outreach targeted to serve homeless

Expanding existing programs and support services will help homeless families and individuals make the transition from shelters to permanent housing, and will help prevent at-risk individuals and families from becoming homeless in the future.

The provision of support services to those currently homeless will help curb the spread of homelessness, by assisting those families and individuals in becoming economically and socially self-sufficient. Such support services may include counseling, referral services, case management services, financial counseling, educational instruction, job skill development etc. The City will continue to support existing facilities and non-profit agencies currently servicing homeless populations through the expenditure of CDBG and/or HOPWA funds, and wherever feasible and/or necessary, will attempt to provide additional assistance to these entities to serve the most in need — i.e. special needs populations/mentally ill.

Homeless programs which will continue to be supported by the City include, but are not necessarily limited to the Shelter Plus Care Program sponsored by the State Department of Mental Health, Dorothy Day Center, City Shelter, Harmony House, Shelter of the Cross, Amos House, Elizabeth House, Catholic Family Services Ca Management Program, Salvation Army, DCF, AIDS Project of Greater Danbury, CASSP, Good Friend Program, Danbury Public Schools High School Crisis Intervention Services, Doors Program, and Alternative Center for Education, among others.

(3) Emergency shelter and transitional housing

Objective #1-Expand existing programs of transitional housing targeted to serve homeless

The demand for emergency shelter care speaks to the need for transitional shelters, which bridge the gap between those without any shelter and those who may be preparing to move into permanent housing. This population in need has traditionally, inherent mental health or other issues, which require supportive housing service in addition to the housing unit itself.

The development of additional transitional shelters is currently being explored. Existing support services offered by transitional facilities should be continued, and expanded wherever possible to accommodate homeless families and special needs populations such as mentally ill, substance abusers, victims of domestic violence, and persons infected with HIV/AIDS.

In addition, formal linkages with other service providers and/or governmental agencies (such as the Federal Emergency Management Agency, the City's Health, Housing and Welfare Department and Department of Elderly Services, Community Action Committee of Danbury, etc.) That provide transitional and/or suppo services should be reinforced and/or cultivated.

(4) Transition to permanent housing and independent living

Objective #1 - Increase the provision of permanent supportive housing and permanent housing for the homeless.

In order to successfully break the cycle of homelessness, it is important to provide a smooth transition from emergency shelters and transitional housing to permanent housing. This transition can be made easier for homeless populations through the provision of permanent supportive housing or permanent housing. There is a need in the City to provide permanent supportive housing and permanent affordable housing to homeless families, individuals and persons with special needs.

Based on best available information, there are currently 47 homeless families, 6 of which are currently in transitional housing. In addition, of the 321 homeless individuals in Danbury, only 68 are currently in transitional housing. To facilitate the ultimate achievement of self-sufficiency and economic independence, these families and/or individuals could first be placed in permanent supportive housing which would provide the necessary support services to help them become self-sufficient. These support services may include child care, transportation, remedial education, job training, training in homemaking and parenting skills, money management household management job development and placement, and other appropriate services.

The City will make an effort to support those entities that provide referrals to permanent supportive housing for homeless families, and will support expansion of the supply of permanent supportive housing wherever feasible. In addition, the City will support the development of permanent affordable housing for use by homeless families and individuals that are able to make the transition to permanent housing.

(5) Working toward a continuum of care service delivery model

Please see Continuum of Care table on the following page.

Table DD Continuum of Care: Gaps Analysis - Individuals				
Beds/Units				
	Estimated Need	**Current Inventory**	**Unmet Need/Gap**	**Relative Priority**
Emergency Shelter	71	46	25	Med
Transitional Housing	123	29	94	High
Permanent Housing	162	50	112	High
Total	**356**	**125**	**231**	

Continuum of Care: Gaps Analysis – Persons in Families with Children				
Beds/Units				
	Estimated Need	**Current Inventory**	**Unmet Need/Gap**	**Relative Priority**
Emergency Shelter	6	6	0	Med
Transitional Housing	37	37	0	High
Permanent Housing	58	27	31	High
Total	**101**	**70**	**31**	
Estimated Sub-Populations	**Sheltered**	**Unsheltered**	**Total**	
Chronically Homeless	31	17	48	
Seriously Mentally Ill	62	2	64	
Chronic Substance Abuse	62	18	80	
Veterans	17	3	20	
Persons with HIV/AIDS	4	1	5	
Victims of Domestic Violence	7	2	9	
Youth	2	0	2	

Source: 2007 Continuum of Care narrative.

Objectives #1 - Increase the provision of continuum of care opportunities, permanent supportive housing and permanent housing for the homeless.

The Continuum of Care model addresses how communities are use HUD's and other resources to assist homeless individuals and families with emergency shelter and also make the transition to longer-term, permanent housing. Efficient program models incorporate measures such as: superior performance in integrating and coordinating outreach, emergency shelter, transitional housing, permanent housing and comprehensive support services for homeless persons; developing and maintaining a computerized network that enables providers to track services to homeless individuals or families; and implementing a "one-stop-shopping" approach, through which all essential data is collected at intake, thereby permitting effective and holistic service delivery.

Additional criteria includes progress towards mainstreaming homeless persons, and assisting them to develop the skills and abilities needed to achieve sell- sufficient extensive communication and cooperation with advocates, nonprofits, the faith community, social service agencies, and local governments; leverage of additional public and private resources.

This level of care to previously homeless individuals or families pressures a progression away from emergency and/or transitional living. Permanent supportive housing is necessary to accommodate clients who are capable of self-sufficient but with supportive service assistance.

The attainment of permanent housing facilities by previously homeless persons or families is the desired goal of all service providers. The need for permanent housing relates to the homeless population in general. Permanent housing for independent persons or families is needed for singles as well as family households.

Rental housing has become the primary need tenure for this need population. Expectations that needs will be satisfied by adding to the permanent housing stock which services now working, formerly homeless are good depending upon funding source availability. A variety of agencies are pursuing the attainment of this goal.

See also Section 91.205(c) and 91.210(c).

(d) Other special needs. The consolidated plan must describe the priority housing and supportive service needs of persons who are not homeless but require supportive housing (i.e., elderly, frail elderly, perso with disabilities (mental, physical, developmental), persons with alcohol or other drug addiction, perso with HIV/AIDS and their families, and public housing residents).

Please see the CPMP tables attached as Appendix B.

(1) Non-Homeless supportive housing needs and services

Supportive Housing needs in the area of support housing relate to the various services necessary to sustain an individual in a housing environment which is not directly related to the housing unit per se. In many cases supportive housing needs are addressed in concept with the development of the housing unit itself. However, the absence of supportive housing services to need groups who are provided housing units only has become an unacceptable relationship for both the service provided and recipient.

Supportive Housing needs are identified in the areas of mental health, medical health, reorientation counseling, job training and related needs. Additionally, the capacity of service agencies with limited resources to adequately provide supportive housing services is being stressed.

With regard to persons with special needs, the homeless needs assessment revealed that the largest percentage of homeless (34%), within the special needs sub-population, are those with mental health issues. Alcohol and substance abuse at 33% of the total follow this sub-population. The special needs populations in the City, including HIV/AIDS victims, severe mentally ill, and victims of neglect are served by existing programs, but those with special needs are likely to require some form of permanent supportive housing.

Since these special needs populations are at a greater risk of becoming homeless, existing programs and services designed to assist these populations require City support. These support services may include health services, family counseling, substance abuse counseling, parenting skills, and other appropriate services which would assist them in overcoming or better dealing with their special needs. Therefore, wherever feasible and/or necessary, the City will assist local service providers in expanding their existing programming designed to provide permanent supportive housing and/or permanent housing for these individuals.

Objective #1- Expand Supportive Housing Activity to Serve Various Need Groups.

Analysis: The supportive housing needs of the population are the most diverse of all other need categories. Diverse needs, ranging from battered spouse counseling to elderly day care services, required attention if each of the specific need groups is to be served.

The outreach and service mechanisms described in the aforementioned continuum of care are well versed in identifying and serving this population. However, we have significant gaps in the housing arena that must be filled. As identified in the City of Danbury Consolidated Plan and in the Housing Plan that was developed by the GDMHA, the lack of affordable housing in Danbury is staggering.

Experience has shown that the largest hurdle to overcome after finding a suitable apartment and executing a lease, is the linkage to ongoing services for participants in the program. We have developed a very effective tracking and monitoring system for the current program that enables the local coordinator to, at a moment's notice, know what services a person has been referred to, whether the person has become engaged with the services, and if the person continues with the services. A very simple, but effective "treatment plan" enables the program to have documentation of these efforts.

As explained in earlier parts of this application, the service system in Danbury is extremely committed to consumer choice. Where a participant will live and from whom she/he will receive services is as much a res of an empirical assessment as it is the choice of the client. As with all clients in the mental health syste participants will be offered an array of choices in regard to where they will live. The only limits that will be placed on them/us will be those that are imposed by prejudice and stigma.

Likewise with services we have tried to get participation by a variety of service providers so that as much *as* possible, participants will choose from whom they receive services. As an example, Danbury Hospital and Midwestern Connecticut Council on Alcoholism both offer substance abuse treatment services - based upon client choice, following an evaluation, they will be able to select whichever agency makes sense to them. Likewise, Catholic Charities Case Management and Mental Health Association, Danbury, each can offer "case management" - referral, linkage, advocacy, counseling -services to participants. Again, based upon client choice and preference, the decision will be made as to where services will be received.

Other services like the assertive community treatment program or AIDS services are more proscribed. The former will provide intensive outreach, assessment, linkage, referral, treatment and support to clients in this program. These programs already have experience working with people who are homeless and have a disability, therefore, this will be an easy "fit" for them.

All services will be available for at least the five-year term of this Plan. As with any services offered in Danbury, should the need arise to extend the services, each agency is committed to do so. The participants in the program who still need services, will not be left by the wayside at the end of the five years.

Strategy: Ensure maintenance of existing supportive housing activities and related funding sources. Throug collaborations between existing agencies and by seeking new collaborations, economies in service levels, costs and overlap reduction will occur. Shelter Plus Care funding will facilitate these efforts. The ConPlan structure should greatly assist in this effort by forgiving such collaborations where appropriate and practical.

Use of Funds: Existing funds can be reprogrammed to provide increased or more efficient services where collaborations between multiple agencies are created. These funds offset operating expenses and facility maintenance. For Fiscal Year 2008-2009, a total of $109,769 has been proposed in the City budget for the City homeless shelter, Amos House, Dream Homes Community Center, AIDS Project-Greater Danbury and Interfaith AIDS Ministry.

Accomplishments: Increase service levels by 5% annually.

See also Special Needs Facilities and Services in Section 91.205(d) and 91.270(d) for narrative and 91.215(c) for special needs population table data.

(e) Non-housing community development plan. The consolidated plan must describe the Jurisdiction's priority non-housing community development needs eligible for assistance under HUD's community development programs by CDBG eligibility category, reflecting the needs of families for each type of activity, as appropriate, in terms of dollar amounts estimated to meet the priority need for the type of activity, in accordance with a table prescribed by HUD. This community development component of the plan must state the jurisdiction's specific long-term and short-term community development objectives (including economic development activities that create jobs), which must be developed in accordance with the statutory goals described in Sec. 91.1 and the primary objective of the CDBG program to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities, principally for low-income and moderate-income persons. Subsection (2) of this section is not applicable.

Please see the CPMP tables attached as Appendix B. It should be noted that this table only includes CDBG funds planned to be expended over the next 5 years. As described elsewhere in this document, the City of Danbury will also spend significant local funds to meet non-housing community development needs.

(1) Overview of priority non-housing community development needs, by category

The City of Danbury addresses non-housing community development needs within a comprehensive strate CDBG funds represent one component of this strategy. The City addresses these needs through grants under its Human and Social Welfare Fund and expenditures as part of its Capital Improvement Program as well as its annual operating budget. Both the Human and Social Welfare Fund and Capital Improvement Programs include a needs assessment and planning process.

The Human and Social Welfare Fund provides assistance to non-profit agencies with a focus on social service needs and programs. For Fiscal Year 2008-2009, a budget of $1,233,027 has been approved. This is approximately $350,000 less than requests received from non-profit agencies. This level of requests in excess of funds available is not unusual in these challenging economic times. As part of the Fiscal Year 2008-2009 funding process, the Mayor requested the Common Council to modify the process used in the future to select programs and agencies for funding. The recommended process will include a community assessment of needs followed by a request for proposals from agencies for services and programs prioritized by the assessment. This process will include a public hearing. It is anticipated that the 2008-2012 Consolidated Plan will be used as a resource as part of this assessment.

The Capital Improvement Program is both a budgeting and planning process for the City to address its public facility needs. The program covers Fiscal Year 2008-2009 as well as five additional years through Fiscal Year 2013-2014. Therefore, the time period covered is very similar to this Consolidated Plan period. The process includes an assessment of needs and requests for funding by city departments. This information is reviewed by the Planning Commission with a recommendation as to activities and funding levels for the immediate fiscal year. This is followed by a review by the Mayor and a recommendation for funding for the immediate fis year. For Fiscal Year 2008-2009, capital expenditures for city activities are approximately $2,500,000 with an additional $500,000 for sewer system improvements.

The City of Danbury realizes that in order to meet its non-housing community development needs, resources beyond those available through the City are needed. In this regard, the City has worked with the Greater Danbury Nonprofit Resource Center (GDNRC) to build the capacity of local non-profit agencies. There are approximately 350 nonprofits in Danbury. The idea to create the GDNRC evolved from the Greater Danbury Funders Group, a voluntary group of government, private sector and non-profit organizations who collaborate to positively change Danbury. GDNRC provides several programs aimed at capacity building including:

Online Resource Center – This online website provides listings of nonprofit agencies, funders and resource providers.

Tactical and Organizational Assessments – These assist nonprofits to assess their current situation to enable them to identify opportunities and to improve capacity for serving targeted clients/customers.

Skilled Volunteer Professionals – The GDNRC recruits and manages a pool of volunteers with professional skills, identifies and posts volunteer opportunities, matches volunteers to projects, analyzes community needs and available resources.

Education and Training – The GDNRC provides high quality, local, practical and inexpensive training programs for nonprofit staff and volunteers.

In its application for Fiscal Year 2008-2009 funding, the GDNRC has established the following objectives:

- Increase agency usage of its website to 75 agencies posting events and news items.
- Grant consultant services to 5 agencies.
- Maintain relationships with 5 professional consultants for planning services.
- Train 25 board members, 250 agency staff members in 80+ agencies.
- Increase pool of skilled volunteers to 20 volunteers with professional skills including IT support, financial planning, marketing development, human resource management, etc.
- Provide volunteer services to 20 agency projects.

The Housing and Community Development Activities CPMP Table attached in Appendix ____ contains an estimate of dollars to address non-housing community development needs. These estimates include the sources discussed above.

The City's non-housing community development needs have been identified to include Social Services, Public Services, Public Facilities, Infrastructure and Economic Development. Social Service needs are presented in much greater detail in the Annual Action Plan, and include: Senior services, Youth services, Health services (including HIV/AIDS services), Substance abuse, Neighborhood services, Housing Counseling and, aid to Persons with disabilities to name a few.

The City has identified the need to incorporate Public Services as a major community objective based on the need and importance of the public preventative health and human service requirements. The City's commitment to this is evidenced by an appropriation of approximately $1.23 million of local funds to public and social service providers for Fiscal Year 2008-2009 discussed above.

Preservation and improvement of these programs will add value to the integrity of the community and the well being of its population in need. In addition to being inclusive of persons with disabilities in our housing programs, the City has consistently recognized the importance of eliminating physical barriers to persons with disabilities at public sites not used for the general conduct of government

Danbury has generally included activities for Public Facilities and Improvements in its Annual Action Plans. Public Facilities and Improvement dollars are used to leverage or be allocated in concert with private dollars for new initiatives in public/private partnerships adopted in the community. We anticipate meeting needs in the areas of housing, deterioration of neighborhood business districts and addressing economic development of key importance.

Public investment in infrastructure, if carefully planned and programmed, contributes to both maintaining economic competitiveness and sustained growth. Maintenance and expansion of existing infrastructure in the City is a key component of continued economic growth as well as improving the quality of life for the lower income residents of these neighborhoods.

Downtown Danbury, like so many other New England downtowns, has fluctuated in terms of economic development over the past few decades. The downtown area will require sustained resources from and will continue as an identified need within the CDBG program. The City has acknowledged that the downtown is in

need of attention, energy and revitalization. As such, the Lead Agency supports and encourages activities that would help to encourage economic growth in the City and its downtown.

Narrative summary of community development objectives

Community Development objectives require the collective planning, programming and budgeting by multiple agencies to implement capital and public service strategies. Such strategies will apply the following objectives: implement the Capital improvement and facilities plan developed by the City, upgrade deteriorated infrastructure, expand public service programs and improve service levels, implement ADA accessibility plans and, achieve goals established for sub-priorities in the areas of economic development and planning.

Public Facility Needs

Senior and ***neighborhood*** public facility needs continue to be a high priority for the City. There is a need for the further provision and development of youth services in the City to address the needs of its children and teens. Further development of youth services and the expansion of existing programs to service City youth cannot be accomplished without adequate facilities such as ***youth centers*** which are designed to house such programs. Similarly, the need assessment identified a need for quality, affordable ***child day care*** to be maintained in the City. There is also a growing need for the expansion of certain types of specialized day care, such as before and after school day care, sick child care, and infant care.

The City, through its overall planning and in response to public comment, is developing its Senior Center facility through $1,050,000 million funded under the Sec. 108 Program. This improvement will increase the size of the existing Senior Center and provided additional parking and site amenities.

Improvements to and/or development of ***parks and recreational facilities*** are also a high priority need for CDBG funding in the City. The land area presently dedicated to active and passive recreational use in Danbury is generally considered sufficient for the needs of the City's population. The most pressing need in the City with regard to parks and recreation resources is therefore the need to upgrade existing parks, open space and recreational facilities.

(2) Short and long-term objectives for community development (See also Consolidated Plan Priority Tables)

The following objectives articulate the City's direction in accomplishing its community development priorities over the next five years. The priority needs table, as well as the Needs Assessment section, provide a more detailed view on the backgrounds of each issue.

Objective #1- Implement Anti-Crime and crime awareness priorities city-wide

Analysis: Crime is a pressing community development need in the City of Danbury. According to 2006 crime statistics, the violent crime rate in Danbury is anywhere from 2.3 to 20.2 times the violent crime rate in the surrounding region towns, and the property crime rate is anywhere from 2.5 to 5.9 times higher. Some of the programs and service available with regard to crime awareness and prevention include affordable counseling/rehabilitative services for victims and perpetrators of crime, early childhood education and parenting skills to help prevent cases of abuse, crisis intervention programs, incarceration alternatives, and legal ar financial assistance and programming.

Strategy: Address the problems and levels of crime in the City by meeting the following needs: Lack of alternatives for lower income people; insufficient number of role models or mentors; inadequate positive peer supports; little sports oriented recreation, realistic job training and/or employment

Use of funds: Use CDBG dollars toward overcoming insufficient number of probation officers, insufficient services for victims of crimes and/or insufficient number of police officers.

Accomplishment: Decrease incidents in target areas by 5% over 5 years.

Objective #2- Attain Goals Set for Other Community Development Needs in the Areas of Economic Development and Planning and Capacity Building.

Analysis: The regulatory authority provided by the Consolidated Plan opens many new opportunities to the community in the areas of economic development and related capacity building. Job retention and creation needs prompt continued focus of these areas especially for lower income households. The development of specific programs involves strategic planning tools and capacity building tools to be used in program areas today where previously such latitude was not possible.

Strategy: Pursue the inclusion of economic development activities and programs with planning and zoning activities, to serve as a model to other business segments within the community. Additionally, pro-active involvement in at-risk cases will be built into the outreach and retention systems.

Use of Funds: Planning and Capacity building activity expenses.

Accomplishments: Monitor at-risk job base and support development of future programs in response.

Objective #3 - Upgrade and Replace Deteriorated Infrastructure

Analysis: Age and safety concerns related street curb, sidewalk and related features prompts an effort to address this need Citywide. Focus remains in low/mod areas.

Strategy: Instituted a systematic program whereby upgrade activities are coordinated by feature, location and highest need. DPW has created a comprehensive program which (along with City dollars) will accomplish the objective.

Use of Funds: Direct capital costs for materials, labor and related expenses for each feature.

Accomplishment: Concentrate infrastructure improvements in low/moderate income areas as defined in this Plan.

Objective #4- Upgrade and improve Public Facilities

Analysis: Aging public facilities and deferred maintenance warrant attention.

Strategy: Coordinate jointly with City agencies, the implementation of the public facilities plan. Focus shall remain on CDBG eligible activities although economies can be realized in certain elements of coordinating improvements.

Use of Funds: Direct capital costs for reconstruction rehabilitation or replacement of needs improvements to public facilities.

Accomplishment: Focus upgrades and improvements in low/moderate income areas with a particular focus on ADA improvements.

Objective #5 - Expand Public Service Programs to Target Populations in Coordinated Fashion

Analysis: Multiple service delivery points have reduced the overall effectiveness of many public services to specific need groups. Mental health, family counseling, substance abuse, public health and related services are included in this dilemma. Linkage between various agencies through coordinated programming and budgeting is necessary for improved service delivery.

Strategy: Utilize the organizational structure of the ConPlan to coordinate multiple public service delivery points in all areas through the elimination of duplication. Specific service enhancements are targeted in public health and family service areas.

Use of Funds: Program operating costs will be underwritten with available funds.

Accomplishments: Maintain accessibility to overall public services.

Objective #6-Expand Public Service Programs to Senior Populations and Programs

Analysis: Multiple service delivery points have reduced the overall effectiveness of many elderly services and to specific elderly need groups. Senior centers, senior citizen-based public health and related services are included in this need. Linkage between various agencies through coordinated programming and budgeting is necessary for improved service delivery.

Strategy: Utilize the organizational structure of the ConPlan to coordinate multiple elderly population service delivery points in all areas. Specific service enhancements are targeted in public health and senior center service areas. For purposes of elderly population service programs, the qualifying age shall be 55 and over.

Use of Funds: Program operating costs will be underwritten with available funds. For the Fiscal Year 2008-2009, a total of $447,709 has been proposed in the City budget for the Commission on Aging, elderly transportation, elderly health-related grants, and visiting nurses.

Accomplishments: Coordinate and provide specific elderly services.

Objective #7 - Expand Public Service Programs to Youth Populations

Analysis: There is currently a need for the further provision and development of youth services in the City to address the needs of its children and teens. There is also a need in Danbury to address the unmet needs of homeless youth in the City. Of particular concern is the need for medical, mental health and dental care for children and teens, activities for junior high school-age youth, transportation to existing youth programs and facilities, prevention and treatment programs geared toward teenage pregnancy, foster homes and group homes with supportive social services for homeless youth, and outreach to mentally ill children.

The City of Danbury recognizes the importance of providing for its youth, and therefore supports activities designed to address the need for more fully developed youth services in the City by designating youth services as a high priority for funding.

Strategy: Utilize the organizational structure of the ConPlan to coordinate multiple youth service delivery programs. Specific service enhancements are targeted in public health and other youth service areas.

Use of Funds: Program operating costs will be underwritten with available funds. For the Fiscal Year 2008-2009, a total of $135,824 has been proposed in the City budget for youth services.

Accomplishments: Maintaining youth services by 10% annually.

Objective #8- Implement ADA Needs Priorities City-Wide

Analysis: ADA compliance regulations prompt many public facilities to be upgraded in order to meet statutory requirements. An assessment of various sites throughout the City has been made and a priority list developed from this assessment

Strategy: Continue to implement ADA-related improvements to affected buildings facilities and recreation areas.

Use of Funds: Capital cost of construction for specified improvements.

Accomplishments: Attain barrier free accessibility to currently code-deficient sites within prescribed timetable.

Objective #9- Elimination of Slums and Blight

Analysis: Areas of slums and blight exist in the City of Danbury in small pockets and isolated individual properties. The City has made a strong commitment to improving these areas and eliminating the visual and detriment that blight has on surrounding neighborhoods.

Strategy: Undertake a blight elimination initiative with a particular focus on low/moderate income areas.

Use of Funds: CDBG funding and City funds.

Accomplishments: Eliminate pockets of slum and blight in the City.

Objective #10- Neighborhood Improvements

Analysis: Certain areas of Danbury are marked by vacant lots and deteriorating physical elements such as streets, sidewalks, signage and lighting elements. The City is committed to improving these areas by enhancing their attractiveness and livability for both residents and visitors alike.

Strategy: Undertake a neighborhood improvement initiative with a particular focus on low/moderate income areas.

Use of Funds: CDBG funding and City funds.

Accomplishments: Improve the physical environment of low/moderate income neighborhoods.

Objective #11- Support Energy Conservation

Analysis: The increasing costs and environmental affects of the reliance on fossil fuels are impacting the quality of life in communities throughout the country including Danbury. These impacts are particularly significant on low- and moderate-income persons. A reduction in these impacts will benefit both the environment and the quality of life of residents.

Strategy: Integrate Energy Star standards into activities undertaken with CDBG resources. Such activities may include the use of Energy Star rated equipment purchased with CDBG funds as well as the use of energy efficient construction techniques and materials.

Use of Funds: CDBG funding.

Accomplishments: Reduce the negative impacts of fossil fuel energy sources and reduce energy costs.

(f) Barriers to affordable housing. The consolidated plan must describe the Jurisdiction's strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing as identified in accordance with Sec. 91.210(e), except that if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this paragraph (f), as determined by HUD, the unit of general local government may submit its assessment submitted to the State to HUD and shall be considered to have complied with this requirement.

Funding and Process-related barriers

While Danbury has met and exceeded affordability guidelines, all of the suburban neighbors have lagged behind. Such agencies as mentioned above who might aspire to correct that situation might seek out appropriately priced homes in the suburbs and apply the acquisition and resale strategy outlined above. However, that strategy has lost viability due to the rising suburban price levels over the first half of this decade.

Even with a decrease in the number of affordable housing units in the City over the past several years, Danbury has shown a solid commitment as a community to expanding affordable housing options for its residents. However, there is still an unmet demand for affordable housing in the City. This demand is almost certainly attributable to the general lack of affordable housing in the communities surrounding Danbury. Under the State's 10% requirement, the nine other towns in the Housatonic Valley region besides Danbury have an unmet requirement of 4,086 affordable units. As a result, an increasing demand for affordable housing and a lack of affordable housing construction in the suburbs are combining to shift the entire regional demand for affordable housing onto Danbury's shoulders. Thus, a difficult and unfair situation exists where Danbury may build new affordable units, yet is still unable to keep pace with demand.

Constraints associated with local policies, which may influence the development of affordable housing, include tax policies, zoning or land use controls, building codes, fees and charges, growth limits, and other. For example, no new multi-family housing zones are being created, largely due to the absence of available land. Rezoning of land, which is already developed, is extremely difficult. As a result affordable housing must compete with private economic forces associated with existing properties that are far too expensive to acquire.

According to 2000 census data, 29,740 persons, or 29.73% of the City's population, are classified as low and moderate income households which are defined as those not making more than 50% and 80% of the median area income respectively. This concentration illustrates a need to target needed services to assist this population which represents over 43%, or 11,888 households, in the City. The very nature of these demographic characteristics speaks to an impediment which is extremely difficult to overcome.

The most constraining state controlled policy, which affects affordable housing, is the availability of public funds. Resources to develop new housing are controlled by the legislature at levels consistent with overall state budget objectives. The absence of consistency in funding levels is a major variable, which has an effect on affordable housing development statewide.

An additional constraint in the development of affordable housing is the State's internal policies regarding targeting resources to certain applicant groups. State agencies' often target housing development and supportive service funds to applicant groups such as private non-profits, to the exclusion of municipalities, Housing Authorities and other affordable housing development entities. This dilutes the City's attempts at developing additional affordable housing.

The last constraining condition relates to the processing of external funding applications at the State and Federal levels. Many times funding applications take months to approve and many more months to contract for a actually receive funds.

For those projects which are "ready to go", this delay can sometimes be devastating to the projects' success. Although internal improvements are proposed at both levels, it is important to recognize that funding sources designed to promote affordable housing involve lengthy, time consuming processes.

STRATEGIES TO REDUCE BARRIERS - Regulatory-related

State

Petition Legislators to support new authorizations of housing development funds; attend and present evidence at budget hearings to increase housing fund allocation; petition DECD (Department of Economic and Community Development) to broaden its applicant pool on more programs to allow municipalities to apply for state funds; discuss and offer local assistance on streamlining DECD applicant review process in an effort to reduce processing time and not jeopardize project viability.

Local

Continue to support, create regulatory solutions to broaden affordable housing opportunities with the existing zoning structure of the City; attend meetings, present evidence of opportunities available, which are not harmful to the integrity of current zoning standards. Based on the constraints we believe to be present within state and local policies, we find that no impact will be felt on most of the fundamental activities associated with our priority attributions.

These programs or activities include moderate rehabilitation, rental assistance, homebuyer assistance, and support facilities and services. Only new construction may be affected based on density considerations and/or funding considerations related to the above mentioned constraints.

The City will undertake an update of its Plan of Conservation and Development which will specifically include and address issues/opportunities to remove barriers to affordable housing. CDBG resources will continue to be targeted toward programs to assist meeting basic housing needs in the City.

Rental and Housing Rehabilitation-related (from previous section)

- The older existing housing stock can serve as a major resource for affordable homeownership with renovation or rehabilitation.

- Home rehabilitation reflects a continuum from minor fix-up, through remodeling and renovation, all the way to total "gut" rehabilitation, with each action presenting technical and financial issues requiring regulatory flexibility. Given the wide range of conditions and choices, home rehabilitation entails difficult regulatory challenges.

- In the past building codes generally required that when a given percentage of a structure was replaced, the entire building had to be brought up to new construction code requirements.

- New requirements in areas such as lead-based paint abatement asbestos removal, energy efficiency, fire

safety, and protection from natural hazards represent further constraints to cost-effective home rehabilitation.

Other new requirements involve off-street parking accommodations and zoning restrictions intended for new construction, or design rules more appropriately applicable to new construction. Although many of these requirements protect public health and safety, they can add to costs, deter rehabilitation, and inadvertently lead to abandonment or disinvestment rather than improvement of existing structures.

Ownership and Housing Acquisition-related

- Costs of homeownership, including financing, production, and transaction costs and fees, to make homeownership more affordable, make financing more available, and simplify the home buying process to make it easier to purchase and own a home.

- Changing conventional methods of design and building less expensive houses will enable many more low- and moderate-income families to purchase homes.

- Regulatory reforms to allow developers and builders to reduce the costs of land assembly, housing construction, and home rehabilitation, making homeownership more affordable for willing homebuyers who are now priced out of the housing market.

- Across all income levels, African-American and Hispanic American households have lower homeownership rates nationally compared to other groups with comparable incomes. At the same time, low- and moderate-income households are much less likely than higher income households to own homes. Breaking down racial and ethnic barriers and increasing access for other underserved households will extend homeownership opportunities to families and enable minority households to own homes.

- Many would-be homeowners are not aware that they can own a home with-or more often without-special assistance. Broad-based outreach and marketing will spread the word to young and old, low- and moderate-income as well as more affluent households, minority families, and new immigrant populations that they can indeed become successful homeowners

- The Community Reinvestment Act is intended to encourage depository institutions to help meet the credit needs of the communities in which they operate, including low- and moderate-income neighborhoods, consistent with safe and sound banking operations. It was enacted by the Congress in 1977 and was revised in May 1995.

See also: Barriers to Affordable Housing in Section 91 .210(e)

(g) Lead-based paint hazards. The consolidated plan must outline the actions proposed or being taken to evaluate and reduce lead-based paint hazards, and describe how the lead-based paint hazard reduction will be integrated into housing policies and programs.

Local actions proposed include:

(1) Lead Paint Hazard Reduction Actions

Strategy 1: Coordinate public and private efforts to reduce lead-based paint hazards and protect young children. Establish an inter-agency work group and develop a public/private task force to coordinate and provide direction for prevention efforts.

Strategy 2: Integrate lead hazard evaluation and reduction activities into existing housing programs. Integrate activities to identify and reduce lead hazards with all government-assisted housing rehabilitation activities.

Strategy 3: Promote comprehensive public health programs. Support the development of programs with capability for screening, follow-up of children identified as lead poisoned, public education and prevention.

Strategy 4: Provide public information and education. Clearly communicate the extent of the lead problem and the measures to be taken to reduce risk and protect health.

(2) Integration of lead paint hazard reduction actions into housing activities

The Health, Housing and Welfare Department of the City of Danbury protects the public's health through health promotion programs, clinical services and the enforcement of State and City health regulations. Program services include inspection of rental housing and hotels for compliance with Danbury's housing maintenance code. This division also provides housing discrimination complaint investigation, non-profit affordable housing development and staff support for Danbury's Fair Rent Commission and the Danbury Housing Partnership.

The City commits to include lead hazard reduction in all subsidized weatherization and rehab loan and grant programs. Additionally, specific enhancements to the public health codes can strengthen City efforts to arrest this issue. These recommendations shall be considered for inclusion within local codes and regulations. Final determination as to appropriateness and language is at the discretion of the City.

- The owners of all dwellings shall comply with the requirements of the Connecticut General Statutes concerning the removal of toxic levels of lead from dwellings, as the same may be amended from time to time. The Director of Health may require any such owner to submit evidence of compliance with the requirements of the aforesaid provisions of the Connecticut General Statutes from qualified testing firms acceptable to the Director.

- Whenever the Director of Health receives a report of lead poisoning or otherwise determines that a child under the age of six (6) has an elevated blood level, the Director may cause the interior and exterior surfaces, water, and soil on the premises of the dwelling in which such child resides to be tested for lead content at the owner's expense.

- The Director shall take appropriate action to compel abatement of hazardous conditions if the lead content of interior and exterior surfaces, water or soil on such premises exceeds the permissible limits thereof as established in the Connecticut Lead Poisoning Regulations, as the same may be amended from time to time.

- Abatement shall be required if the lead content of interior and exterior surfaces on the premises exceeds the standards established in accordance with the Lead-Based Paint Poisoning Act Chapter 63 of the Social Security Act as the same may be amended from time to time. Similarly, abatement shall be required if the lead content of water on the premises meets or exceeds five one-hundredths of one milligram per liter (0.05 milligram/liter).

- The Director of Health may engage or order the engagement of qualified firms to perform testing for lead content in interior and exterior surfaces, water and soil. In addition, the Director may engage or order the engagement of firms to conduct abatement to ensure compliance with state regulations and with abatement orders issued pursuant to this section or to certify that abatements have been successfully accomplished, all at the owner's expense. A permit must be obtained from the Director of Health prior to the commencement of sandblasting work on any exterior surface. The Health Director will ad on the permit request within five (5) working days. Surfaces to be sandblasted must first be tested for lead by the Health Department or professional environmental testing service. If the testing reveals the presence of lead, the property owner must perform the work according to stipulated mandates including the use of equipment to ensure that no particulate matter shall escape into the atmosphere, soil or onto other property. Abatement of soil may be required when lead levels are 500 parts per million or greater.

(h) Anti-poverty strategy. The consolidated plan must describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families and how the jurisdiction's goals, programs, a policies for producing and preserving affordable housing, set forth in the housing component of th consolidated plan, will be coordinated with other programs and services for which the jurisdiction is responsible and the extent to which they will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.

(1) Programs, and policies to reduce poverty

The nature and extent of poverty is often hidden from the balance of the population in our day to day lives. The geographic distribution of persons below the poverty line is symptomatic of how silent the affliction of poverty can be on a community. The factors over which the City has control are few. In an effort to address the needs of impoverished people and reflect a unified approach in the reduction of poverty, we support a strategy, which is similar to that of the State of Connecticut. This strategy is as follows:

1. Jobs and employment preservation of outreach and assistance programs; maintenance of certain aid once jobs are obtained to promote self-sufficiency and utilize innovative ways to assist the poor in job placement and training.

2. Housing: reinforce supportive housing services, especially to special needs population, to reduce becoming impoverished due to poor conditions or needs, preserve housing stock currently serving low income people, seek additional Section 8 and other rental subsidy certificates, sustain local budget levels for the preservation and production of affordable housing.

The preservation and support of those currently in need will reduce further economic deterioration or housing concerns. The development of new housing opportunities, plus related support services will serve to eat away at the growth rate of impoverished people.

(2) Coordination of anti-poverty activities

To meet the housing needs of the Danbury community, the City considers these actions as apart of its Anti-poverty strategy.

- Continue support to agencies addressing the need for permanent affordable rental and ownership housing units.
- Support non-profit organizations that are formed to expand the affordable housing market
- Support eviction prevention programs for individuals and families at-risk of becoming homeless.
- Support budget and credit counseling programs for individuals and families at-risk of becoming homeless.
- Increase community awareness of effective, affordable housing models.
- Encourage full local community involvement in the development of affordable housing.

- Work with existing coalitions and organizations to foster innovative approaches to expanding the affordable housing market
- Form coalitions involving the public, private and voluntary sectors in an effort to produce more low-cost housing.
- Establish dialogue among financial institutions to expand their role in developing affordable housing.
- Advocate changes in legislation that encourage the building of affordable housing and the preservation of existing affordable housing.
- Advocate legislation enabling creative housing approaches for seniors.
- Research innovative approaches to developing affordable, permanent housing for senior citizens and other special needs populations.

The City of Danbury will utilize all means, programs and services available to reduce the number of households in the community with incomes at or below the poverty level. The City will provide support and funding to agencies such as the Community Action Committee of Danbury (CACD), the community's designated anti-poverty agency, to facilitate its efforts to reduce the number of these households.

Goals for anti-poverty efforts

The Plan identifies a goal to serve over 200 households. Although this does not approach the estimated population in poverty, it represents a realistic accomplishment based on the availability of resources. We can only hope to maintain these levels of support while those factors out of our direct control are being addressed.

(i) Institutional structure. The consolidated plan must explain the institutional structure, including private industry, nonprofit organizations, and public institutions, through which the jurisdiction will carry out housing and community development plan, assessing the strengths and gaps in that delivery system. The jurisdiction shall describe the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of the housing agency; relationships regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; and review by the jurisdiction of proposed development sites, of the comprehensive plan of the public housing agency, and of any proposed demolition or disposition of public housing developments. The plan must describe what the jurisdiction will do to overcome gaps in the institutional structure for carrying out its strategy for addressing its priority needs. If the public housing agency is designated as "troubled" by HUD), or otherwise is performing poorly, the jurisdiction shall describe any actions it is taking to assist the public housing agency in addressing these problems.

(1) Elements of the institutional structure

The Institutional Structure through which the City of Danbury proposes to accomplish its ConPlan is segmented into primary, secondary and tertiary entities. This stratification identifies to the degree of involvement in the course of implementing strategic priorities. It is through one or more departments of the City of Danbury that all housing and supportive services will be either directly provided or endorsed and supported in some fashion.

Over the years, the City has refined the process through which it carries out its Consolidated Strategy and Plan. This process involves a team approach to delivering Community Development services to the citizens of Danbury. Under its administrative structure, the Lead Agency continues to be the Finance Department. CDBG strategy planning committee includes other public and non-profit organizations and agencies as well. The combined strength of the new CDBG administrative TEAM is envisioned to improve cost-effectiveness and coordination of service delivery for all CDBG funded and cofunded activities designed to serve low and moderate income persons. This network has been identified to assure adequate coverage to the various elements of the Consolidated Plan and the citizen participation structure by which it is implemented.

The Lead Agency will provide each citizen participation component with supportive staff assistance, with the goal of facilitating meaningful involvement of the public. Finance Department staff members will work to increase participation at the neighborhood level, especially among extremely low and very-low income citizens, as well as those traditionally under-represented.

The City will continue to utilize a consultant/manager approach in the implementation of day-to-day project activities. This has proven efficient and cost-effective in prior years. Selection of the CDBG Administrator is done by RFP and specific responsibilities and scope of work is defined by the City and adopted by mutual agreement.

The City will provide direct support for CDBG administration through the Finance Department and secondary support for specific activities as needed through its Departments such as Health and Housing, Public Works, etc.

PRIMARY Service Providers - include those departments or agencies of the City of Danbury whi participate in the implementation of various ConPlan elements or activities:

Director of Finance

The Finance Director has direct supervision over the Department of Finance and is responsible for the keeping of all accounts and financial records of the City and Board of Education, the assessment and collection of taxes and special assessments and all other revenues, and the audit and control over all expenditures.

Health and Housing

The Health, Housing and Welfare Department of the City of Danbury protects the public health through health promotion programs and the enforcement of State and City regulations. Health promotion programs include AIDS testing and counseling clinic, communicable disease control, lead poisoning prevention, epidemiology, a School Based Health Center (SBHC) and other services.

The Department also provides staff support for the Danbury Housing Partnership. Additional activities include enforcement responsibility for the Danbury Housing Code, wetland regulations, erosion control regulations, Danbury Hazardous Waste Ordinance and the Connecticut Public Health Code as it applies to food services, subsurface sewage disposal and public health nuisances. The Department also conducts fair housing activities and provides administrative support for the Fair Rent Commission.

Department of Elderly Services

Under the guidance of the nine-member Commission on Aging, made up of appointed Danbury volunteers, the Department of Elderly Services continues to offer the residents of Danbury a generous variety of services, activities and information. The office of the Municipal Agent provides information, referral and other outreach services to Danbury's senior population.

Senior benefits include Connecticut's prescription program (ConnPACE), CT Property Tax Relief including Renter's Relief, the heat assistance program and all of the State of CT Department of Social Service programs.

Parks and Recreation

The Parks and Recreation Department's function is to ensure that the recreational needs of people of all age groups are met through a varied recreational program, including the development, improvement maintenance and expansion of any park, playground, athletic field and open space facility in the City.

Planning and Zoning

The Office of Planning and Zoning is responsible for guiding the future development of the City and for the administration and enforcement of zoning regulations. Major activities include advising the Mayor and land use boards and commissions on planning and zoning matters, directing downtown redevelopment and preparing plans, studies and implementation strategies on community development issues. The Department also issues zoning permits and certifies that building projects comply with zoning regulations.

The City of Danbury is presently contemplating the inclusion of economic development activities into the mission of the Planning and Zoning Department. By expanding the role of this office to include economic development planning and improvements, the City hopes to centralize and better coordinate service delivery of citywide planning activities to targeted need groups and areas.

Police Department

The Police Department is responsible for the preservation of the public peace, prevention of crime, apprehension of criminals, regulation of traffic, protection of rights of persons and property and enforcement of the laws of the State and ordinances of the City and all rules and regulations made in accordance therewith.

Department of Public Works

The Engineering Department is responsible for all engineering related projects in the City. This work includes administration of public works and other construction projects, technical reviews and reports for the Common Council, Planning Commission, Zoning Commission and issuance of sanitary sewer and water authorizations.

The Department is also responsible for all water and sanitary sewer service connections, the preparation of engineering plans and specifications for a variety of public works projects, the supervision of subdivision road construction, annual bridge inspections and traffic engineering reports. The Highway Department is responsible for constructing, reconstructing, altering, paving, repairing, maintaining, cleaning, lighting and inspecting highways, sidewalks and curbs.

Welfare and Social Services

The Health, Housing and Welfare Department offers a variety of services and programs such as:

Information and Referral Activities including to persons requesting such services and in those areas that t staff is knowledgeable;

Medical and -Outreach activities to underserved populations whereby a medical case worker is deployed to the Americares Free Clinic and Wellness On Wheels van for the purpose of screening and assessing patient needs for social services and possible eligibility for state and federal assistance programs;

Emergency shelter services for homeless adults without children(with a thirty day maximum stay and meeting certain eligibility criteria);

Job search and training services to unemployed persons seeking to improve their job search skills using a 5 day program designed after a nationally recognized curriculum;

Follow up and case management are also offered to participants; and

Other services and programs such as: Case management services for persons seeking housing assistance through a collaborative network of local providers seeking to prevent evictions and homelessness.

Technology Center - Danbury Public Library

For the people of Danbury, the library enables all individuals in satisfy their informational needs and in discover the possibilities of their imaginations. It is our mission to provide timely access to informative and creati works for every level of interest and ability, from a variety of perspectives and in a variety of formats.

Through its efforts in developing a Technology Center, the Library plans affirmative steps toward attracting visitors of all ethnic groups and income levels. The City has identified the Library as an important component the proposed CDBG TEAM approach to delivering services to the community.

BOARDS AND COMMISSIONS-DANBURY

Commission on Aging

The Commission on Aging consists of nine members who act as the official agency of the City of Danbury on aging. The Commission is available to study the needs and to coordinate programs for the aging, particularly in connection with housing, economics, employment health, recreation and other matters. The Commission works with the Department of Elderly Services and it focuses on making the community more aware of the needs of our elderly population.

Commissions on Persons with Disabilities

The nine member Commission was established to advise the Mayor and the Common Council of the needs of persons with disabilities within the community with relation to housing, economics, employment, transportation, health, recreation and other matters.

Fair Rent Commission

The Fair Rent Commission was created in 1979 for the purpose of maintaining reasonable rental rates and eliminating excessive rental charges on residential property within the City of Danbury. Any tenant living in Danbury is eligible to file a complaint with the Fair Rent Commission. It will investigate and act on complaints, inquiries and other communications regarding alleged excessive rental charges. There are nine Commissioners appointed to this body.

Redevelopment Agency

The nine-member Redevelopment Agency is responsible for the acquisition, clearance and assembly of the land for redevelopment in the City.

Danbury Housing Partnership

The Danbury Housing Partnership is a board create by City ordinance for the purpose of encouraging the creation of affordable housing and to oversee implementation of the Ten-Year Plan to End Homelessness, adopted by the Common Council of the City of Danbury in March 2006.

Housing Authority

The Housing Authority of the City of Danbury is a quasi-governmental agency that was established in 1948 by enabling legislation of Federal, State and Municipal governments. It is governed by a five member Board of Commissioners who are appointed by the Mayor. The Housing Authority operates units of low income, moderate rental, elderly housing, scattered site public housing and units of single room occupancy.

(2) Linkages between Danbury and community development partners

Coordination strategies are provided in the context of primary, secondary and other levels of program or proj service delivery. The municipality, through its agents, is identified as the "first point of contact". This role is supported by its CDBG grantee status, multi-departmental structure and its mission based in public service to all the citizens of Danbury. Based on the needs and objectives developed in the ConPlan, the City is prepared to support applications for assistance by other entities toward accomplishing a variety of goals.

SECONDARY Service Providers - include private or public non-profit agencies, which although not integral to the organizational structure of the City of Danbury as grantee, but which all participate or provide services in the implementation of various ConPlan elements or activities. The following is only a sample of secondary service providers, and should not be construed as the extent of agencies providing supportive services to Danbury and the surrounding communities:

Housing and Economic Development Partners

Non-profit agencies play a primary role in the provision of affordable housing, supportive social services, and economic development activities. These organizations have constant contact with the public, which provides them with a unique understanding of the strengths and weaknesses of the City's housing and human service delivery system. These organizations are an essential part of the City's institutional structure as they are:

- eligible for governmental and private financing
- legally restricted to serving lower income populations
- the only agencies allowed to undertake new construction in several governmental programs
- in daily contact with households in need

Danbury will continue to participate in and support the efforts of the Housatonic Valley Economic Development Partnership, in addition to its local private and non-profit development corporations. The collective efforts of all parties will ensure that available resources are allocated to priority activities.

The Housatonic Valley Economic Development Partnership was established through an act of the legislature in May of 1992 to oversee the development and implementation of a strategic economic development plan for the Region. The Partnership is composed of a 23-member board of directors representing the public sector, the nonprofit sector, and the private sector in the Region.

As a first step in the process, the Partnership identified the goals for the action plan: provide a commonly shared vision of the Region's economic future; promote jobs that provide adequate pay and level of benefits to allow employees to afford to live in the Region; preserve the quality of life in the Region; maintain and strengthen the diversity of the economic base; develop the infrastructure needed for long-term commercial, industrial, and residential development; and strengthen regional leadership and capacity for long-term economic development.

The Non-Profit Housing Partnership is also a key entity in providing housing and related services to the citizens of Danbury, particularly those of lower income. The City has partnered with the organization on prior projects and sees them as a key partner in future affordable housing efforts.

The private sector participants in the development of affordable housing include members from financi institutions, builders/developers, foundations and contractors. Local financial institutions provide construction

financing, low interest rehabilitation loans, mortgage financing and loan servicing, while builders/developers are active in participating in affordable housing projects. Many private businesses are involved in organizations, which support the efforts of human service agencies and work to increase economic opportunities in Danbury.

Housing And Supportive Housing, Social Services And Related Partners

HOMECARE SERVICES

American Home Care
11 Lake Avenue Extension Danbury, CT 06811
(203) 798-6666 Fax (203) 798-6777

AA Homecare and Nursing
30 Main Street
Danbury, CT 06810
(203) 825-6225 Fax (203) 882-5530

Community Visiting Nurse and Home Care Agency
3989 Main Street
Stratford, CT 06497
(203) 744-6615 Fax (203) 378-5336

Danbury Nurse's Registry
131 Deer Hill Avenue
Danbury, CT 06810
(203) 748-2420 Fax (203) 798-0155

Danbury Visiting Nurse Association
4 Liberty Street
Danbury, CT 06810 (203) 792-4120 Fax (203) 792-2757

HCS Home Care Solutions
85 West Street
Danbury, CT 06810
(203) 792-8504 Fax (203) 792-8508
Homemaking/companion services

Homecare Inc.
355 Federal Road
Brookfield, CT 07804
(203) 775-0675 Fax (203) 775-8227 Clinical

Addiction Treatment Programs

Alcoholics Anonymous
155 Main Street
Danbury, CT 06810
(203) 743-8959

APT Foundation
1 Mile Hill Rd.
NewCity, CT 06470
(203) 426-3344 Fax (203) 781-4792
Residential

Cornerstone of Eagle Hill
28 Alberts Hill Rd.
Sandy Hook, CT 06482
(203) 426-8085 Fax (203) 426-2821
Inpatient rehabilitation

Danbury Hospital Chemical Dependency
24 Hospital Avenue
Danbury, CT 06810
(203) 797-7905 Fax (203) 731-8075
Inpatient rehabilitation, outpatient counseling and treatment services

McDonough House
132 Hut Hill Rd.
Bridgewater, CT 06752
(203) 354-4423, Residential

Midwestern Connecticut Council on Alcoholism
238 White Street
Danbury, CT 06810
(203) 792-4515 Fax (203) 792-6259
Counseling, educational

Narcotics Anonymous
P.O. Box 3775
Danbury, CT 06813-3775
1 (800) 627-3543

Outpatient Rehabilitation and Therapy Services (Speech Therapy, Physical Therapy, Occupational Therapy)

Associated Neurologists
69 Sandpit Rd.
Danbury, CT 06810
(203) 748-5631

Datahr Rehabilitation Institute
135 Old State Road
Brookfield, CT 06804
(203) 775-4700 Fax (203) 775-7396

Hand Management Center of Western Connecticut
55 Federal Road
Danbury, CT 06810
(203) 792-4263

Main Street Physical Rehab Center
235 Main Street
Danbury, CT 06810
(203) 730-5900

Physical Therapy Associates of Danbury
3 Hospital Avenue
Danbury, CT 06810
(203) 792-2164 Fax (203) 731-3210

Physical Therapy Associates
103 South Main Street
NewCity, CT 06770
(203) 270-0330

Mental Health Programs

Barrett House (also Catholic Family Services)
235 White Street
Danbury, CT 06810 (203) 794-0819 Fax (203) 748-4839
Day treatment programs

Catholic Family Services
30 Main Street
Danbury, CT 06810
(203) 743-4412
Counseling, advocacy
233 Main Street (203) 748-0848

Family Services

Danbury Hospital Mental Health Center
24 Hospital Avenue
Danbury, CT 06810
(203) 797-7899
Crisis Intervention, Day treatment programs, long term counseling-Behavioral Sciences Services, (203) 797-7007

Danbury Hospital Responsive Service Program
135 Main Street
Danbury, CT 06810
(203) 797-0582 Fax (203) 748-2973
Advocacy, support services

Datahr Rehabilitation Institute
135 Old State Road
Brookfield, CT 06804
(203) 775-7388

Family & Children's Aid
75 West Street
Danbury, CT 06810
Homemakers, counseling, Harmony House

Mental Health Association
24 Delay Street
Danbury, CT 06810
(203) 798-2853
Counseling, case management

Prelude
10 Robinson Avenue
Danbury, CT 06810
(203) 743-9021
Case management, housing

Women's Center
2 West Street
Danbury, CT 06810
(203) 731-5200 Fax (203) 731-5207
Advocacy, counseling, residential
(203) 731-5200, HIV & Women's support group

Senior Services

Connecticut Community Care
80 Main Street Danbury, CT 06810
(203) 748-0598 Advocacy, funding

Danbury Senior Center
-Commission on Aging
80 Main Street
Danbury, CT 06810
(203) 797-4686

Medical Inc.
151 Grassy Plain Rd.
Bethel, CT 06801
(203) 748-3806
Communication systems

Pediatric Youth Services

Commission on Child Care Rights and Abuse
61 Main Street
Danbury, CT 06810
(203) 748-4542 Parent aides, education

Danbury Youth Services
32 Stevens Street
Danbury, CT 06810
(203) 748-2936
Counseling, support groups, advocacy

Dream Come True
80 NewCity Road
Danbury, CT 06810
(203) 790-7333

Good Friends
109 Main Street
Danbury, CT 06810
(203) 790-0032
Mentoring

Hanohoe Clinic
205 Main Street
Danbury, CT 06810
(203) 748-6471
Indigent care

Harambee Center for Community Service
40 Main Street
Danbury, CT 06810
(203) 748-0230

Immunization Outreach
4 Liberty Street
Danbury, CT 06810
(203) 792-4120

Nurses for Healthy Newborns
Southbury, CT
(203) 355-7286
Home nursing visits; newborns; consultant

W.I.C.
13 Main Street
Danbury, CT 06810
(203) 797-4629
Nutritional counseling, meal subsidy

Youth Employment Service
337 Main Street
Danbury, CT 06810
(203) 797-0741

AIDS/HIV Services

AIDS Project Greater Danbury
721/2 West Street
Danbury, CT 06810
(203) 778-2437 Fax (203)743-1439
Case management advocacy, counseling, support groups, crisis intervention, education, free HIV testing

Bread and Roses
142 Portland Avenue
GeorgeCity, CT 06829
(203) 544-9213
Residential

Danbury Hospital AIDS Care Program
24 Hospital Avenue
Danbury, CT 06810
(203) 731-8611

Interfaith AIDS Ministry
155 Main Street
Danbury, CT 06810
(203) 748-4077 Careteams, speaker's bureau, pastoral counseling and support

Other Resources

Almost Family
52 Federal Road
Danbury, CT 06810
(203) 743-6456
Day Care

American Cancer Society
40 North Street
Danbury, CT 06810
(203) 748-2803
Education, support groups

American Heart Association
5 Brookside Drive
Wallingford, CT 06492
(203) 792-0051
Education

American Red Cross
2 Terrace Place
Danbury, CT 06810
(203) 792-8200
Education, transportation "Wheels"

Amos House
34 Rocky Glen Road
Danbury, CT 06810
(203) 791-9277
Residential

Association of Religious Communities
-Caregivers counseling
213 Main Street
Danbury, CT 06810
(203) 790-6568
Advocacy, counseling, family support services

City of Danbury Health, Housing and Welfare Department
155 Deer Hill Avenue
Danbury, CT 06810
(203) 797-4625 (Welfare Dept.: (203) 797-4569)
Advocacy, funding

Community Action Committee of Danbury
66 North Street
Danbury, CT 06810
(203) 748-4542
Advocacy, Senior Employment, funding

Connpace
P.O. Box 5011
Hartford, CT 06102
1-800-423-5026
Funding meds; Income limits single $13,800; married $16,600

Danbury Equal Rights and Opportunities
155 Deer Hill Avenue
Danbury, CT 06810
(203) 797-4589
Advocacy

Danbury Library
170 Main Street
Danbury, CT 06810
(203) 797-4505
Homebound services

Easter Seals of Connecticut
Danbury, CT 06810
1-800-874-7687
Education

Hispanic Cultural Society
[illegible] West Street
Danbury, CT 06810
(203) 798-2855
Advocacy, education

Housatonic Valley Radiology
69 Sandpit Road
Danbury, CT 06810
(203) 797-1770 X-rays at home

I Can Cancer Support Services
21 Homestead Avenue
Danbury, CT 06810
(203) 790-6568 Fax (203) 790-6568
Advocacy, funding

Medical Options
135 Main Street
Danbury. CT 06810
(203) 743-5024
Advocacy

[illegible]edicaid (T19)
1-800-842-1508
Funding

Medicare
14 Walnut Street
Danbury, CT 06810
(203) 748-3433, Transportation

Med-i-chair
Platts Hill Road
NewCity, CT 06450
(203) 426-6565 Transportation

National Multiple Sclerosis Society
Western Connecticut Chapter
83 East Avenue
Norwalk, CT
(203) 838-1033 Fax (203) 831-5155

National Organization for Rare Diseases
55 Kenosia Avenue
P.O. Box 1968
Danbury, CT 06813-1968
(203) 744-0100

Prevent Blindness Connecticut
1275 Washington Avenue
MiddleCity, CT 06457
1-800-850-2020
Education, screenings, resource service

Salvation Army
111 Main Street
Danbury, CT 06810
(203) 791-0012
Housing, meals

United Way
342 Main Street
Danbury, CT 06810
(203) 792-5330, Funding

Veteran's Affairs
198 Main Street
Danbury, CT 06810
(203) 797-4620, Entitlements

Volunteer Bureau
337 Main Street
Danbury, CT 06810
(203) 797-1154

Western Connecticut Association for Human Rights (WeCAHR)
11 Lake Avenue Extension
Danbury, CT 06810
(203) 792-3540
Advocacy

TERTIARY Service Providers - include private or public funding agencies, state and federal departments or affiliates and other tertiary providers which, generally serve a mission much broader than that of the City of Danbury as grantee, but provide funding, capacity building services or related services that aid the City in its implementation of various ConPlan elements or activities. The following is only a sample of tertiary service providers, extracted from a complete listing contained in the appendix, and should not be construed as the extent of agencies providing tertiary services to Danbury and the surrounding communities.

State of Connecticut, Department of Economic and Community Development (public)

The Department of Economic and Community Development is the lead agency for all housing policy and funds in the state. Danbury may seek administrative and capital assistance through their programs to supplement affordable housing at the local level. A summary of all, available DECD programs and services follow profiles of DECD programs, those that may be more applicable to Danbury's priorities.

The State will continue its effort to strengthen the abilities of state and local government to expand and preserve its supply of decent safe, sanitary, and affordable housing with the use of federal fiscal year 2008 HOME funds. The Connecticut Housing Finance Authority will review the Low Income Housing Tax Credit Allocation Plan to assure consistency with State policies to foster and maintain affordable housing described under the HOME program in this Action Plan.

All HOME assisted rental and home ownership units must meet all program guidelines for income eligibility. Use restrictions will be applied to all applications for funding under the HOME Program. To this end, the State will invest in the production of affordable housing through new construction or rehabilitation only when it determines that the units produced will remain affordable for the minimum years of affordability required under the HOME Program. If HOME funds are used for homebuyers, the State will abide by the guidelines for resale and recapture as required in Section 92.254 of the HOME Investment Partnerships Program Consolidated Final Rule.

The State of Connecticut anticipated $1,150,047 in Federal Emergency Shelter Grants Program (ESG) funds for the program year beginning July 1, 2007. The Connecticut Department of Social Services also received approximately $2,479,521 million in annual funding from Connecticut's general operating budget for housing and homeless services and roughly $7.73 million from the Federal Social Services Block Grant.

The pool of funds is allocated to local community-based organizations and municipalities for the provision of temporary shelter for homeless individuals and families. Federal and state funds provide operational costs, rehabilitation activities, essential services such as counseling, case management health, education, employment and training as well as help finding permanent housing and homeless prevention activities such as mediation and a rent bank.

The State of Connecticut anticipated $252,000 in Federal Housing Opportunities for Persons With AIDS (HOPWA) funds for the program year beginning July 1, 2007. In addition, the Connecticut Department of Social Services has approximately $1,088,720 available in bond funds.

Summary of DECD Housing Programs and Services

- Affordable Housing Program, grants to nonprofit corporations and housing authorities to construct or rehabilitate rental housing units for families with very low incomes. A tenant pays an established base rent or 30 % of adjusted monthly income, whichever is greater.

- Community Housing Development Corporations Program, loans to community development corporations to establish revolving loan funds for the construction and rehabilitation of housing for families with low and moderate incomes and for those with disabilities, focusing on multifamily developments containing five or more units.

- Congregate Elderly Housing Program, grants and loans to housing authorities and nonprofit corporations to construct or rehabilitate congregate housing for the frail elderly who are at least 62 years old with limited incomes. There are no asset limits. Tenants pay the same established rent regardless of income.

- Elderly Housing Program, grants and loans to housing authorities, partnerships, municipalities and non-profits to construct or rehabilitate housing for people who are at least 62 years old, or certified disabled, with limited incomes. There are no asset limits. A tenant pays an established base fee or 25 % of adjusted gross income.

- Energy Conservation Loan Program, low-interest loans to homebuyers and owners of one-to-four unit residential buildings for energy conservation measures. Loans are limited to borrowers with incomes at or below 150 % of the area median.

- Hazardous Materials Abatement Program, grants and low-interest loans for hazardous materials abatement are available to homeowners for lead-based paint abatement and asbestos removal.

- HOME Investment Partnership Program, grants, loans, deferred loans to not for profit developers, for profit developers, housing authorities and individuals for a variety of activities to develop and support affordable housing including: tenant-based assistance, assistance to rental housing units, assistance to first-time homebuyers and existing home-owners, for acquisition, new construction, moderate or substantial rehabilitation and site improvements.

- Homeowners' Emergency Repair Assistance for Seniors Program, grants or low-interest loans to repair home damages to homeowners who are at least 62 years old with low incomes.

- Housing and Community Development Program, funds to housing site development agencies and nonprofit corporations for as much as 67 % of the cost of site acquisition, site improvements, relocation, and demolition to develop housing for families with low and moderate incomes. Also matching grants to municipalities to supply loans or grants to homeowners with low and moderate incomes to rehabilitate targeted residential areas.

- Housing for the Homeless Program, grants to municipal developers and to nonprofit and community housing development corporations to acquire, construct or rehabilitate rooming houses for the homeless, and transitional housing for the homeless and for families with low incomes who need support services. Homeless people reside in a transitional facility between six months and two years, and must participate in

support services to enable them to obtain permanent housing and live independently.

- Land Trust Program, grants to non-profits to acquire property to develop and preserve affordable housing. The nonprofit sells or rents the units to low and moderate income households, and leases the land, enabling certain resale restrictions, which guarantee long-term affordability for qualifying households.

- Limited Equity Cooperative Program, grants, loans, or grant-loan combinations to nonprofits to acquire, construct or rehabilitate housing to develop limited equity cooperatives for families with low and moderate incomes. Residents must contribute money, labor, to join a cooperative.

- Moderate Rental Housing Program, grants or low-interest loans to acquire, construct or rehabilitate rental housing for households with low and moderate incomes.

- Mutual Housing Program, grants and loans to mutual housing associations to acquire construct or rehabilitate housing for families with low and moderate incomes. Residents retain the right of residency as long as they comply with occupancy agreement terms, but do not possess an equity or ownership interest

- Surplus Property Program, examines excess state land holdings, or interests therein, for use as transitional facilities for the homeless or for the construction or rehabilitation of housing for families with low and moderate incomes.

Economic Development Programs and Services

- Connecticut Economic Information System (OHS), economic and demographic statistics at the regional, state, and City levels; information on the economy, key industries, other economic indicators including employment production activities, tourism.

- Economic Development and Manufacturing Assistance, loans and loan guarantees to businesses for job retention or expansion including funding and tax credits for new machinery or equipment acquisition of real property, infrastructure improvements, and renovation or expansion of facilities.

- Enterprise Zone Program, tax incentives, tax credits and deferrals for manufacturers and certain service-sector firms to locate or expand in targeted investment communities' Enterprise Zones; job training and placement assistance.

- Export Assistance, help for entering the global market including foreign market analysis, international trade and market data, and export statistics.

- Industrial Parks Program, planning and development services, assistance to renovate or demolish vacant industrial buildings, and technical assistance to help municipalities develop industrial parks.

- Naugatuck Valley Revolving Loan, loans to manufacturers and eligible wholesale distributors in target communities to purchase land or buildings, construction, renovation, rehabilitation, and/or the purchase and installation of equipment

- Small Business Assistance, assists small businesses in securing financing, entrepreneurial training, and contract opportunities. Administers small and Minority Business Set-Aside program.

- Turnaround Assistance, technical assistance to businesses experiencing significant difficulties that could cause jobs losses. Independent and confidential reviews of companies' market, finances and managemer and assistance in development of strategic plans to improve business.

Connecticut Housing Finance Authority (public)

CHFA is a financing institution charged with operating home mortgage, construction and permanent financing of homes and facilities with affordable housing. This agency is a key resource for new development financing where many private banking institutions have limited their participation in new residential development

State of Connecticut, Department of Social Services (public)

The Department of Social Services administers 90 programs. These programs are grouped by similar type into thirteen program groups, and the thirteen program groups are further grouped into three program categories. The following are the program categories and program groups.

Services Which Protect and Promote Physical, Social and Economic Well-being

- Preventive Services to Families

Prevention, intervention and treatment services to individuals and families. Families receive counseling, education, case management and home management to help reduce conditions of impoverishment or dependency.

- Services to the Elderly

Services necessary to assure the health, safety and welfare of elderly people, as well as services to assist elderly or aging persons to enjoy wholesome and meaningful living and to continue to contribute to the strength and welfare of the state.

Services include social services, information and referral, protective services, and conservator of person or estate. The agency also oversees continuing care retirement communities (CCRCS).

- Services to Adults and People with Disabilities

The agency provides services to promote physical, social and economic well-being to adults and people with disabilities under the age of 65. These services promote independent living and provide alternatives to institutionalization for adults with disabilities and families of children with disabilities.

- Rehabilitation Services

The agency provides services to people with most severe physical or mental disabilities to assist them in their effort to enter or maintain employment. The agency also oversees a statewide network of community-based, consumer-controlled, independent living centers that promote independence for persons with disabilities. The agency determines medical eligibility for Social Security Disability and Supplemental Security Income benefits for individuals who are unable to maintain employment due to the severity of their disability.

Economic Support for Essential Needs:

- Medical Assistance

Under Medicaid and General Assistance, the agency pays for medical care for low-income individuals and families. ConnPACE helps low income elderly and disabled meet the cost of prescription drugs. The agency also provides medical assistance to refugee's sets rates for nursing homes and is the Certificate of Need agency for nursing homes and home health agencies.

- Financial Assistance

Temporary Family Assistance (IFA), the State Supplement program, and the General Assistance program provide financial assistance to low income individuals and families. The agency also provides financial assistance to refugees and sets rates for boarding homes.

- Nutritional Assistance

Efforts to promote better nutrition include nutrition education, serving meals at elderly nutrition sites, and overseeing the distribution of food stamps to low income families and individuals.

- Energy and Weatherization Assistance

Assistance is provided to low income individuals and families in meeting their heating costs. The assistance may be in the form of direct payment of heating bills, or cash payments to those who have heat included in their rent and includes weatherization assistance as a conservation measure.

- Child Care

The agency provides financial assistance to Connecticut families in meeting their child care needs. It also provides grants and loans to encourage or assist the use of schools for childcare, and for state agencies, corporations or municipalities to provide child care facilities for their employees.

- Child Support Enforcement

The Child Support Enforcement program locates absent parents, obtains child support orders, and collects child support payments on behalf of families. Child support services are available to all children deprived of parental support regardless of income.

- Emergency Assistance

Programs in this group include the federal Individual and Family Grant program, which is to provide financial relief to victims of disasters, and social services and financial and medical assistance to repatriated U.S. citizens.

- Housing

Housing related services include the Rental Assistance Program, which provides subsidies for rent payment, and the Section 8 Certificate and Voucher program. The agency also provides grants to shelters for the homeless and victims of domestic violence and has a number of programs tat are designed to prevent eviction, and to assist those without homes to find and enter permanent homes.

Education, Training and Employment Services:

- Employment and Training

The agency provides education and training services to its adult elderly, family, and disabled clients to improve their ability to obtain employment and become self-sufficient.

State of Connecticut, Department of Children and Families Programs and Services (public)

- Children's Protective and Family Services

Children's protective and family services are provided when children are reported and found to be neglected, abused, exploited or abandoned by their parents or caretakers. The department provides a wide range of services to families, including providing protective case work services, and funding to support community based services such as permanent foster care, parent aides, intensive family preservations emergency child care, and adoption services for children who cannot be returned to their homes. Children's and protective services are provided through the DCF regional and sub-regional offices located throughout the state. Reports by professionals and members of the public about children suspected to be abused, neglected, exploited or abandoned are made to the DCF Child Abuse and Neglect Hotline.

- Substance Abuse Services

Substance abuse services are provided to children and families in a variety of contexts. In addition to services provided in DCF facilities, the department funds prevention, intervention and residential care services in the community for youth. Immediate access for drug testing, evaluations and outpatient substance abuse treatment is available to primary caregivers involved in the departments child protective services through a DCF contract with a managed statewide network of substance abuse providers.

In addition, Substance Abuse Specialists are part of Regional Resource Groups in each of the Departments regional offices, providing consultation, assessment coordination and training on substance abuse issues to enable DCF social workers to better serve families. At the Central Office level, substance abuse division plans, develops standards, coordinates and manages quality assurance for the Departments overall effort

- Juvenile Services

The Department provides and funds services to approximately 1,000 delinquent youth through its Office of Juvenile Services. This office includes a juvenile justice facility, parole services, and works with a variety of community-based residential and non-residential services. The office also provides Independent Living coordination for the Department. Significant expansion of community-based services has occurred in the recent past, providing more residential and non-residential alternatives to the traditional training school. Educational services for the training school and other facilities within the Department's purview are provided by Unified School District II.

- Mental Health Services

In Connecticut DCF has statutory authority to provide for children's menial health services. The Department operates Riverview Hospital for Children and Youth and provides funding for a broad array of clinical services in the community, including Child Guidance Clinics, Extended Day Treatment Programs, Emergency Mobile Psychiatric Services, Respite Care, Family Advocacy and Intensive Case Management Children and families can access state-operated or state-funded community services directly or through referrals from providers in the mental health system. Services are provided on a sliding scale, and the majority of service providers are affiliated with a variety of health insurance plans.

- Medical/Health Service

The Department is responsible for assuring that children in its care and custody receive optimal health care. The administration of health care is overseen centrally and carried out at the regional level through resource staff including a pediatrician, psychiatrist, registered nurses and pediatric nurse practitioners. Health care standards, policies, procedures and programs are developed and implemented in accordance with the criteria established by the American Academy of Pediatrics, various federal mandates, state statutes and guidelines. Case specific medical consultation is provided to DCF facilities, nursing, medical and social work staff on the medical care of children in care and custody of the Department

State of Connecticut, Department of Mental Retardation (public)

Supports and Services

Each person's particular situation is unique and a unique mix of assistance and supports best meets their needs. Supports and services come in many forms and are available from a variety of sources. Supports that meet an individual's needs may include information and referral, respite, leisure and recreation, employment and day services, residential options, advocacy and parent support self advocacy, assertive technology and special adaptation, and long term and estate planning.

Many families who have a family member wit mental retardation find all the resources and supports they need in their personal networks and local communities. They may not request any assistance from DMR. Others may ask their DMR case manager to help them to plan for the future or to apply for Medicaid or Social Security benefits through other agencies. Still others may be looking for more help to identify options or support for their family member who has mental retardation.

State of Connecticut, Office of Policy and Management (public)

The following is a list of information is about programs administered by the Office of Policy and Management (OPM). Program recipients and/or eligibility requirements group the list into three customer categories: 1) Individuals, 2) Businesses, and 3) Municipalities/Regional & Non-Profit Organizations/State Agencies.

Individuals

- Disabled Tax Relief Program Homeowners' - Elderly/Disabled (Circuit Breaker)
- Tax Relief Program Homeowners' - Elderly/Disabled (Freeze)
- Tax Relief Program Renters' - Rebate For Elderly/Disabled Renters
- Tax Relief Program Veterans' Additional Exemption Tax Relief Program

Businesses

- Commercial Motor Vehicles - Reimbursement of Tax Loss on Exemptions
- Distressed Municipalities - Reimbursement of Tax Loss for Exemptions
- Manufacturing Machinery and Equipment - Reimbursement of Tax Loss on Exemptions New Energy Technology (NET)

Municipalities/Regional & Non-Profit Organization/State Agencies

- Children and Youth Development Program Colleges (Private) and General/Free Standing Chronic Disease Hospitals - Payment in Lieu of Taxes
- Computer Assisted Mass Appraisal (CAMA)
- System Grant Criminal Justice Information System (CJIS)
- Criminal Justice Records Improvement (CPU)

Municipalities/Regional & Non-Profit Organization/State Agencies cont.'

- Program Disaster Assistance Program - Federal Emergency Management Agency (FEMA)
- Drug Control and System Improvement (DCSI) Formula Grant Program
- Federal Drug Enforcement Program (DEP)
- Justice & Youth Grant Programs Home Page Juvenile Justice and
- Delinquency Prevention Act (JJDP) Leadership, Education and Partnership (LEAP)
- Local Capital Improvement Program (lookup)
- Local Law Enforcement Block Grants Program (LLEBG)
- Mashantucket Pequot/Mohegan Fund Grant
- National Criminal History Improvement Program (NCHIP)
- Neighborhood Youth Centers Program (NYC)
- Offender Based Tracking System (OBTS)
- Regional Planning grant-in-aid
- Safe and Drug-Free Schools and Communities (Governor's Portion)
- Safe Neighborhoods Program (SNP)
- Estate-Owned Property - Payment in Lieu of Taxes
- STOP Violence against Women Formula Grant Program
- Summer Youth Recreation Program

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (Federal)

No single, federal agency administers the breath of community development programs than HUD. Its many divisions and technical sections provide a variety of funding and planning resources to eligible recipients and grantees. Although Danbury may not necessarily access or be eligible for many of HUD's programs, the following list represents a sample of programs offered through this agency.

PUBLIC AND INDIAN HOUSING

- Housing Certificate Fund:
- Section 8 Contract Renewals
- Section 8 Amendments
- Tenant Protection/Replacement Certificate
- Incremental Rental Assistance
- Non-Elderly Disabled Regional Opportunity Counseling
- Welfare to Work 50k incremental vouchers
- Public Housing Capital Fund
- Revitalization of Severely Distressed Public Housing Projects
- Public Housing Operating Fund
- Drug Elimination Grants for Low-Income Housing
- Operation Safe Home

COMMUNITY PLANNING AND DEVELOPMENT

- Community Development Block Grants Fund
- Disaster Supplemental
- Urban Empowerment Zones
- Brownfields Redevelopment Program
- Economic Development Initiative
- Community Development Loan Guarantees:
- Loan Guarantee Limitation
- HOME Investment Partnerships Program
- HOME Elderly (Section 202)
- HOME Disabled (Section 811)
- HOME Loan Guarantee Program
- Homeless Assistance Grants
- Homeless Incremental Rental Assistance
- Total, Homeless Assistance Grants
- Homeownership Zones
- Youthbuild
- Urban Development Action Grants
- Capacity Building for Comm. Development

HOUSING PROGRAMS

- Housing Counseling Assistance
- PHA Funds: Mutual Mort Ins. and Coop. Mgt Housing Ins. Funds:
- Mortgage Insurance Limitation
- Direct Loan Limitation
- Credit Subsidy
- Mortgage Insurance Limitation

Of particular interest to the City of Danbury, Section 108 Loan Program may offer valuable resources for future activities. Section 108 Loan Guarantee Program is an extension of the federal CDBG program. This program provides a source of financing for community development projects in accordance with Section 108 of the Housing and Community Development Act of 1974 as amended. The program is designed to finance large-

scale projects that address public needs or stimulate economic development.

Guaranteed by the U.S. Department of Housing and Urban Development and backed by the full faith and credi of the United States, Section 108 notes are issued to investors through private underwriters. The Section 108 funds are offered to localities in the form of loans, which must be repaid in full. All Section 108 projects must fulfill at least one of the Federal CDBG national objectives.

Federal Home Loan Bank (public)

Quasi-public agency with primary objectives to finance the development of affordable housing in New England. This segment of the institutional structure also includes, as a group, banks and related lending institutions.

U.S. Department of Commerce (public)
Economic Development Administration provides grants for infrastructure development local capacity building, and business development to help communities alleviate conditions of substantial and persistent unemployment and underemployment in economically distressed areas and regions. U.S. Small Business Administration (SBA) was created by Congress in 1953 to help America's entrepreneurs form successful small enterprises. Today, SBA's program offices in every state offer financing, training and advocacy for small firms. SBA offices in every state, the District of Columbia, the Virgin Islands and Puerto Rico, deliver these programs.

(1) Overcoming gaps in the institutional structure

As previously stated, the City has refined the process through which it will carry out its consolidated strategy and plan. This new process will involve a team approach to delivering Community Development services to the citizens of Danbury. Under the new administrative structure, the Lead Agency continues to be the Finance Department. However, a CDBG strategy planning team will include other public and non-profit organizations and agencies as well.

The combined strength of the new CDBG administrative team is to improve cost-effectiveness and coordination of service delivery for all CDBG funded and co-funded activities designed to serve low and moderate income persons. The City has assessed the strengths and gaps in its service delivery system. It has adopted the basic assumptions put forth in the previous Consolidated Plan for Housing and Community Development, and is prepared to subscribe to the following protocols to overcome identifiable gaps:

- there is a decrease in responsiveness, untimeliness of publication, etc. in the outreach conducted by the Lead Agency that would result in an uninformed public
- the public is not active in the planning process
- the service providers are not active in the planning process
- there is a delay in funding resulting from the approved extension for submission of the document

Toward this end, the Lead Agency and its staff will:

- provide in-house technical assistance to those participating
- keep information flowing among the various bodies to maintain informed participation
- serve as liaison to the Common Council, Policy Committee and the public and provide them with support services as appropriate

Various actions can be taken over time to eliminate any gaps that may occur in the City's service delivery system and to strengthen, coordinate and integrate the institutional structure and its component parts. In particular, current service levels can be enhanced if there is an unfulfilled need, and any service gaps that are identified can be immediately addressed.

See also Section 91.105 for additional reference to Institutional Structure.

(j) Coordination. The consolidated plan must *describe the jurisdiction's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health, and servic agencies. With respect to the public entities involved, the plan must describe the means of cooperation and coordination among the State and any units of general local government in the metropolitan area in the implementation of its consolidated plan.*

The **lead agency**, designated in the ConPlan to coordinate and manage the process, is the Finance Department of the City of Danbury, Connecticut. Under the direction of the Mayor, the Finance Department is responsible for providing CDBG oversight and coordination to the related service providers and the public. Such responsibilities involve a variety of need populations, having no particular geographical limitation within the community.

Consultation with outside individuals and agencies was programmed as a vital part of the ConPlan's development. Participation levels and contributions of information to the ConPlan varied depending on the level of "connection" to the mission of each contributor. Contributors included both public and private, individual and agency, profit and non-profit, local and regional entities. The outreach effort to generate input is considered substantial, based on the minimum requirements set forth in the ConPlan.

The **institutional structure** identified to carry out the Consolidated Plan is equally diverse. It has been segmented into primary, secondary and tertiary service providers with the City, or its municipal agents, being closest to service delivery points servicing as primary "participants" in the process. Secondary-level entities include a variety of non-profit and for profit agencies, typically having a mission-specific contribution to the process. Tertiary service providers can be described as fund sources for activities, which are generally implemented at the primary or secondary agency level. The combined management and delivery capabilities of all three levels described in the institutional structure speak to the integrity of the ConPlan's objectives.

The institutions previously defined as primary service providers will serve as the lead agency in the coordination of respective resources targeted for housing and supportive facilities and services. The City of Danbury will act as lead agency on all housing and housing development proposals. These include programs which originate through its own resources (i.e. local $, CDBG) as well as secondary housing development entities which are required to coordinate all proposed activities with the City. Each individual City office, governed by the policies and objectives set forth by the Mayor, will administer or implement the resources available toward their respective discipline.

The Health, Housing and Welfare Department and its working professionals will provide guidance and coordination of support services and facilities for the homeless. This agency has experience in this area and will, in conjunction with general community policy, continue to provide assistance to homeless persons and families.

Inter-agency coordination will take place on related programs or projects on an as-necessary basis. The combination of state resources between and within each City office provides sufficient expertise and opportunity for coordination on all housing and housing related assistance.

Secondary level assistance providers all almost always "connected" to the local government administration through some form of contractual arrangement or sub-recipient agreement. These forms of working relationships help to ensure inter-agency coordination. Such coordination covers in many cases, not only project scope development criteria and levels of future service, but in many cases, a handicapped, homeless or other similar facilities operated by institutions or organizations. The availability of services and facilities on a less than overnight basis to the homeless is limited to the capacity that can provide to its users. No additional day shelters soup kitchens or other facilities are available.

Other support services are available to the homeless through social service agencies. For example, Social Service programs provide daily expense payment provide for medical care cost coverage and counsel homeless and/or near homeless in unemployment and other benefit-related modes of assist. Such agencies also provide emergency relative assistance to the near homeless in the form of rental assistance, however, such assistance is limited and often does not cover the cost of permanent housing in the current market.

(1) Coordination between area service providers

The Lead Agency will coordinate public participation as required by HUD.

Non-profits

Danbury has a large network of capable non-profit housing and social service providers, and the City is interested in effecting coordination among these providers and the local government. Toward this end, the City will encourage coordination among these providers. Of particular note is the on-going cooperation between the City and organizations such as the Danbury Housing Partnership in the production of affordable housing. Through these types of working partnerships, the Lead Agency can ensure that available resources are used to their fullest potential.

Private Sector

As part of the development process for the Consolidated Plan, the Lead Agency has held public hearings and has invited housing and social service providers to discuss the most pressing needs of the community. These hearings have helped bring groups together in an effort to coordinate their resources and efforts.

(2) Coordination between state and local agencies

Intergovernmental Cooperation

The City has strengthened its efforts to produce and preserve affordable housing within the City through the involvement of City departments and agencies, as well as other agencies at the regional, State and Federal level. The City will continue to foster relationships with other governmental agencies, as well as neighboring jurisdictions in the furtherance of the goals and objectives for preserving the supply of affordable housing and promoting community development activities as set forth in this Strategic Plan.

(k) Public housing resident initiatives. The consolidated plan must describe the jurisdiction's activities to encourage public housing residents to become more involved in management and participate in homeownership.

The Housing Authority of the City of Danbury firmly believes in allowing families to live where they want to live. This mobility was a cornerstone of the Danbury 2000 Desegregation Task Force, in which the Housing Authority played a major role. The Housing Authority has been fostering this idea for a number of years through its award winning Scattered Site Public Housing Program and the Regional approach to the Section 8 Program.

In the past, the Housing Authority operated a family self-sufficiency program, which had then been discontinued. The Housing Authority plans to restart the program on a pilot basis in 2008, with 10 families taking part in the program during the first year. The program will be based upon the concept of workshops and training sessions. Workshops will likely cover the areas of financial literacy, homeownership skills, post-purchase counseling, job skills development.

Improvements to the living environment of public housing residents can be achieved through the funding of activities and programming that best meets the needs of residents. Likewise, improvements to the physical structures themselves - through modernization and repair - cannot only improve the living environment, but facilitate the efficient management and operation of public housing. A facility or unit that is in better condition places less stress upon both the occupant and manager and, as such, allows more time, energy and other valuable resources to be dedicated to other areas of need.

Resident Initiatives

The Danbury Housing Authority has, for the last several years, actively encouraged its residents to participate in tenant management programs as well as homeownership activities and programs. These activities will continue. Through the Housing Authority's Tenant Council, tenants within Housing Authority developments are able to govern themselves and control certain areas of property operations. Tenant Patrols and Tenant Security Forces also provide the opportunity for residents to participate in the monitoring of their communities and prevention of crime. The Housing Authority continues to promote homeownership opportunities for its residents, as well.

The Housing Authority also provides computer camps, after-school programs and a tennis camp for children living in public housing units.

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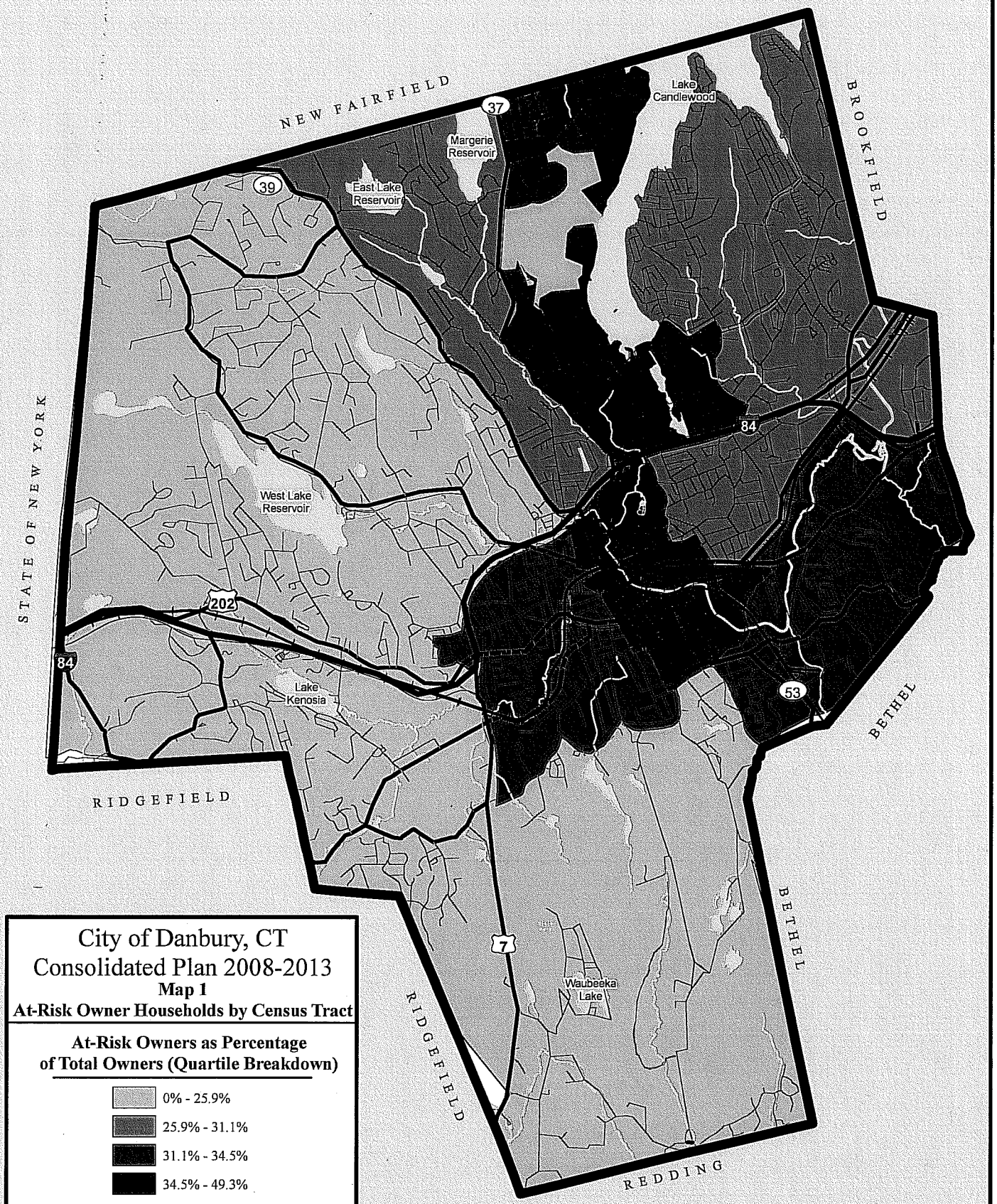


City of Danbury, CT
Consolidated Plan 2008-2013
Map 1
At-Risk Owner Households by Census Tract

At-Risk Owners as Percentage of Total Owners (Quartile Breakdown)

- 0% - 25.9%
- 25.9% - 31.1%
- 31.1% - 34.5%
- 34.5% - 49.3%

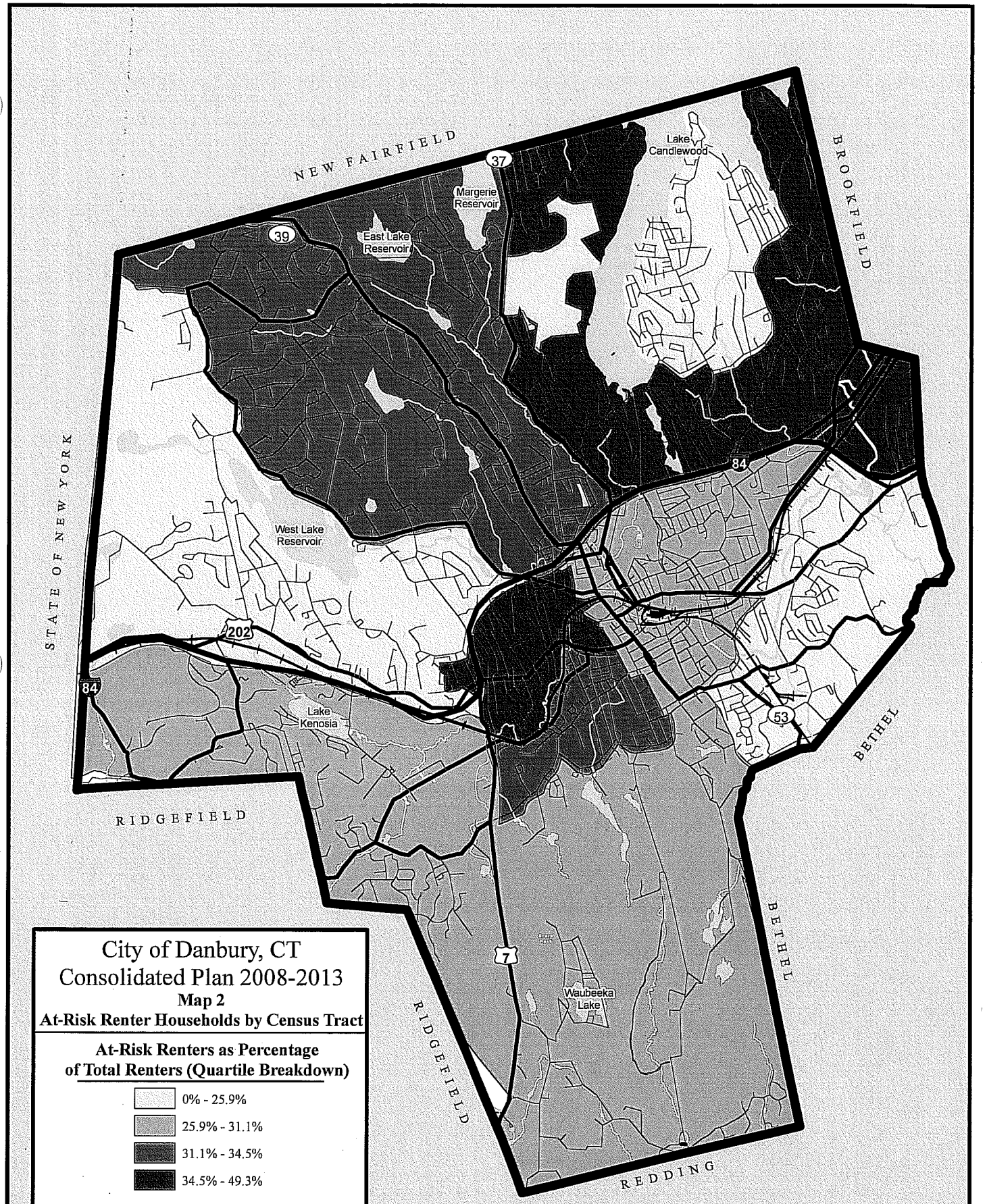
Source:
U.S. Census Bureau (2000).
Highway Basemap: Environmental Systems Research Institute (2007).
Base Data Connecticut Department of Environmental Protection (2008).

This map was developed for use as a planning document. Delineations may not be exact.

0 0.25 0.5 0.75 1 Miles

HARRALL-MICHALOWSKI ASSOCIATES, INCORPORATED
A Milone & MacBroom Company
Branford, Connecticut

August 2008



City of Danbury, CT
Consolidated Plan 2008-2013
Map 2
At-Risk Renter Households by Census Tract

At-Risk Renters as Percentage of Total Renters (Quartile Breakdown)

- 0% - 25.9%
- 25.9% - 31.1%
- 31.1% - 34.5%
- 34.5% - 49.3%

Source:
U.S. Census Bureau (2000).
Highway Basemap: Environmental Systems Research Institute (2007).
Base Data Connecticut Department of Environmental Protection (2008).
This map was developed for use as a planning document. Delineations may not be exact.

0 0.25 0.5 0.75 1 Miles

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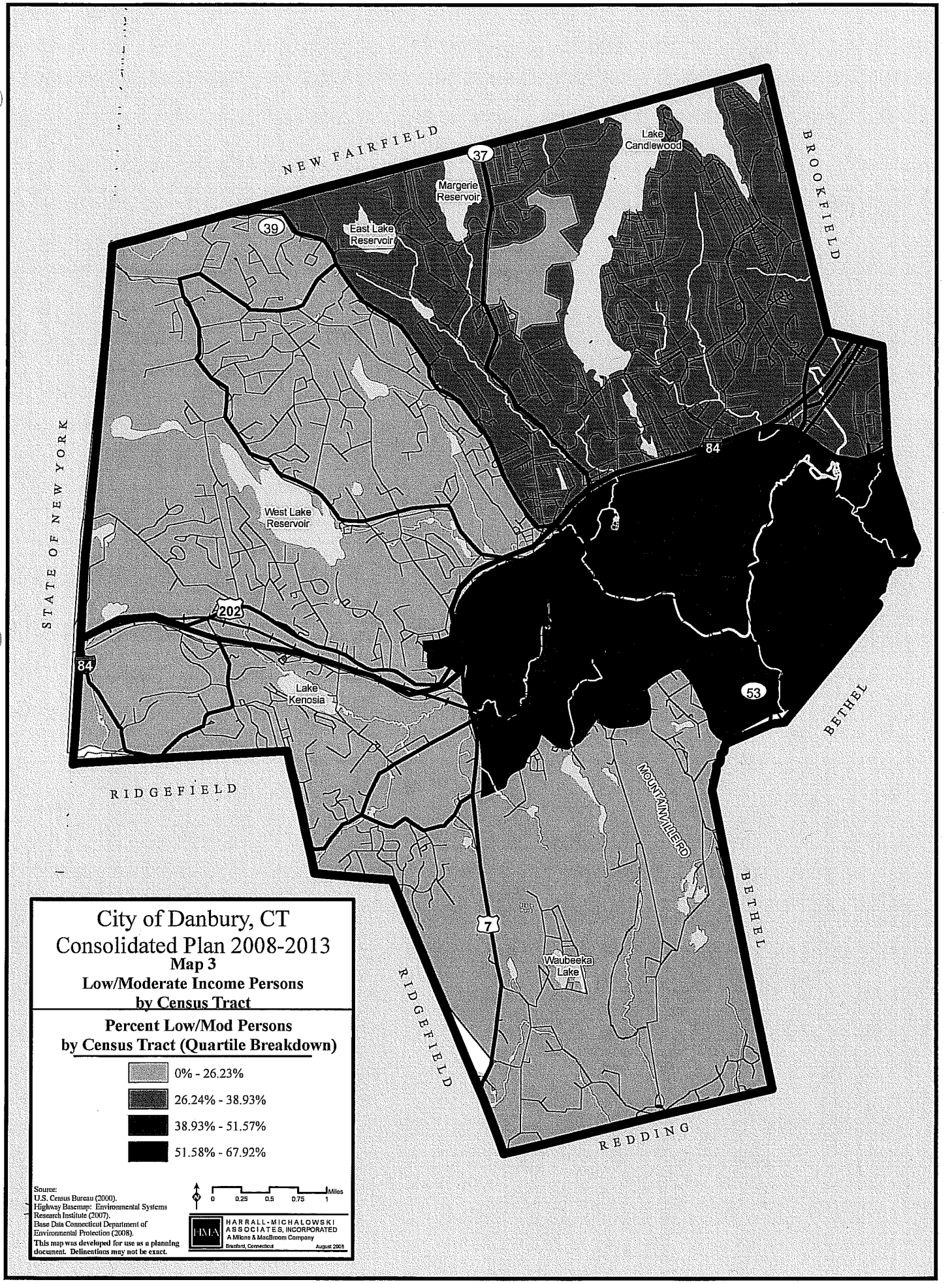
A Milone & MacBroom Company
Branford, Connecticut August 2008



City of Danbury, CT
Consolidated Plan 2008-2013

Map 3
Low/Moderate Income Persons by Census Tract

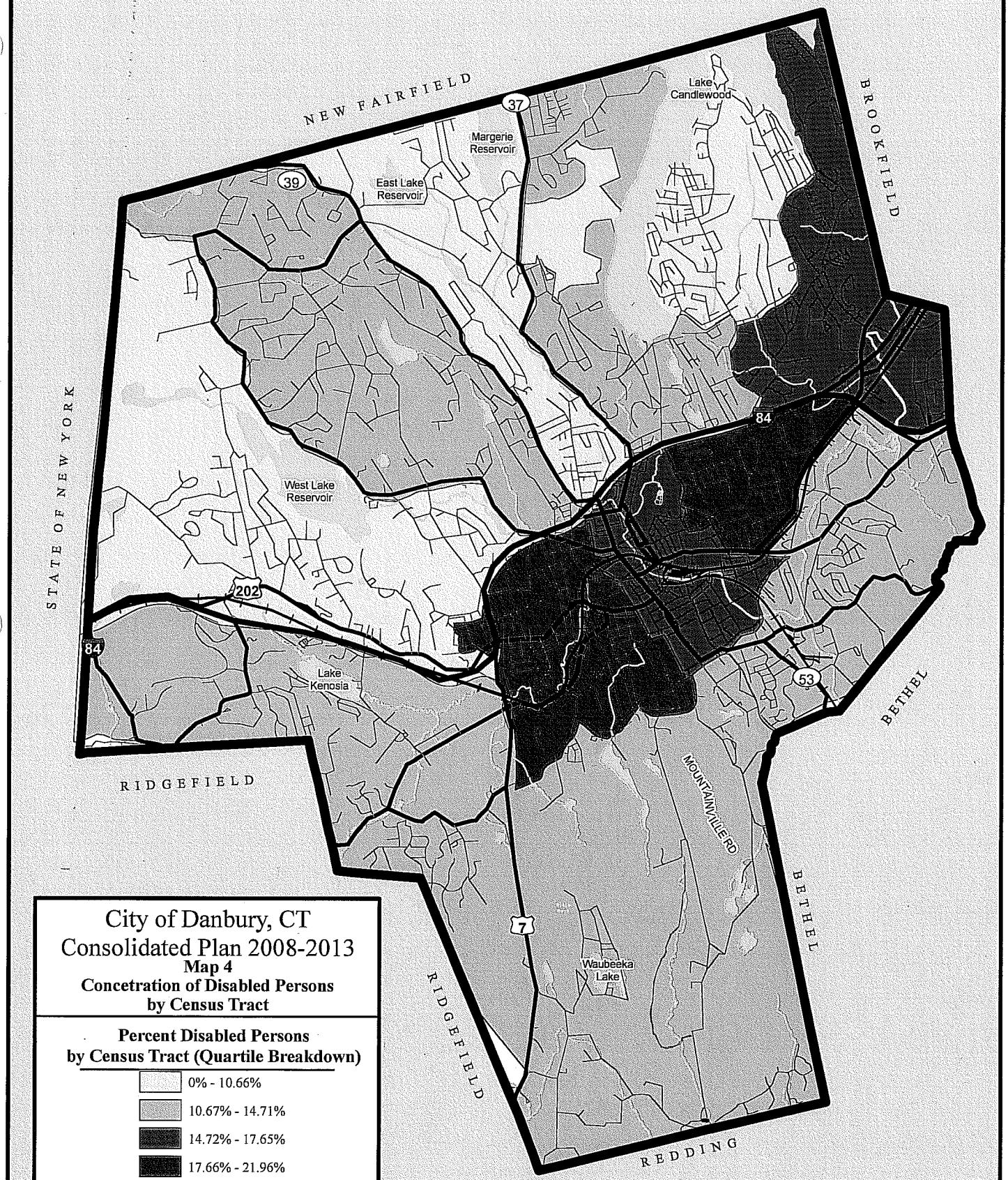
Percent Low/Mod Persons by Census Tract (Quartile Breakdown)

- 0% - 26.23%
- 26.24% - 38.93%
- 38.93% - 51.57%
- 51.58% - 67.92%

Source:
U.S. Census Bureau (2000).
Highway Basemap: Environmental Systems Research Institute (2007).
Base Data Connecticut Department of Environmental Protection (2008).
This map was developed for use as a planning document. Delineations may not be exact.

0 0.25 0.5 0.75 1 Miles

HARRALL-MICHALOWSKI ASSOCIATES, INCORPORATED
A Milone & MacBroom Company
Branford, Connecticut
August 2008



City of Danbury, CT
Consolidated Plan 2008-2013

Map 4
Concetration of Disabled Persons by Census Tract

Percent Disabled Persons by Census Tract (Quartile Breakdown)

- 0% - 10.66%
- 10.67% - 14.71%
- 14.72% - 17.65%
- 17.66% - 21.96%

Source:
U.S. Census Bureau (2000).
Highway Basemap: Environmental Systems Research Institute (2007).
Base Data Connecticut Department of Environmental Protection (2008).
This map was developed for use as a planning document. Delineations may not be exact.

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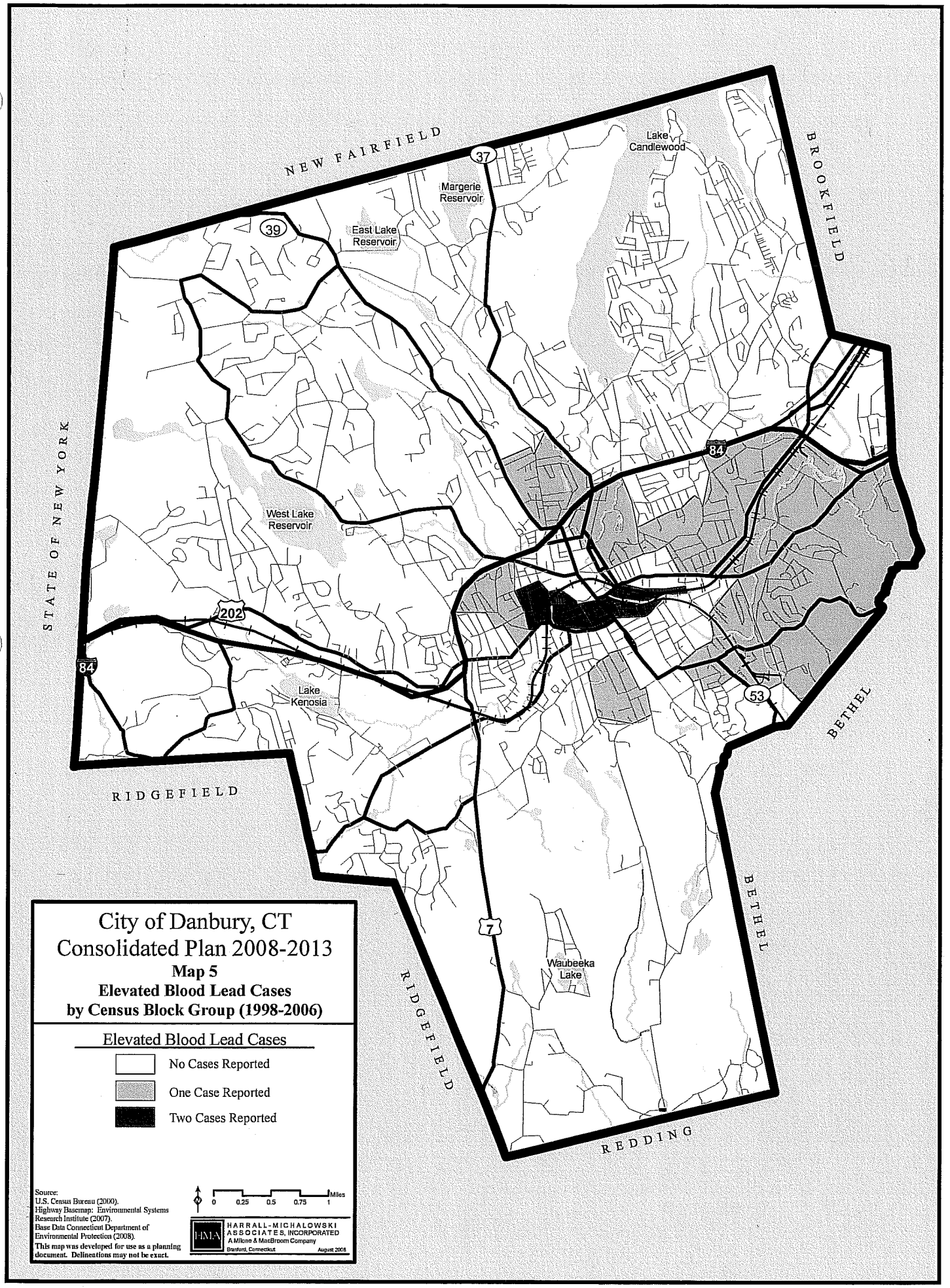
HARRALL-MICHALOWSKI ASSOCIATES, INCORPORATED
A Milone & MacBroom Company
Branford, Connecticut

August 2008



City of Danbury, CT
Consolidated Plan 2008-2013

Map 5
Elevated Blood Lead Cases
by Census Block Group (1998-2006)

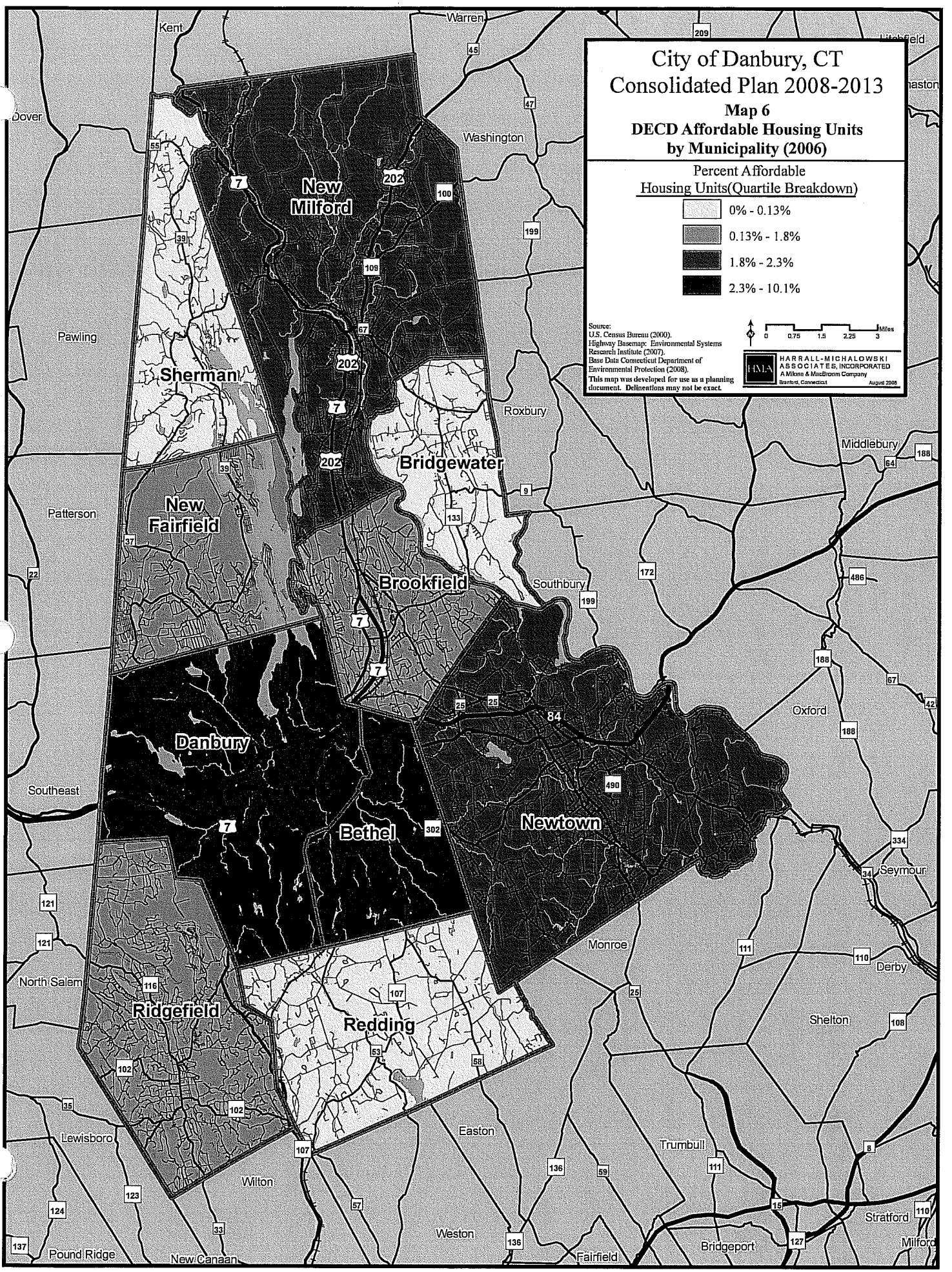
Elevated Blood Lead Cases

- No Cases Reported
- One Case Reported
- Two Cases Reported

Source:
U.S. Census Bureau (2000).
Highway Basemap: Environmental Systems Research Institute (2007).
Base Data Connecticut Department of Environmental Protection (2008).
This map was developed for use as a planning document. Delineations may not be exact.

0 0.25 0.5 0.75 1 Miles

HARRALL-MICHALOWSKI ASSOCIATES, INCORPORATED
A Milone & MacBroom Company
Branford, Connecticut
August 2008


City of Danbury, CT
Consolidated Plan 2008-2013
Map 6
DECD Affordable Housing Units
by Municipality (2006)
Percent Affordable
Housing Units(Quartile Breakdown)
0% - 0.13%
0.13% - 1.8%
1.8% - 2.3%
2.3% - 10.1%
Source:
U.S. Census Bureau (2000).
Highway Basemap: Environmental Systems Research Institute (2007).
Base Data Connecticut Department of Environmental Protection (2008).
This map was developed for use as a planning document. Delineations may not be exact.
0 0.75 1.5 2.25 3 Miles
HARRALL-MICHALOWSKI ASSOCIATES, INCORPORATED
A Milone & MacBroom Company
Branford, Connecticut
August 2008
New Milford
Sherman
Bridgewater
New Fairfield
Brookfield
Danbury
Bethel
Newtown
Ridgefield
Redding
Kent
Warren
Washington
Dover
Pawling
Roxbury
Middlebury
Patterson
Southbury
Oxford
Southeast
Monroe
Derby
Seymour
North Salem
Shelton
Lewisboro
Easton
Trumbull
Wilton
Weston
Stratford
Bridgeport
Fairfield
Pound Ridge
New Canaan
Milford

APPENDIX A

MAYOR'S TASK FORCE TO END HOMELESSNESS

Chairperson
The Honorable Dianne E. Yamin
Judge of Probate, City of Danbury

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TASK FORCE APPOINTEES

Appointing Authority:
Mark D. Boughton, Mayor of the City of Danbury

Chairperson:
Honorable Dianne E. Yamin, Judge of Probate, City of Danbury

Richard Antous, Office of the Mayor

Tim Baughman, Vice President of Community Impact, United Way of NFC

James V. Bellano, Director City of Danbury Department of Economic Development

Chris Brown, Executive Director Housatonic Habitat for Humanity

Robert Botelho, Danbury Developer and Landlord

Joan Carty, Executive Director Housing Development Fund

Maureen Cassity, Citizen Representative

Kate Conciatore, Citizen Representative

Dennis Elpern, Director City of Danbury Planning Department

Janice Giegler, State of CT House of Representatives 138th District

Robert Godfrey, State of CT House of Representatives

Jacqueline Hogan, JAM Associates, Inc.

Jack Knapp Jr., Chairman, Planning Commission of the City of Danbury

Debra Lajoie, RN, Western CT State University
Reverend Phyllis J. Leopold, Executive Director Association of Religious Communities

Deborah MacKenzie, Director City of Danbury Department of Social Services

C. Maria Moffett, Commissioner, Housing Authority of the City of Danbury

Martin Morgado, Savings Bank of Danbury

Paul M. O'Sullivan, Director of Grants & Special Projects, Office of Congresswoman Johnson 5th District

Patricia Palmer, Director of Housing Services, Mental Health Association of CT

Wanda Payton, former City of Danbury Common Council member

Andrea Rynn, Director Government and Community Relations, Danbury Hospital

Milena Sangut, Director of Community Programs, State DMHAS, GDMHA

Robert Scalzo, Citizen Representative

Paul Schierloh, Associate Director City of Danbury Department of Health and Housing

Kay Schreiber, Executive Director, CityCenter Danbury

Carolyn Sistrunk, Executive Director, Housing Authority of the City of Danbury

Mary Teicholz, City of Danbury Common Council

Patrick Waldron, Director City of Danbury Department of Veteran's Affairs

Rev. Laura Westby, Pastor, First Congregational Church of Danbury

LETTER FROM THE GOVERNOR

M. JODI RELL
GOVERNOR

STATE OF CONNECTICUT
EXECUTIVE CHAMBERS
HARTFORD, CONNECTICUT
06106

January, 2006

Dear Friends:

I am pleased to recognize the efforts of the Danbury Task Force to End Homelessness in preparing your report of strategies that can be undertaken to address homelessness in your community. We in state government recognize that ending homelessness is a tremendous challenge that we cannot do on our own. It will take the combined efforts of all levels of government, business, and the non-profit sector to put an end to this difficult problem that affects our communities.

I commend you on a very well researched and well thought out plan. Your plan recognizes that homelessness is not only encountered by those with mental health and substance use issues, but also by families struggling to make ends meet and by youth transitioning out of the child welfare system. These are the specific populations that the state is attempting to reach through its Next Steps Supportive Housing Initiative. The Next Steps Initiative provides the resources to establish 500 units of supportive housing for chronically homeless individuals, families and youths.

Your report also recognizes that prevention strategies are a key component of any best practices plan to end homelessness. We in state government are working to decrease the likelihood that people leaving our correctional or mental health institutions will become homeless. This includes pre-release application procedures for public benefits and transitional housing approaches.

I welcome your support in this effort. Together we can end homelessness in Connecticut.

Sincerely,

M. Jodi Rell

M. Jodi Rell
Governor

CITY OF DANBURY

OFFICE OF THE MAYOR
DANBURY, CONNECTICUT 06810

MARK D. BOUGHTON
MAYOR

(203) 797-4511
FAX (203) 796-1666

February 2006

Dear Danbury Community Leaders:

Recognizing the severity of homelessness in our community and working to improve the quality of life in Danbury, I appointed the Mayor's Task Force to End Homelessness. Judge Dianne Yamin agreed to chair this important assignment and I am grateful for her fine leadership. This plan came together with professional support from Debbie Mackenzie, Director of Welfare & Social Services for the City of Danbury and a fine group of volunteers that contributed hundreds of hours to this effort.

The result of the Task Force's work is a multi-faceted plan that embraces the goal that we can *End Homelessness in 10 Years*. It requires that work on all fronts begin and continue simultaneously. It is also a tool for the community to achieve its community development goal, which is adequate and desirable housing for all residents of the city.

My administration will work closely with local, state and federal agencies and funding sources to implement this plan. Our community must work together to embrace this challenge and I feel our plan provides the roadmap for success.

My sincere thanks to everyone involved in developing this plan.

Sincerely,

Mark D. Boughton
Mayor

INTRODUCTION

On a given night in January 2005, there were three hundred twenty one (321) homeless individuals or heads of household counted in Danbury. Teens, senior citizens, veterans, the mentally disabled and others were included in the count. Homeless children (of which there were an additional 69) are not reflected in that number.[1] The 321 counted included 47 families; 8 unaccompanied teens under 18 years of age; 17 young adults between the ages of 18-24 and 249 individuals.

The National Alliance to End Homelessness reports that approximately 750,000 people are homeless on any given night in the United States[2] and between 2.5 million and 3.5 million will experience homelessness at some time over the course of a year.[3]

The United States Interagency Council on Homelessness has been supporting and encouraging states and communities across the nation to develop adopt and implement 10 Year Plans to End Homelessness. Connecticut is in line with other States in the nation dedicating resources to End Homelessness. Governor Rell established the Interagency Council on Supportive Housing and Homelessness. Relying on their recommendations, the Governor was able to secure legislative and financial support to move these efforts forward.[4]

Mayor Mark D. Boughton charged a Task Force with creating and presenting a comprehensive plan to end homelessness in 10 years. This proved to be a great opportunity on many fronts. The multidisciplinary representation allowed the many understandings of homelessness and its solutions to be shared and considered. The plan required examination of the institutional or philosophical beliefs that were useful in managing homelessness but will not move us forward as we strive to end it. The planning process has been cause to assess utilization of resources, explore best practices, develop community-driven strategies and adopt a vision for ending homelessness with stable permanent housing as the goal. The development of the plan also resulted in an understanding that the other planning bodies and planning studies that have been completed seek to create the same opportunities for people while respecting both the natural resources and the distinctive neighborhoods of each of the communities.

The City of Danbury's Plan of Conservation and Development Housing Plan establishes the goal of adequate and desirable housing for all residents of the city. "Major objectives of City government include the protection of existing neighborhoods from deterioration, the encouragement of innovative housing developments, an expansion in the supply of affordable housing, and provision for the housing needs of the elderly, disabled, or homeless.[5]

Going forward required that a decision be made on the scope and focus of the plan. The Task Force members were adamant that the plan encompasses all homeless populations. The motivations and driving forces behind this diligent effort to develop a plan were so inclusive as to almost prohibit focusing on specific populations. Those motivations were the beliefs of the group that everyone should be housed and that it is good public policy to strive for that success; housing that is affordable attracts employers and their employees; everyone has the ability to be housed and a well balanced community is one that offers housing options for all of its citizens and provides those citizens with the opportunity to live in the same community in which they earn their living. Historically those have been important motivations.

This City's history reflects the forward thinking and strategic planning that has had to occur over and again to weather economic changes and challenges. Danbury, Connecticut, located in Northern Fairfield County, was originally founded in 1684. The hub city of Western Connecticut's Housatonic Valley Region was later was incorporated in 1889. Over the years and through many incarnations, the Danbury economy has remained relatively strong- fueled by its convenient location, abundant resources, and highly skilled, well-educated workforce. For purposes of illustrating these community characteristics, a brief recap of history follows:

1 Greater Danbury Continuum of Care, Our Community's Homeless Count, Point-in-time Count 2005. see appendix 1; Continuum of Care is a community planning body responsible for assessing organizing and delivering services and housing opportunities to persons who are homeless. It is the local vehicle utilized by HUD for the allocation of HUD's Homeless Assistance funding.

2 The Ten Year Planning Process to End Chronic Homelessness in your Community, A Step by Step Guide, United States Interagency Council on Homelessness, p.2

3 Reaching Home, Ending Long Term Homelessness in Connecticut; a Guide for Expanding Supportive Housing in Connecticut, Corporation for Supportive Housing Reaching Home Steering Committee, June 2004

4 Next Steps see appendix 2

5 Plan of Conservation and Development, Section 6: Housing Plan, p. IV.35

By 1800, Danbury, the Hat City was producing more hats than any other city in the United States. The industry continued to grow throughout the 19th century and by 1887, some thirty hat factories were operating within the city- producing over five million hats per year. However, due to the national economic situation, high labor costs and general changes in fashion, in the first half of the 20th century, Danbury witnessed a slow exodus of their fabled hatting industry to other sections of the country. In fact, by 1930, only six hat manufacturers were left in the City. (1940's – 1980's) Anticipating the demise of the hatting industry, Danbury's business leaders created a blueprint for diversifying the city's economy. With the creation of the Danbury Industrial Corp., land was set aside for corporate and industrial development- setting the stage for the city's next phase of economic growth- one that would last for half a century.

In the period from the Depression to the fall of the Berlin Wall, Danbury's economy again boomed as a center for traditional manufacturing – led primarily by defenses-based industries. However, much like the hatting industry, pressures from high labor costs coupled with the end of the Cold War, had a detrimental effect on the Danbury economy. Once again, manufacturers began moving out of the city. Danbury (1990's – Present) answered the challenges of this economic downturn by further diversifying its economy. Now, in its latest incarnation, the city has become home to a burgeoning high-tech/bioscience sector. From semiconductors to pharmaceuticals, Danbury is again well placed to meet the challenges of competing in the global economy of the 21st century.

Interwoven have been Danbury's efforts to address the condition of homelessness. Some percentage of people in our community has always and will always lose their housing for any number of reasons both within and beyond their control. As long ago as the 1800's this community has assisted those facing housing difficulties. One of the communities "poor houses" was opened in 1869 "where the needed could live in dignity".[6] When some in the 1980's, began experiencing difficulty in finding replacement housing or alternative housing situations, this community as others across the state and the nation began experiencing "a homelessness problem." *Danbury took steps to begin taking care of the problem*. The General Assistance program began paying actual rents in order to prevent housing loss for people temporarily unemployed or disabled, volunteers opened Dorothy Day Hospitality House to feed people so that money earned could be spent less on food and more on rent, the Community Action Agency and the Housing authority received funding from the State of Connecticut's to develop housing mediation programs that could provide back rent and mortgage assistance.

These measures could not stem the tide. As more persons became homeless, Dorothy Day opened the door of a homeless shelter. The State of Connecticut began making homeless shelter grant funds available to willing communities and once again Danbury was willing. The Salvation Army opened a shelter for women & children. State Bond money was identified and set aside for future use, and this community was the first to receive funding for a drop in center for homeless persons.

Eventually a second shelter was not only opened but built by local government, using those identified bond funds. While a system of care has been developed, programs have improved, new programs have been developed, Danbury, 20 years later, like the rest of the nation is and has been taking care of the problem instead of preventing the problem from occurring.

Danbury can do what needs to be done to end homelessness. It is evident that the same forces and talent that have been able to keep the Danbury historically resilient will be marshaled to make this plan a reality so that people of all financial means that work here can afford to live here as well.

The result of the work of the Task Force follows. It is a multi-faceted plan that embraces the goal that we can to End Homelessness in 10 years. It requires that work on all fronts begin and continue simultaneously. It is also a tool for the community to achieve its community development goal, which is adequate and desirable housing for all residents of the city.

CARDBOARD BOXES

"Homeless people live in cardboard boxes, don't they?"

That's what some kid said to me today.

Then he laughed.

I wanted to hit him.

But I didn't...I laughed too.

Then I went back to the shelter and cried.

Jaime, age 13

6 As We Were:

This plan provides the community with four major objectives towards ending homelessness and specific recommendations to achieve those. Those objectives are:

I. **Increase the supply of permanent housing units to meet the projected need of homeless persons.**
II. **Keep people housed and reduce the number of people becoming homeless and specifically reduce the number of people being discharged into homelessness by state and local institutions and Agencies.**
III. **Ensure that there are adequate, appropriate and sufficient services to assist homeless or at risk persons in accessing and retaining housing.**
IV. **Develop a strategy to ensure that the plan is both implemented and monitored to completion.**

The Work of the Danbury Task Force to End Homelessness

Creating a work structure to develop a plan to prevent, reduce and ultimately End Homelessness in 10 Years required the creation of four subcommittees or work groups (see appendix 4). Workgroups were initially chaired and populated by Task Force members. Chairpersons were urged to include other community members in the work to ensure that community expertise was fully utilized. The work groups met independently and the entire Task Force met periodically to refocus and share information. The Interagency Council on Homelessness website provided the actual plans completed by other cities and counties across the country. Work groups were asked to review several plans and to choose a plan after which to model their work. This was done in hopes of providing an outline and focus.

Following the lead of communities and states across the country, the work groups were organized around the community components recognized as necessary to end homelessness:

- An adequate supply of permanent housing units;
- An effective eviction prevention program;
- Strategic efforts aimed reducing homelessness;
- A responsible discharge planning system;
- An efficient, appropriate and sufficient community-based service system to assist homeless persons in accessing and retaining housing.

An analysis of our community resources by each of the work groups in these areas led to the identification of four major objectives that must be met in order to end homelessness:

I. Increase the supply of permanent housing units to meet the projected need of homeless persons.
II. Keep people housed and reduce the number of people becoming homeless and specifically reduce the number of people being discharged into homelessness by state and local institutions and Agencies.
III. Ensure that there are adequate, appropriate and sufficient services to assist homeless or at risk persons in accessing and retaining housing.
IV. Develop a strategy to ensure that the plan is both implemented and monitored to completion.

THE OBECTIVES AND RECOMMENDATIONS:

I. INCREASE THE SUPPLY OF PERMANENT HOUSING UNITS TO MEET THE PROJECTED NEED OF HOMELESS PERSONS.

The Permanent Housing workgroup was charged with developing a plan to identify permanent housing opportunities for Danbury's homeless population. The proposed plan must take into account the diversity of needs of the city's homeless population and develop a framework that will create solutions appropriate for effectively meeting those needs. In addition, the Committee realizes that any opportunity for permanent housing solutions for ending homelessness are closely tied to the work of the other Task Force committees involved in this process (i.e. reducing homelessness, preventing homelessness, and increasing services and support).

Researching and analyzing these issues required that the workgroup: review and analyze plans from other communities aimed at creating permanent housing solutions to homelessness; review federal and state programs aimed at addressing the issue of homelessness; and compile data from a variety of sources identifying the diversity of Danbury's homelessness population.

Six action areas were identified and recommendations were formulated. They are:

- Creating an entity for facilitating housing development assistance;
- New housing development;
- Preservation of the existing stock;
- Removal of possible barriers to the process;

- Encouraging collaboration with developers, government and funding sources;
- Leveraging existing resources.

YEAR ONE

Designate a lead municipal agency responsible for the implementation of this plan.

Establish goals to expand the supply of permanent housing affordable to homeless or at risk individuals and families.

The workgroup is recommending that the commitment be made to develop 15 units of permanent and supportive housing.

Establish a formal relationship with a not-for-profit that is able to provide developers, property owners and landlords with relevant information and the necessary technical assistance to create permanent housing opportunities for or at risk individuals and families.

Request that Housing Authority Commissioners adopt an access preference policy for those persons homeless at the time of application.

Establish working relationship with the Housing Authority of the City of Danbury for current and prospective availability of housing units.[7]

Increase the availability of public housing units by increasing the number of public housing residents who transition to homeownership.[8]

Consider requiring the setting aside of a portion of housing units in a development for long-term retention as affordable housing through deed restrictions or, in lieu thereof, making of payments into a municipal housing trust fund to be used for constructing, rehabilitating or repairing housing affordable to persons and families of low and moderate income.

Recommend Common Council consider reducing sewer and water connection fees to those in effect prior to July 1, 2005 for residential units meeting state definitions of affordability.

Engage philanthropy, governmental entities (state and local) and other funding sources to craft a flexible grant program tied to the development of permanent supportive housing units.

Advocate for increased state and federal subsidies for low and moderate-income housing.

Secure funds through the Governor's Next Step Initiative or new statewide Housing Trust Fund to subsidize development, operations and case management expenses of additional permanent housing.

Establish a communications link on upcoming funding availability.

Engage shelter and transitional housing providers in planning for logical expansion of existing facilities.

Improve outreach and linkages to existing training, education and literacy programs.

YEAR TWO

Work with local banks and other area lending institutions regarding foreclosure properties available for possible permanent housing opportunities.

Develop 20 units of permanent/permanent supportive housing

Explore and encourage expansion of existing partnerships between non-profit agencies and private developers through workshops to increase awareness of financial incentives and funding availability for permanent housing.

Explore partnerships with educational institutions to offer classes on services and management of supportive housing.

Increase training opportunities for supportive housing providers, landlords and tenants.

Explore models of Urban/Suburban Collaboratives for Social Services.

Recommend that HVCEO hire a consulting firm to determine the fair share of affordable housing for each member municipality based on regional need for the next ten years. Include recommended methods available to require and/or offer incentives for the construction or conversion of dwellings that meet state definitions of affordability (e.g. multi-family zoning, higher densities, accessory apartments, requiring a percentage of units to be affordable, fee-in-lieu of providing affordable units, density bonuses for affordable units, tax credits, utility connection fee reductions).

Recommend Common Council consider providing

7 Danbury Housing Authority is anticipating selling 9 properties (approximately 22 units). While these will have to be sold at a competitive bidding process, DHA is committed to keeping the properties as "affordable" through deed restrictions. C. Sistrunk, Executive Director of the Housing Authority of the City of Danbury, 2005

8 "HACD will use private partnerships for the redevelopment of the 60 unit High Ridge Gardens property. Currently vacant, the property would be transferred to a private entity to develop affordable homeownership opportunities." C. Sistrunk, Executive Director of the Housing Authority of the City of Danbury, 2005

property tax credits to owners of residential property who place long-term binding affordable housing restrictions on such residential property.

Develop Tax Abatement program for landlords who deed restrict affordable units.

Create educational programs for land use officials regarding the removal of barriers to affordable housing.

Develop loan program for small multi-family family properties to upgrade and refurbish rental units.

YEAR THREE

Develop 30 units of permanent housing each year in years 3 through 10.

YEARS FOUR THROUGH TEN

Continue aggressive efforts to garner funding and community for housing efforts.

Over the next 10 years, a total of 275 units will be developed. The objective is to create housing opportunities for at least 400 people through the development of 275 units. At least 150 of the units would serve households of 2 or more persons and 125 would serve individuals, targeting chronically homeless and young adults 18-24. To ensure a mixed tenancy at least 60% (165) of the housing units will be targeted to families and individuals facing long-term homelessness. The remaining 40% will target other households that need affordable housing.

II. KEEP PEOPLE HOUSED AND REDUCE THE NUMBER OF PEOPLE BECOMING HOMELESS AND SPECIFICALLY REDUCE THE NUMBER OF PEOPLE BEING DISCHARGED INTO HOMELESSNESS BY STATE AND LOCAL INSTITUTIONS AND AGENCIES.

Recognizing that this community has developed a sheltering system and a service system of care for persons who are homeless, the time has come for Danbury, like the rest of the nation's communities, to focus its efforts on preventing homelessness. The Workgroup focused on reducing and preventing homelessness identified 5 action areas and formulated their recommendations based on an analysis of existing resources and best practices for housing retention and eviction prevention.
The five action areas are:

- Improving the current system of accessing homeless and eviction prevention services;
- Improving the community's ability to identify and provide services to persons and families that are homeless or at risk of becoming homeless;
- Improving the quality and scope of homeless and eviction prevention services;
- Expanding existing and developing additional transitional living[9] situations for very specific at-risk populations and homeless populations;
- Reducing the number of persons discharged into homelessness by State and local institutions and agencies.

YEAR ONE

The implementation and oversight entity will begin and continue to identify funding sources and grant opportunities that will bring rental subsidies, leasing dollars and case management funds into the region.

Provide Boards of Directors of all agencies serving homeless populations and/or providing beds with a copy of the report and request that they develop strategies to ensure 100% utilization and explore possible expansion of current programs; identify local funding streams.

Request that the Board of Commissioners for the Danbury Housing Authority adopt a policy that gives priority to homeless families and individuals including those homeless linked to the new temporary monthly subsidy program.[10]

Establish a Point of Entry for all referrals that deal with homelessness, homeless prevention and eviction prevention.

Develop strategies to identify and engage those at risk of becoming homeless;[11]

Bring all eviction prevention programs staff together to review identified shortfalls and develop system improvement goals.

Identify additional funding streams for eviction and homeless prevention.

A streamlined application and referral process is developed and is utilized community-wide.

9 Transitional housing is not permanent housing nor is it emergency housing or emergency shelter. The intent is to provide the time, the services and the training if necessary to persons that are no quite ready to live independently for any number of reasons.

10 see footnote # 6

11 See appendix 3 for preliminary list of at risk groups

Create the opportunity for dialogue with state and local institutions and facilities about the mutual challenges and possible strategies for improved discharge planning.[12]

Create the opportunity for dialogue with state and local institutions and facilities about mutual challenges and develop strategies to create transitional housing opportunities for persons being discharged from correctional facilities and treatment programs.

The local Continuum of Care assumes responsibility for establishing desirable discharge planning outcomes for the community and coordinates those efforts with the point of entry to establish procedures and polices for discharging people from state facilities, hospitals and treatment facilities. The community should see a 10% reduction each year in the number of persons discharged directly to the shelter from state and local institutions.

Veteran's organizations are provided information about the need for permanent and transitional living opportunities for homeless veterans and asked to collaborate in establishing and developing such resources.

Identify and apply for funding to develop transitional housing opportunities for young adults (18-24).

Investigate funding availability and submit grant applications to increase the number of transitional housing beds for individuals with disabilities.

YEAR TWO

A seamless eviction prevention program is created which keeps people housed and coordinates existing eviction prevention services and implements the identified needed improvements.[13]

Establish Temporary Monthly Rental Subsidies Fund with funds garnered in year one and fund 20 individuals in and 10 families in permanent housing in years 2-5.

Fund, increase and insure continued cash resources for these prevention activities such as back rent, security deposit, housing mediation, temporary monthly rental subsidies[14] and short-term rental and mortgage assistance.

The community and discharging institutions need to adopt a zero tolerance policy for discharge into homeless shelters and homelessness.[15]

Complete Organizational work and applications for funding for veteran's housing opportunities continues.

Investigate funding availability and apply for funds to develop short-term medical respite beds for those that are homeless or will become homeless upon discharge from a medical hospital but need to become medically stable.

Develop 7 units of transitional housing for young adults.

Create Transitional Housing opportunities for 3 additional families.

Develop 10 units of transitional housing for individuals in years 2-6.

YEAR THREE

Develop transitional housing for veterans with identified funding streams using models best practices that have been established.

Develop Transitional Housing Opportunities for Individuals.

12 The workgroup members strongly stated that discharge planning can only be effective if the recommended transitional housing, medical respite and support programs are in place and run with no or minimal wait lists.

13 The program will include the development of a system for identifying at risk households and be able provide or insure that those households will receive on-going case management and services. Services will include timely access to existing community credit/financial service systems. The program will be able to provide available cash assistance and mediation for back rent/mortgage situations and direct access to legal assistance.

14 The program would need to develop a new component to administer a new fund that would provide short-term rental assistance in the form of a monthly rental subsidy for persons/families who could not otherwise afford to pay full rent. The persons/families would be on waiting list for permanent housing subsidy, would need to be working toward financial independence and be receiving supportive services. The rental subsidy would be time limited with time limits to be determined based on the average wait time for Section 8. The rental subsidy would be considered a grant to the participant. Group recommended that guidelines and prioritization for the money be developed as time progresses.

Also to be developed would be a temporary short-term rental and mortgage assistance program (possibly modeled after the community's Key Rings program for security deposits) for those facing temporary unusual or emergency situations.

15 The Point of Entry agency would be responsible for establishing collaborative working relationships with area hospitals, DCF, Substance Abuse Treatment Facilities, Mental Health Facilities, The State Correctional and Judicial Systems, VA and others to decrease the numbers of persons being inappropriately discharged to the streets and shelters. and develop appropriate discharge plans for individuals being discharged from these institutions. The group recommended that there be a requirement for the discharging facilities to notify the Point of Entry agency of pending discharges in advance and work out appropriate service and housing placements prior to discharge. Group also stated that discharge planning can only be effective if the recommended Transitional Housing, Medical Respite and support programs are in place and run minimal waiting lists.

Develop 2-3 short-term medical respite beds for those that are homeless or will become homeless upon discharge from a medical hospital but need to become medically stable.

YEARS FIVE THROUGH TEN

Fund 30 individuals and 15 families in permanent housing with the Temporary Monthly Rental Subsidy Fund.

Develop 7 units of transitional housing for young adults.

Develop 10 units of transitional housing for individuals with disabilities.

III. ENSURE THAT THERE ARE ADEQUATE, APPROPRIATE AND SUFFICIENT SERVICES TO ASSIST HOMELESS OR AT RISK PERSONS IN ACCESSING AND RETAINING HOUSING.

The services and support workgroup assessed whether the current inventory of community services for the homeless is adequate, if it is accessible and whether or not it can meet an increased demand for services as we seek to end homelessness. It also assessed whether the services are sufficient to assist those homeless and at risk in accessing and retaining housing. Based on their assessments, six action areas were identified and recommendations formulated. The six action areas are:

- Improving the quality and scope of homeless and eviction prevention services;
- Improving the current system of accessing and tracking the availability of homeless and eviction prevention services;
- Increasing the support services needed for improved self-sufficiency;
- Expanding the array of substance abuse services offered to include detoxification services; improving access to medical and dental services for low income persons;
- Increasing the availability of community case managers;
- Creating emergency shelter services for intact homeless families

YEAR ONE

Establish a Point of Entry for all referrals that deal with homelessness, homeless prevention and eviction prevention.

Establish a community wide system of information sharing amongst providers that allows the providers to know which agencies are providing case management and for whom (i.e. a service system access card).

Develop a streamlined application and referral process that is utilized community-wide.

Develop a formal agreements with area town social service departments to provide on-going case management services to residents of their towns that are seeking shelter and services in Danbury.

Assess the community wide need for case managers based on the data gathered by the Point of Entry.

Improve utilization of VA provided substance abuse treatment and services.

Increase access to drug and alcohol services by improving outreach and transportation services.

Review and revise community case management standards and encourage all agencies to formally adopt them.

Establish a relationship between the local chamber of commerce and the continuum of care.

Identify all statewide publicly funded job training opportunities.

Research best practices available for providing cost effective emergency shelter services for intact families

Identify funding sources for family emergency shelters

YEAR TWO

A seamless eviction prevention program is created which keeps people housed and coordinates existing eviction prevention services and implements the identified needed improvements.[16]

Provide community wide access to money management and credit counseling services for low income persons by coordinating and expanding existing programs.

Increase by 20% the number of mental health case managers and case management services, both traditional and assertive, to assure more mental health case management, symptom and medication

16 The program will include the development of a system for identifying at risk households and be able provide or insure that those households will receive on-going case management and services. Services will include timely access to existing community credit/financial service systems. The program will be able to provide available cash assistance and mediation for back rent/mortgage situations and direct access to legal assistance.

management, increased education about money management, household management, cooking, shopping, skills of daily living, and in some cases providing for the services of a Representative Payee.

Solicit municipal and united way support in developing a pool of community case managers.

Provide extensive support services for youth ages 18-24 living in or awaiting placement in transitional housing by increasing the availability of community case managers.

Provide on-going information to landlords about services available to their tenants facing any number of difficulties by having such information at the Point-of Entry and via the internet.

Provide on-going information to landlords about services and supports that could be available if they were to rent to section 8 voucher holders or to homeless persons connected to case management services by having such information available at the Point of Entry and via the internet.

Explore funding opportunities for improving medical care to the homeless.

Enhance and coordinate existing local job training programs.

Develop a formal agreement with area town social service departments to provide on-going case management to residents of their towns that are seeking shelter and services in Danbury.

Provide increased access to and information about affordable and safe child care.

Establish emergency shelter beds for intact families.

YEAR THREE

Provide detoxification services locally.

Create Job training programs and employment placement opportunities to provide increased access to livable wages by advocating that the local workforce development board rigorously assess those needs and provide funding for their findings.

Improve access to primary health care/public health services and specialists clinics for homeless persons, including dental services.

YEARS FOUR THROUGH TEN

Continue aggressive efforts to identify and garner service funding.

Continue tracking client and system needs.

Evaluate effective of efforts.

IV. DEVELOP A STRATEGY TO ENSURE THAT THE PLAN IS BOTH IMPLEMENTED AND MONITORED TO COMPLETION

The end result of the work of the Task Force is a community Plan to End Homelessness within 10 years. The plan is of no measurable value until it is implemented. There was a group of Task Force members that met to review and expand upon the implementation suggestions that were offered by each of the other workgroups and the Task Force as a whole. There were five action areas identified and again, specific recommendations were formulated.

LIFE IN A SHELTER

Crowded bedrooms,
Lots of strangers
Too many rules,
Loud, crying babies
People everywhere.
But,
It was better than living in a car.

Justin, age 14

The action areas are:

- Municipal and community endorsement of the plan;
- Municipal assumption of responsibility for implementation and oversight;
- Development of an efficient and effective Point of Entry
- Aggressive identification and procurement of both public and private financial resources for housing and program development and social services;
- Relationship and partnership building with private and non-profit developers;
- Relationship and partnership building with regional and state governments and agencies

YEAR ONE

Prepare and present the draft plan to Mayor Boughton

Submit the draft plan to the Common Council of the City of Danbury for adoption

Present the draft plan to the community via a public informational session

Accept comments and suggestions from the Mayor, the Common Council and the community.

Mayor releases final plan

Housing Partnership is informed of its responsibility for the plan

Mayor begins process of retooling and reorganizing The City of Danbury Housing Partnership;[17]

Mayor identifies the municipal department also responsible for implementing the plan

Mayor funds a part-time position in that department to provide staff support to the Partnership and be the liaison to the community developers, agencies etc.

Point of Entry is established and funded.[18]

Plan is distributed to regional government officials and the Housatonic Valley Council of Elected Officials.

Seek funding for a grant writer.

Grant writing and other fund raising efforts are begun.

YEAR TWO

Homeless Management Information System is fully utilized by the Point of Entry.

Discussions are held regionally to develop a formal agreements with area town social service departments to provide on-going case management to residents of their towns that are seeking shelter and services in Danbury.

Efforts are continued to identify traditional and non-traditional funding streams.

Point of Entry is able to identify preliminary gaps in services.

YEARS THREE THROUGH TEN

Monitor and evaluate efforts.

Monitor and evaluate effectiveness of Point of Entry.

CONCLUSION

On a given night in January 2006, there will be another count of homeless people in our community. In other years the count was done to meet a federal mandate. This year we will meet that same mandate but with a greater sense of community commitment and purpose. With the formulation of this plan we not only have a count to conduct but also a goal to achieve which is to End Homelessness in our community in 10 years.

The Danbury effort to develop a 10 Year Plan to End Homelessness was initiated to coincide with similar efforts being undertaken nationally. National and statewide organizations; federal and state governments have gathered data; are making projections of need based on facts; are garnering financial and political support; are willing to provide technical assistance and stand ready to assist local communities like ours in accomplishing this goal. These efforts will result in an opportunity for us to become partners in these efforts as well and benefit from the funding resources and policy changes.

In order to take advantage of this opportunity the community must make a commitment to see this plan to fruition. The political will to end homelessness must be furthered by our elected officials; the development of housing must come from public, private and non-profit developers; the social service system must be willing to evaluate and redesign their service delivery systems if necessary and the citizens must support the City's investment in this plan.

"The cost of not acting is high. Long-term homelessness is expensive. Its cost is most acutely felt by the overburdened health and mental health systems. A recent study found that hospitalized homeless people stay an average of more than four days longer than other inpatients, and that almost half of medical hospitalizations of homeless people were directly attributable to their homeless condition and therefore preventable. Conversely, a Connecticut study found that formerly homeless tenants of supportive housing had reduced their use of Medicaid-reimbursed inpatient medical care by 71% after moving into supportive apartments.

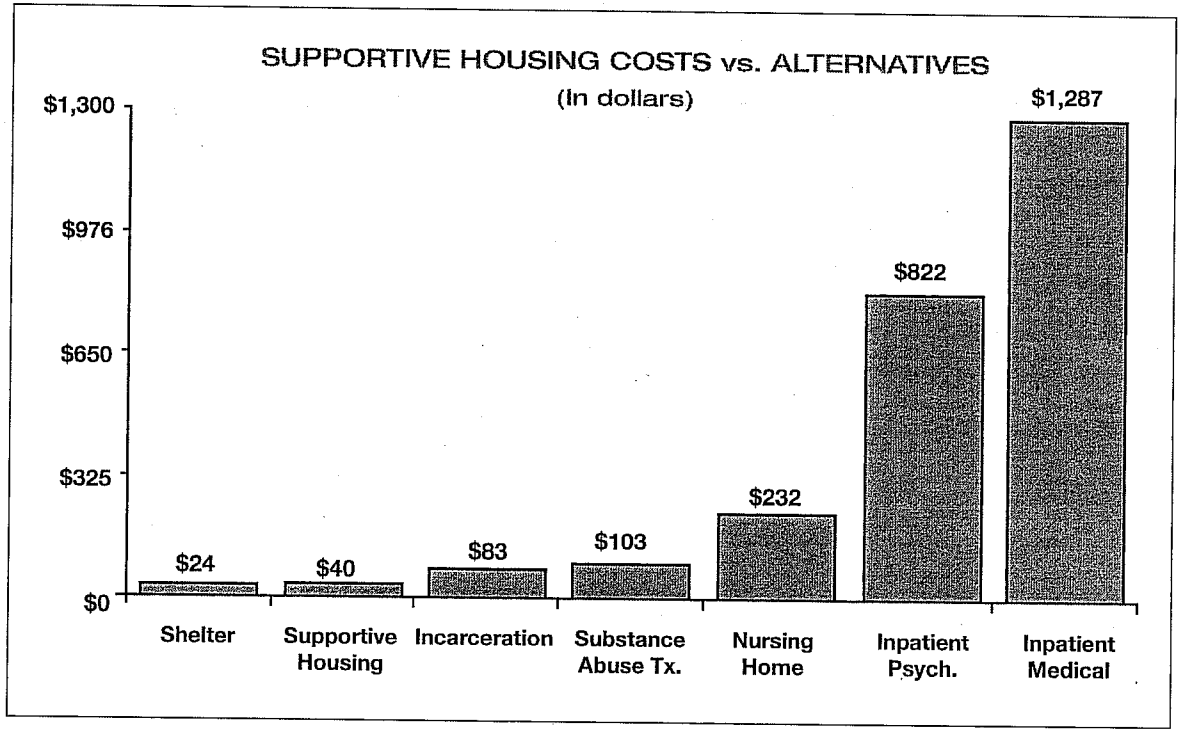
17 See appendix

18 See appendix for description of point of entry and agreement to be signed by the city and agency(cies)

This is a significant savings: in Connecticut, inpatient psychiatric care costs an average of $822 a day, and medical hospitalizations for people with AIDS average over $1,290 per day. Recent studies have also found that homeless persons are three times more likely to use hospital emergency rooms than the general population, and are at higher risk for emergency department services because of their poor health and elevated rates of injuries...

For children, chronic homelessness can have a particularly devastating effect. The American Academy of Pediatrics has found that homeless children are more likely than other children to experience trauma-related injuries, developmental delays, and chronic disease. Disruptions in education and the effects of living in stressful, chaotic environments can have long-standing effects. Homeless children's academic performance is hampered both by their poor cognitive development and by the circumstances of their homelessness, such as constant mobility. Homeless children are more likely to score poorly on math and reading tests, and are more likely to be held back a year in school. Homeless children are also seven times more likely than other children to be placed in foster care. Children who experience homelessness, foster care or extended stays in institutional settings often return to homelessness as adults. Supportive housing, and the other recommendations contained in this report, offers the chance to address the needs of children who are homeless now, and to prevent their return to homelessness once they become adults."[19]

The City will need to invest its energy and its resources. It is the position of the Task Force that City government has the wherewithal to cause the community to respond to these recommendations but that will require financial commitment to establish a quality point of entry system and adequately fund a partial municipal staff position staff position and make resources available to the Housing Partnership. Committing and positioning ourselves in these ways will move our community towards ending homelessness.



19 Report to the Honorable M. Jodi Rell, Governor State of Connecticut from the Interagency Council on Supportive Housing and Homelessness, January 1, 2005. pp3&4

APPENDICIES

APPENDIX #1
Our Communities Homeless Count

Greater Danbury Continuum of Care

Point-in-time Count

January, 2005

A community wide effort to identify and count those meeting the federal definition of homelessness in our community was conducted for a 24-hour period from 9 o'clock p.m. on January 25th 2005 until 8:59 pm on January 26th, 2005.

The effort was coordinated by the Greater Danbury Continuum of Care and specifically by the members of the Continuum's count work group. Community agencies in Danbury and the surrounding communities were asked to conduct outreach efforts to their homeless client populations and to request participation in the completion of a specific survey. (It should be noted that we did not have participation by the surrounding towns). The effort resulted in the completion of 321 unduplicated surveys. One survey was completed for each individual or family.

The unduplicated data results follow. Information as it pertains to all surveys collected is presented first.

Specific data as it pertains to chronically homeless persons; families; youth under 18; elderly; young adults and females is presented separately.

Demographics:

Age: 59% of our respondents were between the ages of 30 and 49

Age	# of persons Reporting	Percentage of Sample
<18	8	2
18-20	22	6
21-29	21	6
30-39	79	24
40-49	114	35
50-57	45	14
58-65	16	5
>65	0	
Unknown	16	5

Gender:

While 43% of the total respondents were female, 91% of the families counted were single parent households, headed by females

Gender	Persons Reporting	Percentage of sample
Male	181	56
Female	137	43
Unknown	3	1

Ethnicity:

Ethnicity	# Persons	% Of sample	Male	Female	Unknown
White (non-Hispanic)	198	61	110	87	1
Black (non-Hispanic)	64	19	41	23	
Hispanic	38	11	20	18	
Asian/pacific islander	5	1	4	1	
Native American	5	1			
Other					
Unknown	11	3	4	5	2

History of Homelessness:

Of the respondents, 230 (71%) indicate that they have been homeless for more than 3 months and 44 % stated that they have been homeless before. Access to housing and housing retention are causes of homelessness that need to be further examined by the community as we seek to implement strategies that will end homelessness.

Less than 3 Months	% of Sample	Homeless Before	& of Sample	More than 3 Months	% of Sample	Homeless Before	% of Samples
70	21	27	8	230	71	144	44

Gaps in Services:

The survey process seeks to give the community an understanding of the needs of homeless persons for planning purposes. Program expansion or development aimed at helping homeless persons should plan for the delivery of needed services. Respondents were asked to self-report on what services they may need and the problems or challenges they face. Note that respondents could check all that apply to their particular situation.

Age	#	VA	Mental Health	Medical	Alcohol Substance Abuse	Mentally Retarded	Physically disabled	AIDS HIV	Mental or Physical Abuse	Victim of Domestic Violence	Voc Rehab Service	No Service Needs
<18	8	0	4	1		0	1		1	2	1	1
18-24	22	0	10	3	8	0	1	0	1	3	10	8
25-29	21	0	6	4	9	0	0	1	2	5	3	5
30-39	79	0	29	20	31	0	1	2	4	11	15	18
40-49	114	5	34	31	36	1	7	4	5	4	23	27
50-57	45	3	17	11	14	0	4	3	0	0	8	8
58-65	16	0	4	3	3	1	0	1	0	0	1	5
>65												
Un-known	16		5	2	5	0	1	0	1	0	1	9

Respondents were also asked to self-report on services that they were already receiving to meet their specific needs.

Services Currently Receiving:

Age	#	VA	Mental Health	Medical	Alcohol/ Substance Abuse	Mentally Retarded	Physically disabled	Aids/ HIV	Mental or Physical Abuse	Victim of domestic Violence	Voc Rehab Service	Not Receiving Services
<18	8	0	2	1	0	0	0	0	0	2	0	6
18-24	22	0	4	2	1	0	0	0	0	0	1	16
25-29	21	0	6	8	3	0	0	1	2	4	0	6
30-39	79	0	27	19	15	1	1	1	5	7	2	35
40-49	114	0	59	42	38	2	3	2	3	3	7	34
50-57	45	0	22	21	15	0	0	2	1	1	1	14
58-65	16	4	7	11	0	1	2	1	0	0	2	2
>65												
Unknown	16	1	3	20	4	0	1	0	0	0	1	12

Respondents were asked to identify their source of monthly income, given a set of choices. The data as it is presented does not delineate the "other" response nor is it certain whether or not people were asked specifically if they receive SAGA cash. Given "SAGA" as a choice may have elicited an affirmative response even if they were receiving only SAGA medical and food stamps, neither of which are resource for rental payments. That said, 97 indicated definitively that they have no source of income and based on the market rents for this area one can safely add the TANF and SSI recipients along with non-saga cash recipients to the percent of people with no income or not enough income to access housing.

Income:

	Work	TANF	Social Security	Unemployment	No source	SAGA	No response	Other
# Reporting	62	8	103	4	97	27	13	42
% Of sample	19	2	32	1	30	8	4	13

The minimum wage in Connecticut is $7.15 per hour (net = approximately $6), the average 1 bedroom apartment and/or efficiency costs $900.00 per month. A single adult would need to work 150 hours per month to pay the rent only.

The inability to obtain housing based on the cost of that housing or the lack of income appears to be the same reason that people are unable to retain housing. When asked why they are homeless, or why they lost whatever housing they had just prior to becoming homeless, 117 people cited eviction and/or financial reasons.

Previous Housing:

	Eviction	Released from Correctional Institution	Released from Hospital	Financial Reasons	Released from Treatment Facility	No Response	Other
# Reporting	39	30	40	78	16	39	90
% Of sample	12	9	12	24	5	12	28

Due to the limited number of affordable units in our community; income insufficient to support a monthly rental payment and a limited supply of shelter + care and housing choice vouchers, the emergency shelters become the viable options. The people that are recorded below as residing in jails & hospital/treatment centers were homeless prior to entering those facilities and are expected to return to the shelter as alternative discharge plans had not been developed as of the count date.

The 56 people who became homeless upon discharge from a facility coupled with the 33 that will be discharged back to the shelters represents the significant impact of discharge planning or the lack thereof on local communities.

There are 119 people represented in this chart as homeless that are actually housed. HUD asks us to count people who are in permanent supportive housing for the homeless and those in transitional housing that were homeless upon entry in the program.

Current Living Situation:

	Emergency Shelter	Street	Transitional Housing	Vacant Bldg	DV Shelter	Permanent supportive housing	Doubled up	Hotel/ Motel	Sub Standard	Jail	Hosp. treatment facility	No response
#	80	19	68	2	1	51	44	1	2	14	19	7
% of sample	24	5	21	.05	.05	15	13	.05	.05	4	5	2

Chronic Homelessness:

Identifying chronically homeless persons in our community would seem to be a relatively easy task. Many of these individuals are the very visible street people. Since we have a day center and moderate numbers

of homelessness, most of the homeless are known to one or more of the professionals working in our homeless services network. We tend to know who has been homeless for a long time or those who seem to continually cycle in and out homelessness. It is much more difficult to count the Chronic Homeless using HUD's definition. The reason we must recognize and count within the parameters of this definition is that when applying for HUD funds we must differentiate between chronic homeless and other homeless.

HUD'S definition is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year OR has had at least four episodes of homelessness in the past 3 years. A disabling condition is defined as a diagnosable substance use disorder, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions...The term homeless means a person sleeping in a place not meant for human habitation (i.e. the streets) or in an emergency shelter."

Based on the information obtained in the count, the following data is being presented representing our chronic homeless population. There were 40 people who have been homeless more than 3 months and have had 4 or more episodes of homeless in the past 4 years. These 40 are those that stay on the streets, in abandoned buildings or in the shelter. None of the 40 was counted twice in any of these categories. All of these 40 either receive or have a need to receive services for a developmental disability, substance use disorders, serious mental illness or a co-occurrence of two or more of these conditions. Social Security disability and /or SSI are the monthly income reported by 12 of them. There were 36 men and 4 women.

Homeless Families:

We were able to count 47 families on 1/25/05 representing 15% of the total number of respondents.

The survey results indicate that 42% of the homeless families derive their income from work. Twenty-five of those meeting the federal definition of homelessness are living in transitional or permanent supportive housing, 22 of the families counted on this date were in need of immediate housing.

The chart below illustrates all the data gathered on the families surveyed and the ones following pull out specific data items that are significant.

																Previous Housing						Income						
Families Housing Situation 1/25-1/26/05	#	Gender		Ethnicity						Children	Homelessness More than 3 months				Eviction	Lost (financial reasons)	Jail	Hospital	Treatment Program	OTHER	WORK	TANF	SS	OTHER	UIB	NONE	SAGA
		M	F	W	B	H	A	N	O	#	Y	N	Before Y	Before N														
Emergency Shelter	7	0	7	3	0	3			1	9	5	2	2	5	3	1				3		3		1	2	1	
Temporary with family/friends	9	3	6	3	2	4				14	5	4	4	5		7				2	2	3		2		2	
Street	1	0	1	0	1					1	1		1		1						1		1				
Hospital/treatment facility																												
Hotel/motel	1	1	0	0	1					2		1		1						1	1						
Permanent Supportive housing	19	1	17	10	3	4			2	25	10	9	11	5	5	5	1	1		5	11		2	2			
Transitional Housing	6	0	6	3	2	1				12	4	1	4		1		1	1		1	3	1		1			
Jail	0	0																										
Vacant Building	0	0																										
D. Violence shelter	1	0	1		1					2	1					1											
Substandard housing	1	0	1							2						1										1	
Unknown	2	0	0			2				2	2			1						1		1	1				
Totals	47	5	42																									

Two families reported themselves homeless but would not disclose current living situation or wether or not they were male or female headed households

Reasons for Homelessness:

The number of families reporting that they had lost their housing due to financial reasons or eviction was 25 or 53%. Again, high rents and underemployment seem to be critical factors.

	Eviction	Released From Correctional Inst.	Released From Hospital/Rees.	Financial Reasons	Other	No Reponse
# Reporting	10	2	1	15	13	6
% Of sample	21	4	2	31	27	12

Service Needs:

46% of the families indicated they did not have service needs other than housing. 22 families report having no service needs, 14 families report they are not receiving services.

	Mental Health		Medical		Alcohol Substance Abuse		Physically Disabled		Aids HIV		Mental or Physical Abuse		Victims of Domestic Violence		Voc Rehab Services	
	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R
# Reporting	13	15	5	10	5	8	1	1	0	2	2	2	8	7	9	0
% Of sample	27	31	10	21	10	17	2	2		4	4	4	17	14	19	

There were 69 children living with parents meeting the definition of homeless. There were 24 children under the age of 5; 29 or 61 % of the children were between 5-11 years old. There were 45 school aged children. The majority children in these homeless families have been homeless for more than three months and the majority has also experienced other episodes of homelessness.

Age of children who are homeless	# Of children at each age
1 month	1
6 months	2
Subtotal < 1year	**3**
1 year	4
2 years	8
Subtotal toddlers	**12**
3 years	2
4 years	7
Subtotal Pre-school	**9**
5 years	4
6 years	7
7 years	3
8 years	3
9 years	4
10 years	5
11 years	3
Subtotal 5-11 years Elementary	**29**
12 years	3
13 years	2
14 years	3
Subtotal 12-14 years Middle School	**8**
15 years	2
16 years	4
17 years	2
Subtotal 15-17 High School	**8**
Total #	**69**

Youth under 18:

The Danbury Public School System is using a combination of McKinney funds and CDBG funds to provide staff resources to homeless families and their children and homeless youth under the age of 18. The system's goal is to ensure educational continuity for children who are homeless. The youth that are reported on in this section, are those youth not living with their families and who report themselves to be homeless. Again, the data shows that even the youth have been homeless for longer periods of time 7 of the 8 have been homeless for more than 3 months with 4 this being their first time homeless and 2 of the young people had experienced other episodes of homelessness.

Gender of Youth Who Are Homeless		
	Female	**Male**
# Reporting Income	6	2
Work	1	
State Assistance		
Social Security	1	
No Income	3	
Other	1	1
Service Needs		
Mental Health	4	1
Medical	1	
Substance Abuse		
Mental or Physical Abuse		1
Victim of Domestic Violence	1	1
Voc Rehab	1	
Physically disabled		1
Homelessness		
More than 3 months	6	1
Less than 3 months		
First time Homeless	3	1
Homeless Before	2	
Current Housing		
Doubled UP	2	1
Street	2	
Hospital /Treatment		1
Supportive housing	1	
Transitional	1	

Eld

Our community is fortunate to have a transitional facility for elderly homeless persons. The admission age to that program is 58 years of age. Due to this resource, this community identifies those 58 years of age and older as elderly homeless. There were 16 people who participated in the survey.

Age, social service needs and social services being received are illustrated in the chart below.

Age	# Reporting	Mental Health		Medical		Alcohol Substance Abuse		Physically Disabled		Mental or Physical Abuse		Victim of Domestic Violence		Voc Rehab Services		VA		Mental Retardation		HIV AIDS AIDS		No Service Needs
		N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	
58	2		2		1									1								
59	5	2	2	2	3	2									1	1		1	1	1	1	
60	4	1	2	1	4				1						1		2					
61	1				1				1													
62	3	1	1		1												2					
65	1					1																

	Previous Housing				Income					Current Housing					
	Eviction	Financial Reasons	Release from Hospital	Other	None	Saga	Social Security	Emplymnt	Other	Transitional	Doubled Up	Supportive Housing	Shelter	Street	No Response
10 males	1	4	2	3			7	1	2	3	1	1	2	2	1
6 Females	1	2	3			2	2	1		5		1			
	2	6	5	3		2	9	2	2	8	1	2	2	2	1

Young Adults

Locally, statewide, and nationally, emergency shelter systems; soup kitchens and day centers for the homeless are encountering increasing numbers of young people aged 18-24. Whether they are aging out of the foster care system, leaving home voluntarily or under duress they are seeking shelter services.

Our count identified 13 people between the ages of 18 and 23 and an additional 6 people 24 and 25 years of age. This seemingly random split in the age groups is based on a couple of factors.

The first being that the State of Connecticut identified and is targeting 18-23 year olds in their efforts to end homelessness and the current budget proposal by our governor includes funding for services and housing for this targeted group. The second being that our local Continuum of Care has been gathering data on 18-24 year olds for the past 2 planning years via a specific work group charged with data gathering, planning and outreach. The third factor is that this year's work group, as result of a series of focus groups, expanded their outreach efforts to include 25 year olds. The point-in-time count data will be presented for these 3 groups by subtotaling the data accordingly.

Ages	Total	Male	Female	Reason for Homelessness	Homeless more than 3 months	Homeless Before	Receiving Services	Needing Services
18	5	4	1	other	5	2	1	5
19	3	3		other	2	2	0	3
20	0							
21	2		2	other	2	2	0	2
22	1		1	Release from treatment facility			0	1
23	2	2		Financial reasons	2		0	
18-23 Subtotal	**13**	**9**	**4**		**11**	**6**	**1**	**11**
24	4	1	3	Release from treatment	1	1	2	1
18-24 Subtotal	**17**	**10**	**7**		**12**	**7**	**3**	**12**
25	2	1	1	Release from treatment/jail	2	2	2	2
18-25 Subtotal	**19**	**11**	**8**		**14**	**9**	**5**	**14**

Most responded that the reason they are homeless or their previous permanent housing situation was "other". The count survey choices did not give this younger population choices involving family. The second predominant reason is release from either a treatment program or jail. The data also illustrates that while they may be seeking shelter beds they are not seeking or receiving services despite the need. Substance abuse, mental health and medical care are the most frequently identified needs along with vocational training.

Vet[illegible]'s

The point-in time count identified Veteran's by their service needs and/or by the services that they indicated they need. In reviewing the survey document after the fact it was noted that we did not ask the question specifically as to whether or not the homeless person was a veteran. We received responses from 10 different individuals indicating that they needed services from the Veteran's Administration and were not receiving any at the time of the survey. The common needs, in addition to the VA services, were substance abuse treatment and medical care. We received responses from an additional 9 people indicating that they were already receiving services from the VA and did not need further veteran-specific services. The 19 people who responded to either of these questions were all male, representing 10% of the homeless male population surveyed and 5% of the total population.

Female's

There were 95 females surveyed that identified themselves as either not having children or that their minor children were not living with them. While 56% of the homeless persons surveyed were men, these 95 females were 29% of the respondents.

Ethnicity was varied but respondents were predominantly Caucasian (67/95 Or 70%), 3 were Asian Pacific Islanders, 16 Black, 5 Hispanic, 1 Native American and 3 females did not identify their ethnic background.

The six young females under 18 represent 6 % of the single females counted and 20% of the single females under the age of 30. Females between 30 & 57 years of age totaled 69 (72%) with the largest # of individual females between 40 and 49 years of age (38%).

Whether the females were living on the streets, in the emergency shelters or in transitional housing one of the primary reasons they became homeless was due to financial issues or eviction.

Ages	# surveyed
Less than 18	6
18-23	4
24-25	4
26-29	6
30-39	16
40-49	37
50-57	16
58-65	4
Unknown	2

	Living Situation at the time of count/number of females	Reasons for Homelessness		
		Financial/eviction	Released from hospital/jail/treatment facility	Other/not specified
Emergency Shelter/Streets	23	9	3	11
Temporarily with family & friends	19	7	2	10
In the Hospital/ Treatment Facility	7	2	1	4
Hotel/Motel	1			1
Transitional Housing	21	7	9	5
Permanent Supportive Housing	18	10	7	1

Only 2 of the women reported themselves working and another receiving unemployment compensation. There were 33 females that indicated they had no source of income and another 23 that reported receiving monthly Supplemental Security Income (SSI) benefits or Social Security Disability benefits.

Beyond the Count

The count was done, the data is presented here and in another 2 years we will count again. In the meantime, what will happen? As a community we are developing a 10 Year Plan To end Homelessness. We are improving our continuum of care services to assist those who are and those who will become homeless. We join forces with all those communities as they try to use their point-time count data to inform our governments, our neighbors and anyone who will listen that our community's homeless do indeed count.

APPENDIX #2
Connecticut "Next Step" Initiative 2005

Within our state there are two efforts taking place simultaneously and in conjunction with each other, one led by the Corporation for Supportive Housing (CSH) and the other in State Government under the leadership of Governor Jodi Rell. These efforts will result in an opportunity for our region to become partners in these efforts as well and benefit from the funding resources and policy changes.

In 2002, a delegation of twenty supportive housing funders, advocates, and experienced providers from Connecticut attended the Corporation for Supportive Housing's first national leadership summit on supportive housing. The purpose of the summit was to issue a national challenge to end chronic homelessness in America and to create 150,000 units of supportive housing nationwide as the primary means to get there. The Connecticut delegation came back inspired and committed to launch a campaign to end long-term homelessness in Connecticut within 10 years. Through months of focused work, the group grappled with refining estimates of homelessness in Connecticut, developed supportive housing production targets, compiled data on supportive housing's effectiveness, and designed informational pieces. The outcome has formed the basics of a campaign – known as "Reaching Home" – to create 10,000 units of supportive housing within the next ten years to end homelessness as we know it in our state.

The Reaching Home campaign comes at a critical time in Connecticut as communities struggle to respond to rising homelessness among adults and families. In a year's time, over 32,000 different people – including 13,000 children – experience homelessness in Connecticut. Emergency shelters in the state report substantial increases in the numbers of people seeking shelter, and a 141% increase in the number of times people are being turned away. Close to 3,000 single adults and families have been homeless at least a year or more, or experience repeated episodes of homelessness. This number is expected to double within the next ten years. The Reaching Home plan calls for creating supportive housing units incrementally over the 10-year-period until the 10,000-unit goal is reached.[20]

The estimates of homelessness by region provides a basis for estimating the number of supportive housing units needed in each region of the state over the next ten years. The Danbury area is estimated to need a total of 436 total units within the next ten years to house homeless individuals and families. Of those, 242 would house individuals facing long term homelessness and 194 would be targeted for families facing long-term homelessness. Of the 436 total units, 180 would be garnered through the use of existing housing stock and 256 would be garnered through housing development.[21]

In recognition of the significant impact of homelessness on Connecticut residents and to improve the state's ability to prevent homelessness and help homeless individuals obtain and maintain themselves in permanent housing, Governor's Executive Order #34 was issued on April 2004 establishing an Interagency Council on Supportive Housing and Homelessness.

The mission of the Council is to develop and implement strategies and solutions to address the problem of homelessness, including the development of supportive housing options and other measures designed to:

1. Reduce the number of Connecticut individuals and families that experience homelessness;
2. Reduce the inappropriate use of emergency health care, shelter, chemical dependency, corrections, foster care, and similar services; and
3. Improve the health, employability, self-sufficiency, and other social outcomes for individuals and families experiencing homelessness.

The duties of the Council are twofold. The major priority of the Council has been to develop a plan for the development of additional 900-1,000 units of permanent supportive housing. The new supportive housing effort will build on past and current statewide initiatives to enable residents to obtain and keep permanent housing, increase their job skills and income, and achieve family stability.

A secondary focus of the Council has been to identify needed policy reforms, programs, and program expansions to decrease homelessness in the state. The Council recommendations are to:

- Remove the barriers to effective discharge

20 The first increment in the plan is the completion of the remaining 350+ units under the Supportive Housing Pilots Initiative. These housing units are currently under development in thirteen communities including #?Danbury and will be completed in 2004 and 2005.

21 Partnership for Strong Communities Reaching Home Campaign

planning from state-operated or financed institutions such as hospitals and correctional facilities; and

- Expand the supply of affordable housing as a means to prevent and respond to homelessness among very low income individuals and families.[22]

At the same time, the State of Connecticut has begun planning for the "next step," which is the creation of 1,000 new units of supportive housing to be produced over the next three years. Once implemented, this Next Step initiative will combine resources from public and private sources to finance the creation of permanent supportive housing for adults and families experiencing persistent or chronic homelessness. [23]

The initiative will be designed to respond to these populations:

- **Families** are the fastest growing segment of the homeless population, and very few supportive housing units currently exist in Connecticut to serve families with multiple challenges. This initiative calls for a creation of 350 units of affordable service-supported rental housing for families in the next three years.
- **Adults** with mental illness, substance addition and/or other disabling health conditions represent the largest percentage of households experiencing long-term homelessness. Of particular concern are adults who are frequent users of emergency shelters and those transitioning from foster care or incarceration. This initiative would create 600 units of supportive housing for adults through both development of new units and leasing of scattered units.
- **Young Adults** ages 18-23 who are homeless or aging out of the DCF system and who are at risk of homelessness. The causes of homelessness among youth fall into three separate, but related categories: family problems, economic problems, and residential instability. Many homeless youth leave after years of physical or sexual abuse, due to strained relationships, addiction of a family member, or parental neglect. Other youth may become homeless as a result of family economic crises due to factors including lack of affordable housing, unemployment, and inadequate medical or welfare benefits. Residential instability, including a history of foster care placement is the third primary cause of homelessness among young adults. Some youth living in residential or institutional placements are homeless upon discharge, too old for foster care but lacking housing or income support with no access to employment and training skills. This initiative would create 50 units of service supported affordable housing for young adults.

22 Report from the State of Connecticut Interagency Council on Supportive Housing and Homelessness
23 Ibid.

The Next Step: 1,000 Units of Supportive Housing

The Governor's Interagency Council on Supportive Housing and Homelessness has recommended the creation of 1,000 units of supportive housing over the next four years.

The purpose of the Next Step of 1,000 units is to help end long-term homelessness and make it easier to achieve independence, improved health and jobs for:

- Families with multiple barriers to stable housing and employment.
- Adults recovering from mental illness or chemical dependency who are repeatedly or persistently homeless;
- Young adults, aged 18-23, who are homeless or who are leaving the youth system and are at risk of homelessness.

The Next Step of 1,000 units of permanent supportive housing. . .

- Will rebuild the lives of thousands of people as it's done for the residents of more than 2,200 existing units around the state.
- Provides a less costly, more effective option for people who must now use crisis and emergency services.
- Uses a proven process of collaboration among state agencies.
- Builds on Connecticut's successful track record in producing supportive housing.
- Allows families and young adults to also benefit from the huge advantages of supportive housing.
- Gets residents back to work through Connecticut's One-Stop Career Centers.
- Will succeed by employing the talents and experience of seasoned community-based nonprofits to create and operate the housing.
- Will employ focused technical assistance and predevelopment resources.
- Maximizes the use of federal resources for support services and adds state funds to leverage federal, philanthropic, and corporate investment for rent subsidies, predevelopment financing, and construction capital.

How the 1,000 housing units will be created. . .

- 700 through rehabilitation of existing buildings or new construction, including 350 units for families and 350 units for adults. The housing units will be spread among 25-40 projects developed by experienced, community-based organizations throughout the state. Larger housing developments will have a mix of tenants. Integrating people who have special needs with people who do not prevents stigma and works best for neighborhoods and tenants.
- The remaining 300 supportive housing units for adults will use existing, privately owned apartments. Nonprofit providers will provide rent subsidies and support services to residents of these units.

Supportive Housing—*It Works!*

Rebuilding lives, restoring neighborhoods, a cost-effective and prudent investment of public funds.

Partnership for Strong Communities
860.244.0066 www.ctpartnershiphousing.com 1/10/05

What is supportive housing?

Supportive housing is a practical, proven and cost-effective solution to the problem of chronic, long-term homelessness. There are two main components to supportive housing. First, it provides safe and secure rental housing that is affordable to people with very low incomes, offers independent apartment units (as opposed to congregate or group living), and is permanent, with occupancy continued as long as the tenant complies with the terms of his or her lease. The other key feature is the provision of support services by skilled staff at or very near the housing site that are designed to be flexible and responsive to the needs of the individual. By providing permanent, affordable housing in conjunction with services that deal with individualized health, support and employment needs, supportive housing addresses homelessness at its root causes.

By providing permanent, affordable housing in conjunction with services that deal with individualized health, support and employment needs, supportive housing addresses homelessness at its root causes.

Supportive housing looks like every other type of housing because it is like other housing. People living in supportive housing have their own apartments, enter into rental agreements and pay their own rent, just as in other rental housing. The difference is that they can access, at their option, support services designed to address their individual needs. These services may include the help of a case manager, help in building independent living skills, assistance with integrating into the community through valued roles and activities, and connections to community treatment and employment services.

Supportive housing has as its primary purpose assisting the individual or family to live independently in the community and to meet the obligations of tenancy. The length of stay is up to the individual or family – there is no time limitation as long as the tenant is in lease compliance. While participation in services is encouraged, it is not a condition of tenancy. Housing affordability is ensured either through a rent subsidy or by setting rents at affordable levels. Where tenancy is mixed in a single site, all tenants may have access to the on-site service supports, regardless of whether or not they have an identified special need.

APPENDIX #4
Preliminary Identification of "At Risk" Populations

The following listings of population groups have been identified as being at risk of becoming homeless.

Families

- With Low/Moderate Income who experience job loss or medical crisis.
- Who are displaced due to sale of property, disaster or divorce.
- With very low or low Incomes who do not have subsidized housing.
- Fleeing a domestic violence situation.
- With members involved with the Correctional System.
- With members in need of Substance Abuse treatment.
- With persons with Mental Health disabilities.

Young Adults (ages 18-25)

- Aging out of DCF without a discharge plan for housing options.
- Without a high school diploma or its equivalent.
- With undiagnosed or untreated substance abuse treatment needs.
- With undiagnosed Mental Health disabilities.
- Not compliant with treatment for diagnosed medical or mental health problems.
- Without family support (due to past behavioral issues).
- Unemployed.
- With no or very low income.
- Without vocational skills and/or lack of employment experience.
- Involved with the Judicial and/or Correctional system.

Individuals

- With low/moderate income that experience job loss or medical crisis.
- Who are displaced due to sale of property, disaster or divorce.
- With severe/chronic mental health disorders.
- With severe/chronic substance abuse histories.
- Without vocational skills and/or a substantial work history.
- Involved with the Judicial and/or Correctional system.
- With Low Income and are not eligible for housing subsidies.
- Who may be fleeing a domestic violence situation.

APPENDIX #5
Mayor's Task Force to End Homelessness Committee Members

Committee on Permanent Housing

James V. Bellano, City of Danbury Department of Economic Development

Robert Botelho, Danbury Developer and Landlord

Joan Carty, Housing Development Fund

Dennis Elpern, City of Danbury Department of Planning and Zoning

Janice Geigler, State of Connecticut House of Representatives, 138th District

Jacque Hogan, JAM Associates, Inc.

Martin Morgado, Savings Bank of Danbury

Carolyn Sistrunk, City of Danbury Housing Authority

Paul Schierloh, City of Danbury Department of Health and Housing

Wayne Shepperd, City of Danbury Department of Economic Development

Mary Teicholz, City of Danbury Common Council

Committee on Homeless Prevention, Discharge Planning and Transitional Housing Needs

Tim Baughman, United Way of Northern Fairfield County

Maureen Cassity, Citizen Representative

Iris Gilligan, Danbury Hospital

Debbie Lajoie, RN, Western Connecticut State University

Wanda Payton, City of Danbury Common Council

Milena Sangut, Greater Danbury Mental Health Authority

John Sullivan, Veterans Administration

Sandra Ward, Office of the Public Defender

Committee on Increasing Availability and Access to Social Services and Supports

Richard Antous, Jr., Office of the Mayor

Claudette Fogarty, City of Danbury Homeless Services Division

Allison Fulton, Housatonic Valley Coalition Against Substance Abuse

Rev. P.J. Leopold, Association of Religious Communities

Annie Orr, First Congregational Church

Trish Palmer, Mental Health Association of Connecticut

Andrea Rynn, Danbury Hospital

Robert Scalzo, Citizen Representative

Kay Schreiber, City Center Danbury

Jerrilynn Tiso, MCCA

Paul M. O'Sullivan, Office of Congresswoman Johnson 5th District

Laura Tuite, Danbury Children 1st

Rev. Laura Westby, First Congregational Church

Eileen Walsh, Catholic Family Services

Hon. Dianne Yamin, Judge of Probate

APPENDIX #6

CODE OF ORDINANCES

City of

DANBURY, CONNECTICUT

Codified through

Ord. No. 631, enacted Dec. 7, 2004.

(Supplement No. 133, Rev.)

Preliminaries

CODE OF ORDINANCES

CITY OF

DANBURY, CONNECTICUT

CHARTER AND SPECIAL ACTS and

GENERAL ORDINANCES OF THE CITY

Adopted, November 7, 1961

Effective, December 29, 1961

Published by Order of the Common Council

Published by Municipal Code Corporation

Tallahassee, Florida 1961

ARTICLE V. DANBURY HOUSING PARTNERSHIP*

*Editor's note: Being not specifically amendatory of the Code, the provisions of §§ 1--6 of Ord. No. 371, adopted Nov. 1, 1988, have been included, at the editor's discretion, as a new Art. V, §§ 10-75--10-80, to Ch. 10.

Sec. 10-75. Housing partnership created.

(a) There is hereby created the Danbury Housing Partnership.The partnership shall consist of the mayor and the following members to be appointed by the mayor:

(1) Representatives of the planning commission, zoning commission, environmental impact commission, housing authority and any local community development agency, not to exceed five (5) in number.

(2) Five (5) representatives of the local business community, such as local bankers, realtors and developers, not to exceed five in number.

(3) Representatives of public interest groups, such as housing advocates, members of the clergy, members of local civic groups and representatives of local nonprofit corporations, not to exceed five (5) in number.

(4) The director of the Danbury Planning Department, the associate director for housing of the Danbury Health and Housing Department, the fair housing officer and not more than two (2) additional local urban planning, land use and housing professionals.

(b) A quorum of the partnership shall consist of six (6) members. Except as otherwise provided in the Danbury Code of Ordinances, Robert's Rules of Order shall govern the conduct of the meetings and the business of the partnership.

(c) During the month of February in each even-numbered year, the members of the Danbury Housing Partnership shall elect from among its members a chairman, a vice-chairman and a secretary, each of whom shall hold office until his or her successor has been elected. In addition to performing the duties imposed upon a chairman by Robert's Rules of Order, the chairman shall represent the Danbury Housing Partnership on the Regional Partnership Forum and shall be responsible for the appointment of all housing partnership committees. The vice-chairman shall assume the duties of the chairman in case of his or her absence or inability.

(d) During the 1992 calendar year the mayor shall appoint five (5) members qualified under the provisions of subsection (a)(2) hereof, three (3) of whom shall serve for terms of three (3) years and two (2) of whom shall serve for terms of two (2) years. During the 1992 calendar year the mayor shall appoint five (5) members qualified under the provisions of subsection (a)(3) hereof, three (3) of whom shall serve for terms of three (3) years and two (2) of whom shall serve for terms of two (2) years. Thereafter, the appointment of all members qualified under the provisions of sub section (a)(2) and (a)(3) shall be for terms of three (3) years. In addition to those qualified by position during the 1992 calendar year, and triennially thereafter, the mayor shall appoint two (2) members qualified under the provisions of subsection (a)(4) who shall not be city employees and who shall serve for terms of three (3) years. The foregoing

provisions of this subsection notwithstanding, all members appointed pursuant to the provisions of subsections (a) hereof shall serve until their successors have been appointed.

(Ord. No. 371, § 1, 11-1-88; Ord. No. 446, 7-7-92; Ord. No. 506, 8-1-95)

Sec. 10-76. Responsibilities of the city.

The responsibilities of the City of Danbury, in order to receive initial designation under the Connecticut Housing Partnership program, shall include the following:

(1) Submit evidence to the commissioner of housing that the Danbury Housing Partnership has been formed in accordance with P.A. 88-305; and

(2) Submit evidence to the commission of housing that sufficient local resource have been committed to the Danbury Housing Partnership.

(Ord. No. 371, § 2, 11-1-88)

Sec. 10-77. Duties of Danbury Housing Partnership.

The duties of the City of Danbury Housing Partnership, in order to receive development designation under the Connecticut Housing Partnership Program, shall include the following:

(1) To examine and identify housing needs and opportunities in the community;

(2) To explore the availability of any state, municipal or other land that is suitable for the development of affordable housing;

(3) To review applicable zoning regulations to determine whether such regulations restrict the development of affordable housing in the community;

(4) To identify any necessary changes to such regulations;

(5) To establish priorities and develop a long-range plan to meet identified housing needs in the community consistent with regional housing needs;

(6) To establish procedures for the development of a written proposal to achieve such priorities in accordance with said plan; and

(7) To start an activity, development or project designed to create additional affordable housing in Danbury.

(Ord. No. 371, § 3, 11-88)

Sec. 10-78. Conflicting resolutions, orders, rules and regulations suspended.

At all times when any orders, rules and regulations made and promulgated pursuant to this article shall be in effect, they shall supersede all existing resolutions, orders, rules and regulations insofar as the latter may be inconsistent therewith.

(Ord. No. 371, § 4, 11-1-88)

Sec. 10-79. No conflict with state or federal statutes.

This article shall not be construed so as to conflict with any state or federal statute, rule or regulation.

(Ord. No. 371, § 5, 11-1-88)

Sec. 10-80. Expenses of the Danbury Housing Partnership.

No person shall have the right to expend any public funds of the city in carrying out any partnership activities authorized by this article without prior approval by the common council nor shall any person have any right to bind the city by contract, agreement or otherwise without prior and specific approval of the common council.

(Ord. No. 371, § 6, 11-1-88)

Secs. 10-81--10-90. Reserved.

APPENDIX #7

An Agreement between the City of Danbury and the Point of Entry as detailed in the 10-Year Plan to End Homelessness

The City of Danbury's 10 Year Plan to End Homelessness states that Identifying, expanding and improving necessary services will occur when there is an entity responsible for making sure it occurs. Improving data collection and analysis is most likely to occur when there is a central location for the data to be collected. People in need of housing and related services will receive appropriate referrals and follow up services when someone is coordinating those efforts. The plan therefore recommends that Point of Entry be established for all persons seeking services because they are homeless, at risk of homelessness or previously homeless and recently housed.

The agency identified as The Point of Entry must establish itself in a manner that will result in an effective central location for services, information, referral, problem solving and collaboration. The point of entry is not expected to provide direct services once data is gathered and needs are determined. Referrals will be made to existing agencies/programs where they will continue to work with people as they do now. These agencies will refer newly identified persons who are about to become homeless or who are homeless to the point of entry so that data can be gathered and other referrals made if necessary.

Based on the needs identified and results desired, the community will expect that the point of entry:

- Will establish and maintain collaborative relationships with all local and area Social Service agencies; faith based agencies which included houses of worship and their programs, such as Jericho Project, parish nurses, and outreach programs; landlords and discharging institutions and the Continuum of Care.

- Will develop a streamlined application and referral process collaboratively with all agencies providing services to the homeless, for use community-wide;

- Will develop follow-up procedures and policies collaboratively with community agencies;

- Will act as a clearing house for the coordination and dissemination of all housing information and housing services for homeless persons by gathering and cataloging such information and maintaining the quality of the data with regularly scheduled updates;

- Will have intake staff available, during all normal weekly working hours, to all persons, families, youth etc. that are homeless. Such persons will be able to walk-in or be referred by area shelters, hospitals, community programs, citizens, business and all other community based agencies.

- Will have staff available to complete intake forms/applications for services and enter such information into the Homeless Information Management System;

- Will make the appropriate referrals to meet the identified needs;

- Will adhere to established follow up polices and procedures to insure that agencies are willing and able to meet the needs of the persons referred;

- Will seek to establish a community wide system of information sharing amongst providers that allows the providers to know which agencies are providing case management and for whom (i.e. a service system access card);

- Will provide on-going information to landlords about services available to their tenants facing any number of difficulties by having such information at the Point-of Entry and via the internet;

- Will provide on-going information to landlords about services and supports that could be available if they were to rent to section 8 voucher holders or to homeless persons connected to case management services by having such information available at the Point of Entry and via the internet;

- Will work with the Continuum to create the opportunity for dialogue with state and local institutions and facilities about mutual challenges and develop strategies and community protocols for persons being discharged from correctional facilities, hospitals and treatment programs.

- Will be expected to identify gaps in services, to be able to report on numbers, needs and any barriers to services;

- Will be expected to report regularly to the Continuum of Care until that time that a Municipal Agency, Authority or Commission charged with implementation of the 10 year plan is finalized, and will continue to provide information as needed to the Continuum of Care, the CDBG process and other municipal departments.

In support of the 10 year plan, The City of Danbury is willing to commit $ .00.

These funds will be allocated to as the Point of Entry. The signatures below represent an agreement on both sides of the commitment and the expectations.

APPENDIX B

Jurisdiction

Housing Market Analysis

Complete cells in blue.

Housing Stock Inventory	Vacancy Rate	0 & 1 Bedroom	2 Bedrooms	3+ Bedroom	Total	Substandard Units
Affordability Mismatch						
Occupied Units: Renter		4945	4235	2160	11340	
Occupied Units: Owner		906	4434	10510	15850	
Vacant Units: For Rent	4%	160	160	114	434	
Vacant Units: For Sale	1%	10	64	38	112	
Total Units Occupied & Vacant		6021	8893	12822	27736	0
Rents: Applicable FMRs (in $s)		942-1,143	1,451	1,737		
Rent Affordable at 30% of 50% of MFI (in $s)		915-980	1,176	1,358		
Public Housing Units						
Occupied Units		411	290	223	924	
Vacant Units		17	12	9	38	
Total Units Occupied & Vacant		428	302	232	962	0
Rehabilitation Needs (in $s)					0	

Household Income >5																										
	All	Cost Burden >50%	2.2	10												0	####									
Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	304																						
		With Any Housing Problems	16.1	49												0	####									
		Cost Burden > 30%	16.1	49												0	####									
		Cost Burden >50%	1.3	4												0	####									
	Small Related	NUMBER OF HOUSEHOLDS	100%	560																						
		With Any Housing Problems	71.4	400												0	####									
		Cost Burden > 30%	69.6	390												0	####									
		Cost Burden >50%	13.4	75												0	####									
	Large Related	NUMBER OF HOUSEHOLDS	100%	90																						
		With Any Housing Problems	77.8	70												0	####									
		Cost Burden > 30%	44.4	40												0	####									
		Cost Burden >50%	22.2	20												0	####									
	All other hshold	NUMBER OF HOUSEHOLDS	100%	195																						
		With Any Housing Problems	59.0	115												0	####									
		Cost Burden > 30%	59.0	115												0	####									
		Cost Burden >50%	17.9	35												0	####									
		Total Any Housing Problem			0	0	0	0	0	0	0	0	0	0	75	0						Total Disabled		0		
		Total 215 Renter														0		Tot. Elderly	1441		Total Lead Hazard		0			
		Total 215 Owner														0		Tot. Sm. Related	5804		Total Renters		8897			
		Total 215			0	0	0	0	0	0	0	0	0	0	0	0		Tot. Lg. Related	1697		Total Owners		6544			

CPMP Version 1.3

Grantee Name: **Jurisdiction**

	Non-Homeless Special Needs Including HOPWA	Needs	Currently Available	GAP	3-5 Year Quantities										Total			Priority Need: H, M, L	Plan to Fund? Y N	Fund Source: CDBG, HO
					Year 1		Year 2		Year 3		Year 4*		Year 5*							
					Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Actual	% of Goal			
Housing Needed	52. Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	53. Frail Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	54. Persons w/ Severe Mental Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	55. Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	56. Physically Disabled	0	0	0	2	0	2	0	2	0	2	0	2	0	10	0	0%	H		
	57. Alcohol/Other Drug Addicted	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	58. Persons w/ HIV/AIDS & their familie	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	59. Public Housing Residents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	Total	0	0	0	2	0	2	0	2	0	2	0	2	0	10	0	0%			
Supportive Services Needed	60. Elderly	0	0	0	100	0	100	0	100	0	100	0	100	0	500	0	0%	H		
	61. Frail Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	62. Persons w/ Severe Mental Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	63. Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	64. Physically Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	65. Alcohol/Other Drug Addicted	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	66. Persons w/ HIV/AIDS & their familie	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	67. Public Housing Residents	0	0	0	200	0	200	0	200	0	200	0	200	0	1000	0	0%	H		
	Total	0	0	0	300	0	300	0	300	0	300	0	300	0	1500	0	0%			

Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered: Emergency	Sheltered: Transitional	Un-sheltered	Total
1. Homeless Individuals	74	25	25	124
2. Homeless Families with Children	1	9	0	10
2a. Persons in Homeless with Children Families	3	25	0	28
Total (lines 1 + 2a)	77	50	25	152

Jurisdiction

Data Quality: (N) enumerations

Part 2: Homeless Subpopulations	Sheltered	Un-sheltered	Total
1. Chronically Homeless	31	17	48
2. Severely Mentally Ill	62	2	64
3. Chronic Substance Abuse	62	18	80
4. Veterans	17	3	20
5. Persons with HIV/AIDS	4	1	5
6. Victims of Domestic Violence	7	2	9
7. Youth (Under 18 years of age)	2	0	2

Data Quality: (N) enumerations

Part 3: Homeless Needs Table: Individuals		Needs	Currently Available	Gap	5-Year Quantities: Year 1 Goal	Year 1 Complete	Year 2 Goal	Year 2 Complete	Year 3 Goal	Year 3 Complete	Year 4 Goal	Year 4 Complete	Year 5 Goal	Year 5 Complete	Total: Goal	Total: Actual	Total: % of Goal	Priority H, M, L	Plan to Fund? Y N	Fund Source: CDBG, HOME, HOPWA, ESG or Other
Beds	Emergency Shelters	65	40	25	0	0	0	0	0	0	0	0	0	0	0	0	###	M		
	Transitional Housing	123	29	94	0	0	0	0	0	0	0	0	0	0	0	0	###	H		
	Permanent Supportive Housing	162	50	112	20	0	30	0	30	0	30	0	30	0	140	0	0%	H		CDBG, Other
	Total	350	119	231	0	0	0	0	0	0	0	0	0	0	0	0	###			
Chronically Homeless																				

Part 4: Homeless Needs Table: Families		Needs	Currently Available	Gap	5-Year Quantities: Year 1 Goal	Year 1 Complete	Year 2 Goal	Year 2 Complete	Year 3 Goal	Year 3 Complete	Year 4 Goal	Year 4 Complete	Year 5 Goal	Year 5 Complete	Total: Goal	Total: Actual	Total: % of Goal	Priority H, M, L	Plan to Fund? Y N	Fund Source: CDBG, HOME, HOPWA, ESG or Other
Beds	Emergency Shelters	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M		
	Transitional Housing	37	37	0	0	0	0	0	0	0	0	0	0	0	0	0	###	H		
	Permanent Supportive Housing	58	27	31	0	0	0	0	0	0	0	0	0	0	0	0	###	H		
	Total	101	70	31	0	0	0	0	0	0	0	0	0	0	0	0	###			

Completing Part 1: Homeless Population. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The counts must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Completing Part 2: Homeless Subpopulations. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The numbers must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Sheltered Homeless. Count adults, children and youth residing in shelters for the homeless. "Shelters" include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Do not count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

Income	Tenure	Household Type	Item	%	Households					
Household Income >30 to <=50% MFI	Renter	Small Related	NUMBER OF HOUSEHOLDS	100%	1004					
			With Any Housing Problems	73.1	734	20	0	0%		
			Cost Burden > 30%	66.6	669		0	####		
			Cost Burden >50%	12.8	129		0	####		
		Large Related	NUMBER OF HOUSEHOLDS	100%	390					
			With Any Housing Problems	76.9	300	20	0	0%		
			Cost Burden > 30%	32.1	125		0	####		
			Cost Burden >50%	3.8	15		0	####		
		All other hshold	NUMBER OF HOUSEHOLDS	100%	625					
			With Any Housing Problems	66.4	415		0	####		
			Cost Burden > 30%	66.0	413		0	####		
			Cost Burden >50%	12.0	75		0	####		
	Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	840					
			With Any Housing Problems	33.3	280		0	####		
			Cost Burden > 30%	33.3	280		0	####		
			Cost Burden >50%	19.0	160		0	####		
		Small Related	NUMBER OF HOUSEHOLDS	100%	460					
			With Any Housing Problems	76.1	350		0	####		
			Cost Burden > 30%	76.1	350		0	####		
			Cost Burden >50%	34.8	160		0	####		
		Large Related	NUMBER OF HOUSEHOLDS	100%	140					
			With Any Housing Problems	100.0	140		0	####		
			Cost Burden > 30%	100.0	140		0	####		
			Cost Burden >50%	50.0	70		0	####		
		All other hshold	NUMBER OF HOUSEHOLDS	100%	279					
			With Any Housing Problems	73.1	204		0	####		
			Cost Burden > 30%	73.1	204		0	####		
			Cost Burden >50%	34.1	95		0	####		
50 to <=80% MFI	Renter	Elderly	NUMBER OF HOUSEHOLDS	100%	134				100%	
			With Any Housing Problems	33.6	45		0	####		0
			Cost Burden > 30%	33.6	45		0	####		
			Cost Burden >50%	7.5	10		0	####		
		Small Related	NUMBER OF HOUSEHOLDS	100%	554					
			With Any Housing Problems	23.3	129		0	####		
			Cost Burden > 30%	8.8	49		0	####		
			Cost Burden >50%	0.0	0		0	####		
		Large Related	NUMBER OF HOUSEHOLDS	100%	200					
			With Any Housing Problems	80.0	160		0	####		
			Cost Burden > 30%	17.5	35		0	####		
			Cost Burden >50%	0.0	0		0	####		
		other hshold	NUMBER OF HOUSEHOLDS	100%	450					
			With Any Housing Problems	44.4	200		0	####		
			Cost Burden > 30%	34.4	155		0	####		

Housing Needs Table

Grantee:

Only complete blue sections. Do NOT type in sections other than blue.

Housing Needs - Comprehensive Housing Affordability Strategy (CHAS) Data Housing Problems

			Current % of Households	Current Number of Households	3-5 Year Quantities												% of Goal	Priority Need?	Plan to Fund?	Fund Source	Households with a Disabled Member		Disproportionate Racial/ Ethnic Need?	# of Households in lead-Hazard Housing	Total Low Income HIV/ AIDS Population
					Year 1		Year 2		Year 3		Year 4*		Year 5*		Multi-Year						% HSHLD	# HSHLD			
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual									
Household Income <=30% MFI	Renter	Elderly	NUMBER OF HOUSEHOLDS	100%	894																100%				
			Any housing problems	41.8	374											0	####					0			
			Cost Burden > 30%	41.8	374											0	####								
			Cost Burden >50%	25.7	230											0	####								
		Small Related	NUMBER OF HOUSEHOLDS	100%	738																				
			With Any Housing Problems	81.7	603											0	####								
			Cost Burden > 30%	79.1	584											0	####								
			Cost Burden >50%	67.8	500											0	####								
		Large Related	NUMBER OF HOUSEHOLDS	100%	244																				
			With Any Housing Problems	91.8	224											0	####								
			Cost Burden > 30%	69.3	169											0	####								
			Cost Burden >50%	43.0	105											0	####								
		All other hshold	NUMBER OF HOUSEHOLDS	100%	820																				
			With Any Housing Problems	76.8	630											0	####								
			Cost Burden > 30%	75.6	620											0	####								
			Cost Burden >50%	52.4	430											0	####								
	Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	739																				
			With Any Housing Problems	72.3	534											10	0%								
			Cost Burden > 30%	72.3	534											0	####								
			Cost Burden >50%	43.3	320											0	####								
		Small Related	NUMBER OF HOUSEHOLDS	100%	259																				
			With Any Housing Problems	90.3	234											10	0%								
			Cost Burden > 30%	90.3	234											0	####								
			Cost Burden >50%	83.0	215											0	####								
		Large Related	NUMBER OF HOUSEHOLDS	100%	56																				
			With Any Housing Problems	85.7	48											10	0%								
			Cost Burden > 30%	50.0	28											0	####								
			Cost Burden >50%	14.3	8											0	####								
		All other hshold	NUMBER OF HOUSEHOLDS	100%	255																				
			With Any Housing Problems	84.3	215											0	####								
			Cost Burden > 30%	84.3	215											0	####								
			Cost Burden >50%	64.7	165											0	####								
		Elderly	NUMBER OF HOUSEHOLDS	100%	329																100%				
			With Any Housing Problems	48.3	159											5	0%					0			
			Cost Burden > 30%	47.1	155											0	####								
			Cost Burden >50%	9.1	30											0	####								

CPMP Version 1.3

Jurisdiction

Only complete blue sections.

Housing and Community Development Activities		Needs	Current	Gap	5-Year Quantities												% of Goal	Priority Need: H, M, L	Dollars to Address	Plan to Fund? Y/N	Fund Source
					Year 1		Year 2		Year 3		Year 4		Year 5		Cumulative						
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					
01 Acquisition of Real Property 570.201(a)		0	0	0											0	0	####	L			
02 Disposition 570.201(b)		0	0	0											0	0	####	L			
Public Facilities and Improvements	03 Public Facilities and Improvements (General) 570.201(c)	0	0	0											0	0	####	H			
	03A Senior Centers 570.201(c)	0	0	0	1										1	0	0%	H	$750k		CDBG
	03B Handicapped Centers 570.201(c)	0	0	0											0	0	####	M			
	03C Homeless Facilities (not operating costs) 570.201(c)	0	0	0	1		1		1		1		1		5	0	0%	H	$25k		CDBG
	03D Youth Centers 570.201(c)	0	0	0											0	0	####	M			
	03E Neighborhood Facilities 570.201(c)	0	0	0											0	0	####	H			
	03F Parks, Recreational Facilities 570.201(c)	0	0	0					1		1		1		3	0	0%	H	$300k		CDBG
	03G Parking Facilities 570.201©	0	0	0											0	0	####	H			
	03H Solid Waste Disposal Improvements 570.201(c)	0	0	0											0	0	####	M			
	03I Flood Drain Improvements 570.201(c)	0	0	0											0	0	####	H			
	03J Water/Sewer Improvements 570.201(c)	0	0	0											0	0	####	H			
	03K Street Improvements 570.201(c)	0	0	0	1		1		1		1		1		5	0	0%	H	$500k		CDBG
	03L Sidewalks 570.201(c)	0	0	0											0	0	####	H			
	03M Child Care Centers 570.201(c)	0	0	0											0	0	####	H			
	03N Tree Planting 570.201(c)	0	0	0											0	0	####	L			
	03O Fire Stations/Equipment 570.201(c)	0	0	0											0	0	####	M			
	03P Health Facilities 570.201(c)	0	0	0											0	0	####	M			
	03Q Abused and Neglected Children Facilities 570.201(c)	0	0	0											0	0	####	H			
	03R Asbestos Removal 570.201(c)	0	0	0											0	0	####	M			
	03S Facilities for AIDS Patients (not operating costs) 570.201(c)	0	0	0											0	0	####	H			
	03T Operating Costs of Homeless/AIDS Patients Programs	0	0	0	2		2		2		2		2		10	0	0%	H	$250k		CDBG
04 Clearance and Demolition 570.201(d)		0	0	0											0	0	####	M			
04A Clean-up of Contaminated Sites 570.201(d)		0	0	0											0	0	####	H			
Public Services	05 Public Services (General) 570.201(e)	0	0	0	3		3		3		3		3		15	0	0%	H	$250k		CDBG
	05A Senior Services 570.201(e)	0	0	0											0	0	####	H			
	05B Handicapped Services 570.201(e)	0	0	0											0	0	####	H			
	05C Legal Services 570.201(E)	0	0	0											0	0	####	L			
	05D Youth Services 570.201(e)	0	0	0											0	0	####	H			
	05E Transportation Services 570.201(e)	0	0	0	1		1		1		1		1		5	0	0%	H	$45k		CDBG
	05F Substance Abuse Services 570.201(e)	0	0	0											0	0	####	H			
	05G Battered and Abused Spouses 570.201(e)	0	0	0											0	0	####	M			
	05H Employment Training 570.201(e)	0	0	0											0	0	####	M			
	05I Crime Awareness 570.201(e)	0	0	0											0	0	####	H			
	05J Fair Housing Activities (if CDBG, then subject to 570.201(e)	0	0	0											0	0	####	H			
	05K Tenant/Landlord Counseling 570.201(e)	0	0	0											0	0	####	M			
	05L Child Care Services 570.201(e)	0	0	0											0	0	####	H			
	05M Health Services 570.201(e)	0	0	0											0	0	####	M			
	05N Abused and Neglected Children 570.201(e)	0	0	0											0	0	####	H			
	05O Mental Health Services 570.201(e)	0	0	0											0	0	####	H			
	05P Screening for Lead-Based Paint/Lead Hazards Poison 570.201(	0	0	0											0	0	####	H			
	05Q Subsistence Payments 570.204	0	0	0											0	0	####	L			
	05R Homeownership Assistance (not direct) 570.204	0	0	0											0	0	####	M			
	05S Rental Housing Subsidies (if HOME, not part of 5% 570.204	0	0	0											0	0	####	M			
	05T Security Deposits (if HOME, not part of 5% Admin c	0	0	0	1		1		1		1		1		5	0	0%	H	$75k		CDBG
06 Interim Assistance 570.201(f)		0	0	0											0	0	####	H			
07 Urban Renewal Completion 570.201(h)		0	0	0											0	0	####	H			

08 Relocation 570.201(i)	0	0	0											0	0	####	M				
09 Loss of Rental Income 570.201(j)	0	0	0											0	0	####	M				
10 Removal of Architectural Barriers 570.201(k)	0	0	0	1		1		1		1		1		5	0	0%	H	$500k			CDBG
11 Privately Owned Utilities 570.201(l)	0	0	0											0	0	####	L				
12 Construction of Housing 570.201(m)	0	0	0	6										6	0	0%	L	$50k			CDBG
13 Direct Homeownership Assistance 570.201(n)	0	0	0											0	0	####	H				
14A Rehab; Single-Unit Residential 570.202	0	0	0	2										2	0	0%	M	$50k			CDBG
14B Rehab; Multi-Unit Residential 570.202	0	0	0											0	0	####	M				
14C Public Housing Modernization 570.202	0	0	0	1				1				1		3	0	0%	H	$300k			CDBG
14D Rehab; Other Publicly-Owned Residential Buildings 570.202	0	0	0											0	0	####	L				
14E Rehab; Publicly or Privately-Owned Commercial/Indu 570.202	0	0	0											0	0	####	L				
14F Energy Efficiency Improvements 570.202	0	0	0											0	0	####	M				
14G Acquisition - for Rehabilitation 570.202	0	0	0											0	0	####	M				
14H Rehabilitation Administration 570.202	0	0	0											0	0	####	M				
14I Lead-Based/Lead Hazard Test/Abate 570.202	0	0	0											0	0	####	H				
15 Code Enforcement 570.202(c)	0	0	0											0	0	####	M				
16A Residential Historic Preservation 570.202(d)	0	0	0											0	0	####	M				
16B Non-Residential Historic Preservation 570.202(d)	0	0	0											0	0	####	M				
17A CI Land Acquisition/Disposition 570.203(a)	0	0	0											0	0	####	M				
17B CI Infrastructure Development 570.203(a)	0	0	0											0	0	####	M				
17C CI Building Acquisition, Construction, Rehabilitat 570.203(a)	0	0	0											0	0	####	M				
17D Other Commercial/Industrial Improvements 570.203(a)	0	0	0											0	0	####	L				
18A ED Direct Financial Assistance to For-Profits 570.203(b)	0	0	0											0	0	####	M				
18B ED Technical Assistance 570.203(b)	0	0	0											0	0	####	M				
18C Micro-Enterprise Assistance	0	0	0											0	0	####	M				
19A HOME Admin/Planning Costs of PJ (not part of 5% Ad	0	0	0											0	0	####	N/A				
19B HOME CHDO Operating Costs (not part of 5% Admin ca	0	0	0											0	0	####	N/A				
19C CDBG Non-profit Organization Capacity Building	0	0	0											0	0	####	H				
19D CDBG Assistance to Institutes of Higher Education	0	0	0											0	0	####	L				
19E CDBG Operation and Repair of Foreclosed Property	0	0	0											0	0	####	H				
19F Planned Repayment of Section 108 Loan Principal	0	0	0											0	0	####	H				
19G Unplanned Repayment of Section 108 Loan Principal	0	0	0											0	0	####	H				
19H State CDBG Technical Assistance to Grantees	0	0	0											0	0	####	N/A				
20 Planning 570.205	0	0	0											0	0	####	H				
21A General Program Administration 570.206	0	0	0	1		1		1		1		1		5	0	0%	H	$425k			CDBG
21B Indirect Costs 570.206	0	0	0											0	0	####	L				
21D Fair Housing Activities (subject to 20% Admin cap) 570.206	0	0	0											0	0	####	H				
21E Submissions or Applications for Federal Programs 570.206	0	0	0											0	0	####	M				
21F HOME Rental Subsidy Payments (subject to 5% cap)	0	0	0											0	0	####	N/A				
21G HOME Security Deposits (subject to 5% cap)	0	0	0											0	0	####	N/A				
21H HOME Admin/Planning Costs of PJ (subject to 5% cap	0	0	0											0	0	####	N/A				
21I HOME CHDO Operating Expenses (subject to 5% cap)	0	0	0											0	0	####	N/A				
22 Unprogrammed Funds	0	0	0											0	0	####	M				
HOPWA 31J Facility based housing – development	0	0	0											0	0	####	N/A				
HOPWA 31K Facility based housing - operations	0	0	0											0	0	####	N/A				
HOPWA 31G Short term rent mortgage utility payments	0	0	0											0	0	####	N/A				
HOPWA 31F Tenant based rental assistance	0	0	0											0	0	####	N/A				
HOPWA 31E Supportive service	0	0	0											0	0	####	N/A				
HOPWA 31I Housing information services	0	0	0											0	0	####	N/A				
HOPWA 31H Resource identification	0	0	0											0	0	####	N/A				
HOPWA 31B Administration - grantee	0	0	0											0	0	####	N/A				
HOPWA 31D Administration - project sponsor	0	0	0											0	0	####	N/A				
S Acquisition of existing rental units	0	0	0											0	0	####	L				
S Production of new rental units	0	0	0											0	0	####	M				
S Rehabilitation of existing rental units	0	0	0											0	0	####	M				

NEW SPECIFIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-1	**Availability/Accessibility of Decent Housing**						
DH-1 (1)	Specific Objective: Increase the supply of quality, affordable rental housing in the City.	Source of Funds #1 CDBG	Performance Indicator #1 The number of affordable rental units created through rehabilitation	2008	0		#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective: Create new rental housing units through rehabilitation of vacant units or the construction of new units.	Source of Funds #1 CDBG	Performance Indicator #2 The number of new affordable rental units constructed	2008	0		#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

CDB	Rental assistance	0	0	0										0	0	####	L					
	Acquisition of existing owner units	0	0	0										0	0	####	L					
	Production of new owner units	0	0	0										0	0	####	M					
	Rehabilitation of existing owner units	0	0	0										0	0	####	M					
	Homeownership assistance	0	0	0										0	0	####	H					
HOME	Acquisition of existing rental units	0	0	0										0	0	####	N/A					
	Production of new rental units	0	0	0										0	0	####	N/A					
	Rehabilitation of existing rental units	0	0	0										0	0	####	N/A					
	Rental assistance	0	0	0										0	0	####	N/A					
	Acquisition of existing owner units	0	0	0										0	0	####	N/A					
	Production of new owner units	0	0	0										0	0	####	N/A					
	Rehabilitation of existing owner units	0	0	0										0	0	####	N/A					
	Homeownership assistance	0	0	0										0	0	####	N/A					
	Totals	0	0	0	21	0	11	0	13	0	12	0	13	0	70	0	####		$3.52m			

NEW STRATEGIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-1	**Availability/Accessibility of Decent Housing**						
DH-1 (2)	Specific Objective: Create affordable homeownership opportunities for first time homebuyers in the City.	Source of Funds #1 CDBG	Performance Indicator #1 The number of affordable owner occupied units created through rehabilitation	2008	0		#DIV/0!
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
	Specific Annual Objective Produce affordable homeownership housing units for occupancy	Source of Funds #1	Performance Indicator #2 The number of new affordable homeownership units constructed	2008	0		#DIV/0!
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2 The number of first time homebuyers assisted	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

NEW SPECIFIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-1	**Availability/Accessibility of Decent Housing**						
DH-1 (3)	Specific Objective Provide access to supportive, transitional and permanent housing opportunities for persons with special housing needs.	Source of Funds #1 Other	Performance Indicator #1 Number of supportive housing facilities created	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2 Number of housing units created	2008	6		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

NEW SPECIFIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-1	**Availability/Accessibility of Decent Housing**						
DH-1 (4)	Specific Objective Provide the resources necessary to ensure homeless families and individuals and those at risk of homelessness have the shelter and services they need to move from temporary to permanent housing.	Source of Funds #1 CDBG	Performance Indicator #1 Number of persons assisted	2008	180	✓	0%
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2 The number of households assisted	2008	15	✓	0%
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

NEW STRATEGIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-2	**Affordability of Decent Housing**						
DH-2 (1)	Specific Objective Provide security deposit and/or downpayment assistance as needed to make decent housing affordable to low and moderate income homeowners or renters.	Source of Funds #1 CDBG	Performance Indicator #1 Number of households assisted	2008	15		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-3	**Sustainability of Decent Housing**						
DH-3 (1)	Specific Objective Maintain decent, affordable rental housing opportunities for renters through rehabilitation.	Source of Funds #1 CDBG	Performance Indicator #1 Number of housing units rehabilitated	2008	345		0%
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-3	**Sustainability of Decent Housing**						
DH-3 (2)	Specific Objective Preserve housing ownership through rehabilitation and improving the availability of supportive services to homeowners.	Source of Funds #1 CDBG	Performance Indicator #1 Number of housing units rehabilitated	2008	0		#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of homeowners assisted	2008	0		#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

NEW STRATEGIC OUTCOME

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective / Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	**Availability/Accessibility of Suitable Living Environment**						
SL-1 (1)	Specific Objective Maintain and improve existing public facilities and encourage the development of upgraded facilities.	Source of Funds #1 CDBG	Performance Indicator #1 Number of facilities improved	2008	1		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of new facilities developed	2008	0		#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Strategic Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	**Availability/Accessibility of Suitable Living Environment**						
SL-1 (2)	Specific Objective Expand existing efforts to meet the needs of the City's physically handicapped population by supporting projects designed to make current facilities accessible or to provide new accessible facilities or equipment.	Source of Funds #1 CDBG	Performance Indicator #1 Number of facility improvements made	2008	2		0%
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2 Number of housing units made accessible	2008	2		0%
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	**Availability/Accessibility of Suitable Living Environment**						
SL-1 (3)	Specific Objective Continue and/or expand existing public service programs	Source of Funds #1 CDBG	Performance Indicator #1 Number of Public Service Programs supported	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2 Number of Persons or Households benefiting	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	**Availability/Accessibility of Suitable Living Environment**						
SL-1 (4)	Specific Objective Promote and encourage the continued operation of existing senior programs and services	Source of Funds #1 CDBG	Performance Indicator #1 Number of programs/services offered.	2008	2		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of persons assisted	2008	100		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective Offer programs and services to the senior population that promote independence and well-being.			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	**Availability/Accessibility of Suitable Living Environment**						
SL-1 (5)	Specific Objective Promote the development of supportive programs/services for youth.	Source of Funds #1 CDBG	Performance Indicator #1 Number of programs/services offered	2008	1		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2 Number of youth served.	2008	200		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

NEW STRATEGIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-2	**Affordability of Suitable Living Environment**						
SL-2 (1)	Specific Objective	Source of Funds #1	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Strategy Outcome

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-3	**Sustainability of Suitable Living Environment**						
SL-3 (1)	Specific Objective Encourage the continued maintenance and improvement of the City's infrastructure	Source of Funds #1 CDBG	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-3	**Sustainability of Suitable Living Environment**						
SL-3 (2)	Specific Objective Enhance and expand community development efforts relating to structural rehabilitation and revitalization particularly with regard to lead-based paint remediation /education and code enforcement activities.	Source of Funds #1 CDBG	Performance Indicator #1 Number of housing units inspected	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2 Number of units remediated	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
EO-1	**Availability/Accessibility of Economic Opportunity**						
EO-1 (1)	Specific Objective Enhance and expand existing economic development efforts, particularly with regard to the rehabilitation of commercial/industrial structures, improvement of infrastructure to benefit businesses, micro-business development and the provision of technical assistance to new and established businesses.	Source of Funds #1 CDBG	Performance Indicator #1 Number of businesses assisted	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2 Number of jobs created or retained	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
EO-2	**Affordability of Economic Opportunity**						
EO-2 (1)	Specific Objective	Source of Funds #1	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective / Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
EO-3	**Sustainability of Economic Opportunity**						
EO-3 (1)	Specific Objective	Source of Funds #1	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
NR-1	**Neighborhood Revitalization**						
NR-1 (1)	Specific Objective	Source of Funds #1	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

NEW SUBSTITUTE LANGUAGE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
O-1	**Other**						
O-1 (1)	Specific Objective Increase the level and delivery of support services to the homeless and those at-risk of becoming homeless.	Source of Funds #1 CDBG	Performance Indicator #1 Number of persons served	2008	100		0%
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

ADD NEW SPECIFIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
O-1	**Other**						
O-1 (2)	Specific Objective Support and promote supportive housing services for persons with special needs which would help them to overcome or live more easily with their special need.	Source of Funds #1 CDBG	Performance Indicator #1 Number of persons or households served	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

NEW SPECIFIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective / Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
O-1	**Other**						
O-1 (3)	Specific Objective Continue the support of anti-crime programs in cooperation with the City of Danbury Police Department	Source of Funds #1	Performance Indicator #1 Number of persons or households served	2008	0		#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

NEW Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
O-1	**Other**						
O-1 (4)	Specific Objective Continue existing administrative and planning activities necessary for the implementation of the objectives, actions and programs of the Consolidated Plan Strategic Plan	Source of Funds #1	Performance Indicator #1	2008	1		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

Total Expenditures..... $618,682

Admin..... $85,000

Denominator.....$534,682

Amount Spent on Non-housing.....$534,682 (100%)

All of the money for Danbury PY-34 grant will be spent on non-housing activities. Which means Danbury will be spending 100% of CDBG funds will be spent on LMI.

APPENDIX #1

Our Communities Homeless Count

Greater Danbury Continuum of Care

Point-in-time Count

January, 2005

A community wide effort to identify and count those meeting the federal definition of homelessness in our community was conducted for a 24-hour period from 9 o'clock p.m. on January 25th 2005 until 8:59 pm on January 26th, 2005.

The effort was coordinated by the Greater Danbury Continuum of Care and specifically by the members of the Continuum's count work group. Community agencies in Danbury and the surrounding communities were asked to conduct outreach efforts to their homeless client populations and to request participation in the completion of a specific survey. (It should be noted that we did not have participation by the surrounding towns). The effort resulted in the completion of 321 unduplicated surveys. One survey was completed for each individual or family.

The unduplicated data results follow. Information as it pertains to all surveys collected is presented first.

Specific data as it pertains to chronically homeless persons; families; youth under 18; elderly; young adults and females is presented separately.

Demographics:

Age: 59% of our respondents were between the ages of 30 and 49

Age	# of persons Reporting	Percentage of Sample
<18	8	2
18-20	22	6
21-29	21	6
30-39	79	24
40-49	114	35
50-57	45	14
58-65	16	5
>65	0	
Unknown	16	5

Gender:

While 43% of the total respondents were female, 91% of the families counted were single parent households, headed by females

Gender	# Persons Reporting	Percentage of Sample
Male	181	56
Female	137	43
Unknown	3	1

Ethnicity:

Ethnicity	# Persons	% of sample	Male	Female	Unknown
White (non-Hispanic)	198	61	110	87	1
Black (non-Hispanic)	64	19	41	23	
Hispanic	38	11	20	18	
Asian/pacific islander	5	1	4	1	
Native American	5	1			
Other					
Unknown	11	3	4	5	2

History of Homelessness:

Of the respondents, 230 (71%) indicate that they have been homeless for more than 3 months and 44 % stated that they have been homeless before. Access to housing and housing retention are causes of homelessness that need to be further examined by the community as we seek to implement strategies that will end homelessness.

Less than 3 Months	% of Sample	Homeless Before	% of Sample	More than 3 Months	% of Sample	Homeless Before	% of Samples
70	21	27	8	230	71	144	44

Gaps in Services:

The survey process seeks to give the community an understanding of the needs of homeless persons for planning purposes. Program expansion or development aimed at helping homeless persons should plan for the delivery of needed services. Respondents were asked to self-report on what services they may need and the problems or challenges they face. Note that respondents could check all that apply to their particular situation.

Age	#	VA	Mental Health	Medical	Alcohol Substance Abuse	Mentally Retarded	Physically disabled	AIDS HIV	Mental or Physical Abuse	Victim of Domestic Violence	Voc Rehab Service	No Service Needs
<18	8	0	4	1		0	1		1	2	1	1
18-24	22	0	10	3	8	0	1	0	1	3	10	8
25-29	21	0	6	4	9	0	0	1	2	5	3	5
30-39	79	0	29	20	31	0	1	2	4	11	15	18
40-49	114	5	34	31	36	1	7	4	5	4	23	27
50-57	45	3	17	11	14	0	4	3	0	0	8	8
58-65	16	0	4	3	3	1	0	1	0	0	1	5
>65												
Un-known	16		5	2	5	0	1	0	1	0	1	9

Respondents were also asked to self-report on services that they were already receiving to meet their specific needs.

Services Currently Receiving:

Age	#	VA	Mental Health	Medical	Alcohol/ Substance Abuse	Mentally Retarded	Physically disabled	Aids/ HIV	Mental or Physical Abuse	Victim of domestic Violence	Voc Rehab Services	Not Receiving services
<18	8	0	2	1	0	0	0	0	0	2	0	6
18-24	22	0	4	2	1	0	0	0	0	0	1	16
25-29	21	0	6	8	3	0	0	1	2	4	0	6
30-39	79	0	27	19	15	1	1	1	5	7	2	35
40-49	114	0	59	42	38	2	3	2	3	3	7	34
50-57	45	0	22	21	15	0	0	2	1	1	1	14
58-65	16	4	7	11	0	1	2	1	0	0	2	2
>65												
Unknown	16	1	3	20	4	0	1	0	0	0	1	12

Respondents were asked to identify their source of monthly income, given a set of choices. The data as it is presented does not delineate the "other" response nor is it certain whether or not people were asked specifically if they receive SAGA cash. Given "SAGA" as a choice may have elicited an affirmative response even if they were receiving only SAGA medical and food stamps, neither of which are resource for rental payments. That said, 97 indicated definitively that they have no source of income and based on the market rents for this area one can safely add the TANF and SSI recipients along with non-saga cash recipients to the percent of people with no income or not enough income to access housing.

Income:

	Work	TANF	Social Security	Unemployment	No source	SAGA	No response	Other
# Reporting	62	8	103	4	97	27	13	42
% Of sample	19	2	32	1	30	8	4	13

The minimum wage in Connecticut is $7.15 per hour (net = approximately $6), the average 1 bedroom apartment and/or efficiency costs $900.00 per month. A single adult would need to work 150 hours per month to pay the rent only.

The inability to obtain housing based on the cost of that housing or the lack of income appears to be the same reason that people are unable to retain housing. When asked why they are homeless, or why they lost whatever housing they had just prior to becoming homeless, 117 people cited eviction and/or financial reasons.

Previous Housing:

	Eviction	Released from Correctional Institution	Released from Hospital	Financial Reasons	Released from Treatment Facility	No Response	Other
# Reporting	39	30	40	78	16	39	90
% Of sample	12	9	12	24	5	12	28

Due to the limited number of affordable units in our community; income insufficient to support a monthly rental payment and a limited supply of shelter + care and housing choice vouchers, the emergency shelters become the viable options. The people that are recorded below as residing in jails & hospital/treatment centers were homeless prior to entering those facilities and are expected to return to the shelter as alternative discharge plans had not been developed as of the count date.

The 56 people who became homeless upon discharge from a facility coupled with the 33 that will be discharged back to the shelters represents the significant impact of discharge planning or the lack thereof on local communities.

There are 119 people represented in this chart as homeless that are actually housed. HUD asks us to count people who are in permanent supportive housing for the homeless and those in transitional housing that were homeless upon entry in the program.

Current Living Situation:

	Emergency Shelter	Street	Transitional Housing	Vacant Bldg	DV Shelter	Permanent supportive housing	Doubled up	Hotel/ Motel	Sub Standard	Jail	Hosp. treatment facility	No response
#	80	19	68	2	1	51	44	1	2	14	19	7
% of sample	24	5	21	05	05	15	13	05	05	4	5	2

Chronic Homelessness:

Identifying chronically homeless persons in our community would seem to be a relatively easy task. Many of these individuals are the very visible street people. Since we have a day center and moderate numbers

of homelessness, most of the homeless are known to one or more of the professionals working in our homeless services network. We tend to know who has been homeless for a long time or those who seem to continually cycle in and out homelessness. It is much more difficult to count the Chronic Homeless using HUD's definition. The reason we must recognize and count within the parameters of this definition is that when applying for HUD funds we must differentiate between chronic homeless and other homeless.

HUD'S definition is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year OR has had at least four episodes of homelessness in the past 3 years. A disabling condition is defined as a diagnosable substance use disorder, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions...The term homeless means a person sleeping in a place not meant for human habitation (i.e. the streets) or in an emergency shelter."

Based on the information obtained in the count, the following data is being presented representing our chronic homeless population. There were 40 people who have been homeless more than 3 months and have had 4 or more episodes of homeless in the past 4 years. These 40 are those that stay on the streets, in abandoned buildings or in the shelter. None of the 40 was counted twice in any of these categories. All of these 40 either receive or have a need to receive services for a developmental disability, substance use disorders, serious mental illness or a co-occurrence of two or more of these conditions. Social Security disability and /or SSI are the monthly income reported by 12 of them. There were 36 men and 4 women.

Homeless Families:

We were able to count 47 families on 1/25/05 representing 15% of the total number of respondents.

The survey results indicate that 42% of the homeless families derive their income from work. Twenty-five of those meeting the federal definition of homelessness are living in transitional or permanent supportive housing, 22 of the families counted on this date were in need of immediate housing.

The chart below illustrates all the data gathered on the families surveyed and the ones following pull out specific data items that are significant.

																Previous Housing						Income						
Families Housing Situation 1/25-1/26/05	#	Gender		Ethnicity						# Children	Homelessness More than 3 months Before				Eviction	Lost (financial reasons)	Jail	Hospital	Treatment Program	OTHER	WORK	TANF	SS	OTHER	UIB	NONE	SAGA
		M	F	W	B	H	A	N	O		Y	N	Y	N													
Emergency Shelter	7	0	7	3	0	3			1	9	5	2	2	5	3	1				3		3		1	2	1	
Temporary with family/friends	9	3	6	3	2	4				14	5	4	4	5		7				2	2	3		2		2	
Street	1	0	1	0	1					1	1		1		1						1		1				
Hospital/treatment facility																											
Hotel/motel	1	1	0	0	1					2		1		1						1	1						
Permanent Supportive housing	19	1	17	10	3	4			2	25	10	9	11	5	5	5	1	1		5	11		2	2			
Transitional Housing	6	0	6	3	2	1				12	4	1	4		1		1	1		1	3	1		1			
Jail	0	0																									
Vacant Building	0	0																									
D. Violence shelter	1	0	1		1					2	1					1											
Substandard housing	1	0	1							2						1										1	
Unknown	2	0	0			2				2	2			1						1		1	1				
Totals	47	5	42																								

Two families reported themselves homeless but would not disclose current living situation or wether or not they were male or female headed households

Reasons for Homelessness:

The number of families reporting that they had lost their housing due to financial reasons or eviction was 25 or 53%. Again, high rents and underemployment seem to be critical factors.

	Eviction	Released From Correctional Inst.	Released From Hospital/Recs.	Financial Reasons	Other	No Response
# Reporting	10	2	1	15	13	6
% Of sample	21	4	2	31	27	12

Service Needs:

46% of the families indicated they did not have service needs other than housing. 22 families report having no service needs, 14 families report they are not receiving services.

	Mental Health		Medical		Alcohol Substance Abuse		Physically Disabled		Aids HIV		Mental or Physical Abuse		Victims of Domestic Violence		Voc Rehab Services	
	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R
# Reporting	13	15	5	10	5	8	1	1	0	2	2	2	8	7	9	0
% Of sample	27	31	10	21	10	17	2	2		4	4	4	17	14	19	

There were 69 children living with parents meeting the definition of homeless. There were 24 children under the age of 5; 29 or 61 % of the children were between 5-11 years old. There were 45 school aged children. The majority children in these homeless families have been homeless for more than three months and the majority has also experienced other episodes of homelessness.

Age of children who are homeless	# Of children at each age
1 month	1
6 months	2
Subtotal < 1year	**3**
1 year	4
2 years	8
Subtotal toddlers	**12**
3 years	2
4 years	7
Subtotal Pre-school	**9**
5 years	4
6 years	7
7 years	3
8 years	3
9 years	4
10 years	5
11 years	3
Subtotal 5-11 years Elementary	**29**
12 years	3
13 years	2
14 years	3
Subtotal 12-14 years Middle School	**8**
15 years	2
16 years	4
17 years	2
Subtotal 15-17 High School	**8**
Total #	**69**

Youth under 18:

The Danbury Public School System is using a combination of McKinney funds and CDBG funds to provide staff resources to homeless families and their children and homeless youth under the age of 18. The system's goal is to ensure educational continuity for children who are homeless. The youth that are reported on in this section, are those youth not living with their families and who report themselves to be homeless. Again, the data shows that even the youth have been homeless for longer periods of time 7 of the 8 have been homeless for more than 3 months with 4 this being their first time homeless and 2 of the young people had experienced other episodes of homelessness.

Gender of Youth Who Are Homeless	Female	Male
# Reporting Income	6	2
Work	1	
State Assistance		
Social Security	1	
No Income	3	
Other	1	1
Service Needs		
Mental Health	4	1
Medical	1	
Substance Abuse		
Mental or Physical Abuse		1
Victim of Domestic Violence	1	1
Voc Rehab	1	
Physically disabled		1
Homelessness		
More than 3 months	6	1
Less than 3 months		
First time Homeless	3	1
Homeless Before	2	
Current Housing		
Doubled UP	2	1
Street	2	
Hospital /Treatment		1
Supportive housing	1	
Transitional	1	

Elc

Our community is fortunate to have a transitional facility for elderly homeless persons. The admission age to that program is 58 years of age. Due to this resource, this community identifies those 58 years of age and older as elderly homeless. There were 16 people who participated in the survey.

Age, social service needs and social services being received are illustrated in the chart below.

Age	# Reporting	Mental Health		Medical		Alcohol Substance Abuse		Physically Disabled		Mental or Physical Abuse		Victim of Domestic Violence		Voc Rehab Services		VA		Mental Retardation		HIV AIDS AIDS		No Service Needs
		N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	N	R	
58	2		2		1									1								
59	5	2	2	2	3	2									1	1		1	1	1	1	
60	4	1	2	1	4				1						1		2					
61	1				1				1													
62	3	1	1		1												2					
65	1					1																

	Previous Housing				Income					Current Housing					
	Eviction	Financial Reasons	Release from Hospital	Other	None	Saga	Social Security	Emplymnt	Other	Transitional	Doubled Up	Supportive Housing	Shelter	Street	No Response
10 males	1	4	2	3			7	1	2	3	1	1	2	2	1
6 Females	1	2	3			2	2	1		5		1			
	2	6	5	3		2	9	2	2	8	1	2	2	2	1

Young Adults

Locally, statewide, and nationally, emergency shelter systems; soup kitchens and day centers for the homeless are encountering increasing numbers of young people aged 18-24. Whether they are aging out of the foster care system, leaving home voluntarily or under duress they are seeking shelter services.

Our count identified 13 people between the ages of 18 and 23 and an additional 6 people 24 and 25 years of age. This seemingly random split in the age groups is based on a couple of factors.

The first being that the State of Connecticut identified and is targeting 18-23 year olds in their efforts to end homelessness and the current budget proposal by our governor includes funding for services and housing for this targeted group. The second being that our local Continuum of Care has been gathering data on 18-24 year olds for the past 2 planning years via a specific work group charged with data gathering, planning and outreach. The third factor is that this year's work group, as result of a series of focus groups, expanded their outreach efforts to include 25 year olds. The point-in-time count data will be presented for these 3 groups by subtotaling the data accordingly.

Ages	Total	Male	Female	Reason for Homelessness	Homeless more than 3 months	Homeless Before	Receiving Services	Needing Services
18	5	4	1	other	5	2	1	5
19	3	3		other	2	2	0	3
20	0							
21	2		2	other	2	2	0	2
22	1		1	Release from treatment facility			0	1
23	2	2		Financial reasons	2		0	
18-23 Subtotal	**15**	**9**	**4**		**11**	**6**	**1**	**11**
24	4	1	3	Release from treatment	1	1	2	1
18-24 Subtotal	**17**	**10**	**7**		**12**	**7**	**3**	**12**
25	2	1	1	Release from treatment/jail	2	2	2	2
18-25 Subtotal	**19**	**11**	**8**		**14**	**9**	**5**	**14**

Most responded that the reason they are homeless or their previous permanent housing situation was "other". The count survey choices did not give this younger population choices involving family. The second predominant reason is release from either a treatment program or jail. The data also illustrates that while they may be seeking shelter beds they are not seeking or receiving services despite the need. Substance abuse, mental health and medical care are the most frequently identified needs along with vocational training.

Ve 's

The point-in time count identified Veteran's by their service needs and/or by the services that they indicated they need. In reviewing the survey document after the fact it was noted that we did not ask the question specifically as to whether or not the homeless person was a veteran. We received responses from 10 different individuals indicating that they needed services from the Veteran's Administration and were not receiving any at the time of the survey. The common needs, in addition to the VA services, were substance abuse treatment and medical care. We received responses from an additional 9 people indicating that they were already receiving services from the VA and did not need further veteran-specific services. The 19 people who responded to either of these questions were all male, representing 10% of the homeless male population surveyed and 5% of the total population.

Female's

There were 95 females surveyed that identified themselves as either not having children or that their minor children were not living with them. While 56% of the homeless persons surveyed were men, these 95 females were 29% of the respondents.

Ethnicity was varied but respondents were predominantly Caucasian (67/95 Or 70%), 3 were Asian Pacific Islanders, 16 Black, 5 Hispanic, 1 Native American and 3 females did not identify their ethnic background.

The six young females under 18 represent 6 % of the single females counted and 20% of the single females under the age of 30. Females between 30 & 57 years of age totaled 69 (72%) with the largest # of individual females between 40 and 49 years of age (38%).

Whether the females were living on the streets, in the emergency shelters or in transitional housing one of the primary reasons they became homeless was due to financial issues or eviction.

Ages	# surveyed
Less than 18	6
18-23	4
24-25	4
26-29	6
30-39	16
40-49	37
50-57	16
58-65	4
Unknown	2

	Living Situation at the time of count/number of females	Reasons for Homelessness		
		Financial/eviction	Released from hospital/jail/treatment facility	Other/not specified
Emergency Shelter/Streets	23	9	3	11
Temporarily with family & friends	19	7	2	10
In the Hospital/ Treatment Facility	7	2	1	4
Hotel/Motel	1			1
Transitional Housing	21	7	9	5
Permanent Supportive Housing	18	10	7	1

Only 2 of the women reported themselves working and another receiving unemployment compensation. There were 33 females that indicated they had no source of income and another 23 that reported receiving monthly Supplemental Security Income (SSI) benefits or Social Security Disability benefits.

Beyond the Count

The count was done, the data is presented here and in another 2 years we will count again. In the meantime, what will happen? As a community we are developing a 10 Year Plan To end Homelessness. We are improving our continuum of care services to assist those who are and those who will become homeless. We join forces with all those communities as they try to use their point-time count data to inform our governments, our neighbors and anyone who will listen that our community's homeless do indeed count.

APPENDIX #2
Connecticut "Next Step" Initiative 2005

Within our state there are two efforts taking place simultaneously and in conjunction with each other, one led by the Corporation for Supportive Housing (CSH) and the other in State Government under the leadership of Governor Jodi Rell. These efforts will result in an opportunity for our region to become partners in these efforts as well and benefit from the funding resources and policy changes.

In 2002, a delegation of twenty supportive housing funders, advocates, and experienced providers from Connecticut attended the Corporation for Supportive Housing's first national leadership summit on supportive housing. The purpose of the summit was to issue a national challenge to end chronic homelessness in America and to create 150,000 units of supportive housing nationwide as the primary means to get there. The Connecticut delegation came back inspired and committed to launch a campaign to end long-term homelessness in Connecticut within 10 years. Through months of focused work, the group grappled with refining estimates of homelessness in Connecticut, developed supportive housing production targets, compiled data on supportive housing's effectiveness, and designed informational pieces. The outcome has formed the basics of a campaign – known as "Reaching Home" – to create 10,000 units of supportive housing within the next ten years to end homelessness as we know it in our state.

The Reaching Home campaign comes at a critical time in Connecticut as communities struggle to respond to rising homelessness among adults and families. In a year's time, over 32,000 different people – including 13,000 children – experience homelessness in Connecticut. Emergency shelters in the state report substantial increases in the numbers of people seeking shelter, and a 141% increase in the number of times people are being turned away. Close to 3,000 single adults and families have been homeless at least a year or more, or experience repeated episodes of homelessness. This number is expected to double within the next ten years. The Reaching Home plan calls for creating supportive housing units incrementally over the 10-year-period until the 10,000-unit goal is reached.[20]

The estimates of homelessness by region provides a basis for estimating the number of supportive housing units needed in each region of the state over the next ten years. The Danbury area is estimated to need a total of 436 total units within the next ten years to house homeless individuals and families. Of those, 242 would house individuals facing long term homelessness and 194 would be targeted for families facing long-term homelessness. Of the 436 total units, 180 would be garnered through the use of existing housing stock and 256 would be garnered through housing development.[21]

In recognition of the significant impact of homelessness on Connecticut residents and to improve the state's ability to prevent homelessness and help homeless individuals obtain and maintain themselves in permanent housing, Governor's Executive Order #34 was issued on April 2004 establishing an Interagency Council on Supportive Housing and Homelessness.

The mission of the Council is to develop and implement strategies and solutions to address the problem of homelessness, including the development of supportive housing options and other measures designed to:

1. Reduce the number of Connecticut individuals and families that experience homelessness;
2. Reduce the inappropriate use of emergency health care, shelter, chemical dependency, corrections, foster care, and similar services; and
3. Improve the health, employability, self-sufficiency, and other social outcomes for individuals and families experiencing homelessness.

The duties of the Council are twofold. The major priority of the Council has been to develop a plan for the development of additional 900-1,000 units of permanent supportive housing. The new supportive housing effort will build on past and current statewide initiatives to enable residents to obtain and keep permanent housing, increase their job skills and income, and achieve family stability.

A secondary focus of the Council has been to identify needed policy reforms, programs, and program expansions to decrease homelessness in the state. The Council recommendations are to:

- Remove the barriers to effective discharge

20 The first increment in the plan is the completion of the remaining 350+ units under the Supportive Housing Pilots Initiative. These housing units are currently under development in thirteen communities including #?Danbury and will be completed in 2004 and 2005.

21 Partnership for Strong Communities Reaching Home Campaign

planning from state-operated or financed institutions such as hospitals and correctional facilities; and

- Expand the supply of affordable housing as a means to prevent and respond to homelessness among very low income individuals and families.[22]

At the same time, the State of Connecticut has begun planning for the "next step," which is the creation of 1,000 new units of supportive housing to be produced over the next three years. Once implemented, this Next Step initiative will combine resources from public and private sources to finance the creation of permanent supportive housing for adults and families experiencing persistent or chronic homelessness. [23]

The initiative will be designed to respond to these populations:

- **Families** are the fastest growing segment of the homeless population, and very few supportive housing units currently exist in Connecticut to serve families with multiple challenges. This initiative calls for a creation of 350 units of affordable service-supported rental housing for families in the next three years.
- **Adults** with mental illness, substance addition and/or other disabling health conditions represent the largest percentage of households experiencing long-term homelessness. Of particular concern are adults who are frequent users of emergency shelters and those transitioning from foster care or incarceration. This initiative would create 600 units of supportive housing for adults through both development of new units and leasing of scattered units.
- **Young Adults** ages 18-23 who are homeless or aging out of the DCF system and who are at risk of homelessness. The causes of homelessness among youth fall into three separate, but related categories: family problems, economic problems, and residential instability. Many homeless youth leave after years of physical or sexual abuse, due to strained relationships, addiction of a family member, or parental neglect. Other youth may become homeless as a result of family economic crises due to factors including lack of affordable housing, unemployment, and inadequate medical or welfare benefits. Residential instability, including a history of foster care placement is the third primary cause of homelessness among young adults. Some youth living in residential or institutional placements are homeless upon discharge, too old for foster care but lacking housing or income support with no access to employment and training skills. This initiative would create 50 units of service supported affordable housing for young adults.

22 Report from the State of Connecticut Interagency Council on Supportive Housing and Homelessness
23 Ibid.

The Next Step: 1,000 Units of Supportive Housing

The Governor's Interagency Council on Supportive Housing and Homelessness has recommended the creation of 1,000 units of supportive housing over the next four years.

The purpose of the Next Step of 1,000 units is to help end long-term homelessness and make it easier to achieve independence, improved health and jobs for:

- Families with multiple barriers to stable housing and employment.
- Adults recovering from mental illness or chemical dependency who are repeatedly or persistently homeless;
- Young adults, aged 18-23, who are homeless or who are leaving the youth system and are at risk of homelessness.

The Next Step of 1,000 units of permanent supportive housing. . .

- Will rebuild the lives of thousands of people as it's done for the residents of more than 2,200 existing units around the state.
- Provides a less costly, more effective option for people who must now use crisis and emergency services.
- Uses a proven process of collaboration among state agencies.
- Builds on Connecticut's successful track record in producing supportive housing.
- Allows families and young adults to also benefit from the huge advantages of supportive housing.
- Gets residents back to work through Connecticut's One-Stop Career Centers.
- Will succeed by employing the talents and experience of seasoned community-based nonprofits to create and operate the housing.
- Will employ focused technical assistance and predevelopment resources.
- Maximizes the use of federal resources for support services and adds state funds to leverage federal, philanthropic, and corporate investment for rent subsidies, predevelopment financing, and construction capital.

How the 1,000 housing units will be created. . .

- 700 through rehabilitation of existing buildings or new construction, including 350 units for families and 350 units for adults. The housing units will be spread among 25-40 projects developed by experienced, community-based organizations throughout the state. Larger housing developments will have a mix of tenants. Integrating people who have special needs with people who do not prevents stigma and works best for neighborhoods and tenants.
- The remaining 300 supportive housing units for adults will use existing, privately owned apartments. Nonprofit providers will provide rent subsidies and support services to residents of these units.

Supportive Housing—*It Works!*

Rebuilding lives, restoring neighborhoods, a cost-effective and prudent investment of public funds.

Partnership for Strong Communities
860.244.0066 www.ctpartnershiphousing.com 1/10/05

What is supportive housing?

Supportive housing is a practical, proven and cost-effective solution to the problem of chronic, long-term homelessness. There are two main components to supportive housing. First, it provides safe and secure rental housing that is affordable to people with very low incomes, offers independent apartment units (as opposed to congregate or group living), and is permanent, with occupancy continued as long as the tenant complies with the terms of his or her lease. The other key feature is the provision of support services by skilled staff at or very near the housing site that are designed to be flexible and responsive to the needs of the individual. By providing permanent, affordable housing in conjunction with services that deal with individualized health, support and employment needs, supportive housing addresses homelessness at its root causes.

By providing permanent, affordable housing in conjunction with services that deal with individualized health, support and employment needs, supportive housing addresses homelessness at its root causes.

Supportive housing looks like every other type of housing because it is like other housing. People living in supportive housing have their own apartments, enter into rental agreements and pay their own rent, just as in other rental housing. The difference is that they can access, at their option, support services designed to address their individual needs. These services may include the help of a case manager, help in building independent living skills, assistance with integrating into the community through valued roles and activities, and connections to community treatment and employment services.

Supportive housing has as its primary purpose assisting the individual or family to live independently in the community and to meet the obligations of tenancy. The length of stay is up to the individual or family – there is no time limitation as long as the tenant is in lease compliance. While participation in services is encouraged, it is not a condition of tenancy. Housing affordability is ensured either through a rent subsidy or by setting rents at affordable levels. Where tenancy is mixed in a single site, all tenants may have access to the on-site service supports, regardless of whether or not they have an identified special need.

APPENDIX #4
Preliminary Identification of "At Risk" Populations

The following listings of population groups have been identified as being at risk of becoming homeless.

Families

- With Low/Moderate Income who experience job loss or medical crisis.
- Who are displaced due to sale of property, disaster or divorce.
- With very low or low Incomes who do not have subsidized housing.
- Fleeing a domestic violence situation.
- With members involved with the Correctional System.
- With members in need of Substance Abuse treatment.
- With persons with Mental Health disabilities.

Young Adults (ages 18-25)

- Aging out of DCF without a discharge plan for housing options.
- Without a high school diploma or its equivalent.
- With undiagnosed or untreated substance abuse treatment needs.
- With undiagnosed Mental Health disabilities.
- Not compliant with treatment for diagnosed medical or mental health problems.
- Without family support (due to past behavioral issues).
- Unemployed.
- With no or very low income.
- Without vocational skills and/or lack of employment experience.
- Involved with the Judicial and/or Correctional system.

Individuals

- With low/moderate income that experience job loss or medical crisis.
- Who are displaced due to sale of property, disaster or divorce.
- With severe/chronic mental health disorders.
- With severe/chronic substance abuse histories.
- Without vocational skills and/or a substantial work history.
- Involved with the Judicial and/or Correctional system.
- With Low Income and are not eligible for housing subsidies.
- Who may be fleeing a domestic violence situation.

APPENDIX #5
Mayor's Task Force to End Homelessness Committee Members

Committee on Permanent Housing

James V. Bellano, City of Danbury Department of Economic Development

Robert Botelho, Danbury Developer and Landlord

Joan Carty, Housing Development Fund

Dennis Elpern, City of Danbury Department of Planning and Zoning

Janice Geigler, State of Connecticut House of Representatives, 138th District

Jacque Hogan, JAM Associates, Inc.

Martin Morgado, Savings Bank of Danbury

Carolyn Sistrunk, City of Danbury Housing Authority

Paul Schierloh, City of Danbury Department of Health and Housing

Wayne Shepperd, City of Danbury Department of Economic Development

Mary Teicholz, City of Danbury Common Council

Committee on Homeless Prevention, Discharge Planning and Transitional Housing Needs

Tim Baughman, United Way of Northern Fairfield County

Maureen Cassity, Citizen Representative

Iris Gilligan, Danbury Hospital

Debbie Lajoie, RN, Western Connecticut State University

Wanda Payton, City of Danbury Common Council

Milena Sangut, Greater Danbury Mental Health Authority

John Sullivan, Veterans Administration

Sandra Ward, Office of the Public Defender

Committee on Increasing Availability and Access to Social Services and Supports

Richard Antous, Jr., Office of the Mayor

Claudette Fogarty, City of Danbury Homeless Services Division

Allison Fulton, Housatonic Valley Coalition Against Substance Abuse

Rev. P.J. Leopold, Association of Religious Communities

Annie Orr, First Congregational Church

Trish Palmer, Mental Health Association of Connecticut

Andrea Rynn, Danbury Hospital

Robert Scalzo, Citizen Representative

Kay Schreiber, City Center Danbury

Jerrilynn Tiso, MCCA

Paul M. O'Sullivan, Office of Congresswoman Johnson 5th District

Laura Tuite, Danbury Children 1st

Rev. Laura Westby, First Congregational Church

Eileen Walsh, Catholic Family Services

Hon. Dianne Yamin, Judge of Probate

APPENDIX #6

CODE OF ORDINANCES

City of

DANBURY, CONNECTICUT

Codified through

Ord. No. 631, enacted Dec. 7, 2004.

(Supplement No. 133, Rev.)

Preliminaries

CODE OF ORDINANCES

CITY OF

DANBURY, CONNECTICUT

CHARTER AND SPECIAL ACTS and

GENERAL ORDINANCES OF THE CITY

Adopted, November 7, 1961

Effective, December 29, 1961

Published by Order of the Common Council

Published by Municipal Code Corporation

Tallahassee, Florida 1961

ARTICLE V. DANBURY HOUSING PARTNERSHIP*

*Editor's note: Being not specifically amendatory of the Code, the provisions of §§ 1--6 of Ord. No. 371, adopted Nov. 1, 1988, have been included, at the editor's discretion, as a new Art. V, §§ 10-75--10-80, to Ch. 10.

Sec. 10-75. Housing partnership created.

(a) There is hereby created the Danbury Housing Partnership.The partnership shall consist of the mayor and the following members to be appointed by the mayor:

(1) Representatives of the planning commission, zoning commission, environmental impact commission, housing authority and any local community development agency, not to exceed five (5) in number.

(2) Five (5) representatives of the local business community, such as local bankers, realtors and developers, not to exceed five in number.

(3) Representatives of public interest groups, such as housing advocates, members of the clergy, members of local civic groups and representatives of local nonprofit corporations, not to exceed five (5) in number.

(4) The director of the Danbury Planning Department, the associate director for housing of the Danbury Health and Housing Department, the fair housing officer and not more than two (2) additional local urban planning, land use and housing professionals.

(b) A quorum of the partnership shall consist of six (6) members. Except as otherwise provided in the Danbury Code of Ordinances, Robert's Rules of Order shall govern the conduct of the meetings and the business of the partnership.

(c) During the month of February in each even-numbered year, the members of the Danbury Housing Partnership shall elect from among its members a chairman, a vice-chairman and a secretary, each of whom shall hold office until his or her successor has been elected. In addition to performing the duties imposed upon a chairman by Robert's Rules of Order, the chairman shall represent the Danbury Housing Partnership on the Regional Partnership Forum and shall be responsible for the appointment of all housing partnership committees. The vice-chairman shall assume the duties of the chairman in case of his or her absence or inability.

(d) During the 1992 calendar year the mayor shall appoint five (5) members qualified under the provisions of subsection (a)(2) hereof, three (3) of whom shall serve for terms of three (3) years and two (2) of whom shall serve for terms of two (2) years. During the 1992 calendar year the mayor shall appoint five (5) members qualified under the provisions of subsection (a)(3) hereof, three (3) of whom shall serve for terms of three (3) years and two (2) of whom shall serve for terms of two (2) years. Thereafter, the appointment of all members qualified under the provisions of sub section (a)(2) and (a)(3) shall be for terms of three (3) years. In addition to those qualified by position during the 1992 calendar year, and triennially thereafter, the mayor shall appoint two (2) members qualified under the provisions of subsection (a)(4) who shall not be city employees and who shall serve for terms of three (3) years. The foregoing

provisions of this subsection notwithstanding, all members appointed pursuant to the provisions of subsections (a) hereof shall serve until their successors have been appointed.

(Ord. No. 371, § 1, 11-1-88; Ord. No. 446, 7-7-92; Ord. No. 506, 8-1-95)

Sec. 10-76. Responsibilities of the city.

The responsibilities of the City of Danbury, in order to receive initial designation under the Connecticut Housing Partnership program, shall include the following:

(1) Submit evidence to the commissioner of housing that the Danbury Housing Partnership has been formed in accordance with P.A. 88-305; and

(2) Submit evidence to the commission of housing that sufficient local resource have been committed to the Danbury Housing Partnership.

(Ord. No. 371, § 2, 11-1-88)

Sec. 10-77. Duties of Danbury Housing Partnership.

The duties of the City of Danbury Housing Partnership, in order to receive development designation under the Connecticut Housing Partnership Program, shall include the following:

(1) To examine and identify housing needs and opportunities in the community;

(2) To explore the availability of any state, municipal or other land that is suitable for the development of affordable housing;

(3) To review applicable zoning regulations to determine whether such regulations restrict the development of affordable housing in the community;

(4) To identify any necessary changes to such regulations;

(5) To establish priorities and develop a long-range plan to meet identified housing needs in the community consistent with regional housing needs;

(6) To establish procedures for the development of a written proposal to achieve such priorities in accordance with said plan; and

(7) To start an activity, development or project designed to create additional affordable housing in Danbury.

(Ord. No. 371, § 3, 11-88)

Sec. 10-78. Conflicting resolutions, orders, rules and regulations suspended.

At all times when any orders, rules and regulations made and promulgated pursuant to this article shall be in effect, they shall supersede all existing resolutions, orders, rules and regulations insofar as the latter may be inconsistent therewith.

(Ord. No. 371, § 4, 11-1-88)

Sec. 10-79. No conflict with state or federal statutes.

This article shall not be construed so as to conflict with any state or federal statute, rule or regulation.

(Ord. No. 371, § 5, 11-1-88)

Sec. 10-80. Expenses of the Danbury Housing Partnership.

No person shall have the right to expend any public funds of the city in carrying out any partnership activities authorized by this article without prior approval by the common council nor shall any person have any right to bind the city by contract, agreement or otherwise without prior and specific approval of the common council.

(Ord. No. 371, § 6, 11-1-88)

Secs. 10-81--10-90. Reserved.

An Agreement between the City of Danbury and the Point of Entry as detailed in the 10-Year Plan to End Homelessness

The City of Danbury's 10 Year Plan to End Homelessness states that Identifying, expanding and improving necessary services will occur when there is an entity responsible for making sure it occurs. Improving data collection and analysis is most likely to occur when there is a central location for the data to be collected. People in need of housing and related services will receive appropriate referrals and follow up services when someone is coordinating those efforts. The plan therefore recommends that Point of Entry be established for all persons seeking services because they are homeless, at risk of homelessness or previously homeless and recently housed.

The agency identified as The Point of Entry must establish itself in a manner that will result in an effective central location for services, information, referral, problem solving and collaboration. The point of entry is not expected to provide direct services once data is gathered and needs are determined. Referrals will be made to existing agencies/programs where they will continue to work with people as they do now. These agencies will refer newly identified persons who are about to become homeless or who are homeless to the point of entry so that data can be gathered and other referrals made if necessary.

Based on the needs identified and results desired, the community will expect that the point of entry:

- Will establish ar aintain collaborative relationships with all local and area Social Service agencies; faith based agencies which included houses of worship and their programs, such as Jericho Project, parish nurses, and outreach programs; landlords and discharging institutions and the Continuum of Care.

- Will develop a streamlined application and referral process collaboratively with all agencies providing services to the homeless, for use community-wide;

- Will develop follow-up procedures and policies collaboratively with community agencies;

- Will act as a clearing house for the coordination and dissemination of all housing information and housing services for homeless persons by gathering and cataloging such information and maintaining the quality of the data with regularly scheduled updates;

- Will have intake staff available, during all normal weekly working hours, to all persons, families, youth etc. that are homeless. Such persons will be able to walk-in or be referred by area shelters, hospitals, community programs, citizens, business and all other community based agencies.

- Will have staff available to complete intake forms/applications for services and enter such information into the Homeless Information Management System;

- Will make the appropriate referrals to n the identified needs;

- Will adhere to established follow up polices and procedures to insure that agencies are willing and able to meet the needs of the persons referred;

- Will seek to establish a community wide system of information sharing amongst providers that allows the providers to know which agencies are providing case management and for whom (i.e. a service system access card);

- Will provide on-going information to landlords about services available to their tenants facing any number of difficulties by having such information at the Point-of Entry and via the internet;

- Will provide on-going information to landlords about services and supports that could be available if they were to rent to section 8 voucher holders or to homeless persons connected to case management services by having such information available at the Point of Entry and via the internet;

- Will work with the Continuum to create the opportunity for dialogue with state and local institutions and facilities about mutual challenges and develop strategies and community protocols for persons being discharged from correctional facilities, hospitals and treatment programs.

- Will be expected to identify gaps in services, to be able to report on numbers, needs and any barriers to services;

- Will be expected to report regularly to the Continuum of Care until that time that a Municipal Agency, Authority or Commission charged with implementation of the 10 year plan is finalized, and will continue to provide information as needed to the Continuum of Care, the CDBG process and other municipal departments.

In support of the 10 year plan, The City of Danbury is willing to commit $ .00.

These funds will be allocated to as the Point of Entry. The signatures below represent an agreement on both sides of the commitment and the expectations.

APPENDIX B

Jurisdiction

Housing Market Analysis

Complete cells in blue.

Housing Stock Inventory	Vacancy Rate	0 & 1 Bedroom	2 Bedrooms	3+ Bedroom	Total	Substandard Units
Affordability Mismatch						
Occupied Units: Renter		4945	4235	2160	11340	
Occupied Units: Owner		906	4434	10510	15850	
Vacant Units: For Rent	4%	160	160	114	434	
Vacant Units: For Sale	1%	10	64	38	112	
Total Units Occupied & Vacant		6021	8893	12822	27736	0
Rents: Applicable FMRs (in $s)		942-1,143	1,451	1,737		
Rent Affordable at 30% of 50% of MFI (in $s)		915-980	1,176	1,358		
Public Housing Units						
Occupied Units		411	290	223	924	
Vacant Units		17	12	9	38	
Total Units Occupied & Vacant		428	302	232	962	0
Rehabilitation Needs (in $s)					0	

Household Income >																									
	All	Cost Burden >50%	2.2	10												0	####								
Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	304																					
		With Any Housing Problems	16.1	49												0	####								
		Cost Burden > 30%	16.1	49												0	####								
		Cost Burden >50%	1.3	4												0	####								
	Small Related	NUMBER OF HOUSEHOLDS	100%	560																					
		With Any Housing Problems	71.4	400												0	####								
		Cost Burden > 30%	69.6	390												0	####								
		Cost Burden >50%	13.4	75												0	####								
	Large Related	NUMBER OF HOUSEHOLDS	100%	90																					
		With Any Housing Problems	77.8	70												0	####								
		Cost Burden > 30%	44.4	40												0	####								
		Cost Burden >50%	22.2	20												0	####								
	All other hshold	NUMBER OF HOUSEHOLDS	100%	195																					
		With Any Housing Problems	59.0	115												0	####								
		Cost Burden > 30%	59.0	115												0	####								
		Cost Burden >50%	17.9	35												0	####								
		Total Any Housing Problem			0	0	0	0	0	0	0	0	0	0	75	0						Total Disabled	0		
		Total 215 Renter														0		Tot. Elderly	1441			Total Lead Hazard	0		
		Total 215 Owner														0		Tot. Sm. Related	5804			Total Renters	8897		
		Total 215			0	0	0	0	0	0	0	0	0	0	0	0		Tot. Lg. Related	1697			Total Owners	6544		

Grantee Name: **Jurisdiction**

Non-Homeless Special Needs Including HOPWA		Needs	Currently Available	GAP	3-5 Year Quantities										Total			Priority Need: H, M, L	Plan to Fund? Y N	Fund Source: CDBG, HO
					Year 1		Year 2		Year 3		Year 4*		Year 5*							
					Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Actual	% of Goal			
Housing Needed	52. Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	53. Frail Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	54. Persons w/ Severe Mental Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	55. Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	56. Physically Disabled	0	0	0	2	0	2	0	2	0	2	0	2	0	10	0	0%	H		
	57. Alcohol/Other Drug Addicted	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	58. Persons w/ HIV/AIDS & their familie	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	59. Public Housing Residents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	Total	0	0	0	2	0	2	0	2	0	2	0	2	0	10	0	0%			
Supportive Services Needed	60. Elderly	0	0	0	100	0	100	0	100	0	100	0	100	0	500	0	0%	H		
	61. Frail Elderly	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	62. Persons w/ Severe Mental Illness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	63. Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	64. Physically Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	H		
	65. Alcohol/Other Drug Addicted	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	66. Persons w/ HIV/AIDS & their familie	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	####	M		
	67. Public Housing Residents	0	0	0	200	0	200	0	200	0	200	0	200	0	1000	0	0%	H		
	Total	0	0	0	300	0	300	0	300	0	300	0	300	0	1500	0	0%			

Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered: Emergency	Sheltered: Transitional	Un-sheltered	Total
1. Homeless Individuals	74	25	25	124
2. Homeless Families with Children	1	9	0	10
2a. Persons in Homeless with Children Families	3	25	0	28
Total (lines 1 + 2a)	77	50	25	152

Jurisdiction

Data Quality: (N) enumerations

Part 2: Homeless Subpopulations	Sheltered	Un-sheltered	Total
1. Chronically Homeless	31	17	48
2. Severely Mentally Ill	62	2	64
3. Chronic Substance Abuse	62	18	80
4. Veterans	17	3	20
5. Persons with HIV/AIDS	4	1	5
6. Victims of Domestic Violence	7	2	9
7. Youth (Under 18 years of age)	2	0	2

Data Quality: (N) enumerations

Part 3: Homeless Needs Table: Individuals		Needs	Currently Available	Gap	5-Year Quantities: Year 1 Goal	Year 1 Complete	Year 2 Goal	Year 2 Complete	Year 3 Goal	Year 3 Complete	Year 4 Goal	Year 4 Complete	Year 5 Goal	Year 5 Complete	Total: Goal	Total: Actual	Total: % of Goal	Priority H, M, L	Plan to Fund? Y N	Fund Source: CDBG, HOME, HOPWA, ESG or Other
Beds	Emergency Shelters	65	40	25	0	0	0	0	0	0	0	0	0	0	0	0	###	M		
	Transitional Housing	123	29	94	0	0	0	0	0	0	0	0	0	0	0	0	###	H		
	Permanent Supportive Housing	162	50	112	20	0	30	0	30	0	30	0	30	0	140	0	0%	H		CDBG, Other
	Total	350	119	231	0	0	0	0	0	0	0	0	0	0	0	0	###			
Chronically Homeless																				

Part 4: Homeless Needs Table: Families		Needs	Currently Available	Gap	5-Year Quantities: Year 1 Goal	Year 1 Complete	Year 2 Goal	Year 2 Complete	Year 3 Goal	Year 3 Complete	Year 4 Goal	Year 4 Complete	Year 5 Goal	Year 5 Complete	Total: Goal	Total: Actual	Total: % of Goal	Priority H, M, L	Plan to Fund? Y N	Fund Source: CDBG, HOME, HOPWA, EF Other
Beds	Emergency Shelters	6	6	0	0	0	0	0	0	0	0	0	0	0	0	0	###	M		
	Transitional Housing	37	37	0	0	0	0	0	0	0	0	0	0	0	0	0	###	H		
	Permanent Supportive Housing	58	27	31	0	0	0	0	0	0	0	0	0	0	0	0	###	H		
	Total	101	70	31	0	0	0	0	0	0	0	0	0	0	0	0	###			

Completing Part 1: Homeless Population. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The counts must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Completing Part 2: Homeless Subpopulations. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The numbers must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Sheltered Homeless. Count adults, children and youth residing in shelters for the homeless. "Shelters" include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Do not count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.

Unsheltered Homeless. Count adults, children and youth sleeping in places not meant for human habitation. Places not meant for human habitation include streets, parks, alleys, parking ramps, parts of the highway system, transportation depots and other parts of transportation systems (e.g. subway tunnels, railroad car), all-night commercial establishments (e.g. movie theaters, laundromats, restaurants), abandoned buildings, building roofs or stairwells, chicken coops and other farm outbuildings, caves, campgrounds, vehicles, and other similar places.

Income	Tenure	Type	Item	%	Number					
Household Income >30 to <=50% MFI	Renter	Small Related	NUMBER OF HOUSEHOLDS	100%	1004					
			With Any Housing Problems	73.1	734	20	0	0%		
			Cost Burden > 30%	66.6	669		0	####		
			Cost Burden >50%	12.8	129		0	####		
		Large Related	NUMBER OF HOUSEHOLDS	100%	390					
			With Any Housing Problems	76.9	300	20	0	0%		
			Cost Burden > 30%	32.1	125		0	####		
			Cost Burden >50%	3.8	15		0	####		
		All other hshold	NUMBER OF HOUSEHOLDS	100%	625					
			With Any Housing Problems	66.4	415		0	####		
			Cost Burden > 30%	66.0	413		0	####		
			Cost Burden >50%	12.0	75		0	####		
	Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	840					
			With Any Housing Problems	33.3	280		0	####		
			Cost Burden > 30%	33.3	280		0	####		
			Cost Burden >50%	19.0	160		0	####		
		Small Related	NUMBER OF HOUSEHOLDS	100%	460					
			With Any Housing Problems	76.1	350		0	####		
			Cost Burden > 30%	76.1	350		0	####		
			Cost Burden >50%	34.8	160		0	####		
		Large Related	NUMBER OF HOUSEHOLDS	100%	140					
			With Any Housing Problems	100.0	140		0	####		
			Cost Burden > 30%	100.0	140		0	####		
			Cost Burden >50%	50.0	70		0	####		
		All other hshold	NUMBER OF HOUSEHOLDS	100%	279					
			With Any Housing Problems	73.1	204		0	####		
			Cost Burden > 30%	73.1	204		0	####		
			Cost Burden >50%	34.1	95		0	####		
0 to <=80% MFI		Elderly	NUMBER OF HOUSEHOLDS	100%	134				100%	
			With Any Housing Problems	33.6	45		0	####		0
			Cost Burden > 30%	33.6	45		0	####		
			Cost Burden >50%	7.5	10		0	####		
	Renter	Small Related	NUMBER OF HOUSEHOLDS	100%	554					
			With Any Housing Problems	23.3	129		0	####		
			Cost Burden > 30%	8.8	49		0	####		
			Cost Burden >50%	0.0	0		0	####		
		Large Related	NUMBER OF HOUSEHOLDS	100%	200					
			With Any Housing Problems	80.0	160		0	####		
			Cost Burden > 30%	17.5	35		0	####		
			Cost Burden >50%	0.0	0		0	####		
		other hshold	NUMBER OF HOUSEHOLDS	100%	450					
			With Any Housing Problems	44.4	200		0	####		
			Cost Burden > 30%	34.4	155		0	####		

Housing Needs Table

Grantee:

Only complete blue sections. Do NOT type in sections other than blue.

Housing Needs - Comprehensive Housing Affordability Strategy (CHAS) Data Housing Problems

			Current % of Household	Current Number of Households	3-5 Year Quantities												Priority Need?	Plan to Fund?	Fund Source	Households with a Disabled Member		Disproportionate Racial/ Ethnic Need?	# of Households in lead-Hazard Housing	Total Low Income HIV/AIDS Population
					Year 1		Year 2		Year 3		Year 4*		Year 5*		Multi-Year									
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	% of Goal					% HSHLD	# HSHLD			
Household Income <=30% MFI	Renter	Elderly	NUMBER OF HOUSEHOLDS	100%	894																	100%				
			Any housing problems	41.8	374											0	####						0			
			Cost Burden > 30%	41.8	374											0	####									
			Cost Burden >50%	25.7	230											0	####									
		Small Related	NUMBER OF HOUSEHOLDS	100%	738																					
			With Any Housing Problems	81.7	603											0	####									
			Cost Burden > 30%	79.1	584											0	####									
			Cost Burden >50%	67.8	500											0	####									
		Large Related	NUMBER OF HOUSEHOLDS	100%	244																					
			With Any Housing Problems	91.8	224											0	####									
			Cost Burden > 30%	69.3	169											0	####									
			Cost Burden >50%	43.0	105											0	####									
		All other hshold	NUMBER OF HOUSEHOLDS	100%	820																					
			With Any Housing Problems	76.8	630											0	####									
			Cost Burden > 30%	75.6	620											0	####									
			Cost Burden >50%	52.4	430											0	####									
	Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	739																					
			With Any Housing Problems	72.3	534											10	0	0%								
			Cost Burden > 30%	72.3	534											0	####									
			Cost Burden >50%	43.3	320											0	####									
		Small Related	NUMBER OF HOUSEHOLDS	100%	259																					
			With Any Housing Problems	90.3	234											10	0	0%								
			Cost Burden > 30%	90.3	234											0	####									
			Cost Burden >50%	83.0	215											0	####									
		Large Related	NUMBER OF HOUSEHOLDS	100%	56																					
			With Any Housing Problems	85.7	48											10	0	0%								
			Cost Burden > 30%	50.0	28											0	####									
			Cost Burden >50%	14.3	8											0	####									
		All other hshold	NUMBER OF HOUSEHOLDS	100%	255																					
			With Any Housing Problems	84.3	215											0	####									
			Cost Burden > 30%	84.3	215											0	####									
			Cost Burden >50%	64.7	165											0	####									
		Elderly	NUMBER OF HOUSEHOLDS	100%	329																	100%				
			With Any Housing Problems	48.3	159											5	0	0%						0		
			Cost Burden > 30%	47.1	155											0	####									
			Cost Burden >50%	9.1	30											0	####									

Jurisdiction

Only complete blue sections.

Housing and Community Development Activities		Needs	Current	Gap	5-Year Quantities												% of Goal	Priority Need: H, M, L	Dollars to Address	Plan to Fund? Y/N	Fund Source
					Year 1		Year 2		Year 3		Year 4		Year 5		Cumulative						
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					
01 Acquisition of Real Property 570.201(a)		0	0	0											0	0	####	L			
02 Disposition 570.201(b)		0	0	0											0	0	####	L			
Public Facilities and Improvements	03 Public Facilities and Improvements (General) 570.201(c)	0	0	0											0	0	####	H			
	03A Senior Centers 570.201(c)	0	0	0	1										1	0	0%	H	$750k		CDBG
	03B Handicapped Centers 570.201(c)	0	0	0											0	0	####	M			
	03C Homeless Facilities (not operating costs) 570.201(c)	0	0	0	1		1		1		1		1		5	0	0%	H	$25k		CDBG
	03D Youth Centers 570.201(c)	0	0	0											0	0	####	M			
	03E Neighborhood Facilities 570.201(c)	0	0	0											0	0	####	H			
	03F Parks, Recreational Facilities 570.201(c)	0	0	0					1		1		1		3	0	0%	H	$300k		CDBG
	03G Parking Facilities 570.201©	0	0	0											0	0	####	H			
	03H Solid Waste Disposal Improvements 570.201(c)	0	0	0											0	0	####	M			
	03I Flood Drain Improvements 570.201(c)	0	0	0											0	0	####	H			
	03J Water/Sewer Improvements 570.201(c)	0	0	0											0	0	####	H			
	03K Street Improvements 570.201(c)	0	0	0	1		1		1		1		1		5	0	0%	H	$500k		CDBG
	03L Sidewalks 570.201(c)	0	0	0											0	0	####	H			
	03M Child Care Centers 570.201(c)	0	0	0											0	0	####	H			
	03N Tree Planting 570.201(c)	0	0	0											0	0	####	L			
	03O Fire Stations/Equipment 570.201(c)	0	0	0											0	0	####	M			
	03P Health Facilities 570.201(c)	0	0	0											0	0	####	M			
	03Q Abused and Neglected Children Facilities 570.201(c)	0	0	0											0	0	####	H			
	03R Asbestos Removal 570.201(c)	0	0	0											0	0	####	M			
	03S Facilities for AIDS Patients (not operating costs) 570.201(c)	0	0	0											0	0	####	H			
	03T Operating Costs of Homeless/AIDS Patients Programs	0	0	0	2		2		2		2		2		10	0	0%	H	$250k		CDBG
04 Clearance and Demolition 570.201(d)		0	0	0											0	0	####	M			
04A Clean-up of Contaminated Sites 570.201(d)		0	0	0											0	0	####	H			
Public Services	05 Public Services (General) 570.201(e)	0	0	0	3		3		3		3		3		15	0	0%	H	$250k		CDBG
	05A Senior Services 570.201(e)	0	0	0											0	0	####	H			
	05B Handicapped Services 570.201(e)	0	0	0											0	0	####	H			
	05C Legal Services 570.201(E)	0	0	0											0	0	####	L			
	05D Youth Services 570.201(e)	0	0	0											0	0	####	H			
	05E Transportation Services 570.201(e)	0	0	0	1		1		1		1		1		5	0	0%	H	$45k		CDBG
	05F Substance Abuse Services 570.201(e)	0	0	0											0	0	####	H			
	05G Battered and Abused Spouses 570.201(e)	0	0	0											0	0	####	M			
	05H Employment Training 570.201(e)	0	0	0											0	0	####	M			
	05I Crime Awareness 570.201(e)	0	0	0											0	0	####	H			
	05J Fair Housing Activities (if CDBG, then subject to 570.201(e)	0	0	0											0	0	####	H			
	05K Tenant/Landlord Counseling 570.201(e)	0	0	0											0	0	####	M			
	05L Child Care Services 570.201(e)	0	0	0											0	0	####	H			
	05M Health Services 570.201(e)	0	0	0											0	0	####	M			
	05N Abused and Neglected Children 570.201(e)	0	0	0											0	0	####	H			
	05O Mental Health Services 570.201(e)	0	0	0											0	0	####	H			
	05P Screening for Lead-Based Paint/Lead Hazards Poison 570.201(	0	0	0											0	0	####	H			
	05Q Subsistence Payments 570.204	0	0	0											0	0	####	L			
	05R Homeownership Assistance (not direct) 570.204	0	0	0											0	0	####	M			
	05S Rental Housing Subsidies (if HOME, not part of 5% 570.204	0	0	0											0	0	####	M			
	05T Security Deposits (if HOME, not part of 5% Admin c	0	0	0	1		1		1		1		1		5	0	0%	H	$75k		CDBG
06 Interim Assistance 570.201(f)		0	0	0											0	0	####	H			
07 Urban Renewal Completion 570.201(h)		0	0	0											0	0	####	H			

08 Relocation 570.201(i)		0	0	0											0	0	####	M				
09 Loss of Rental Income 570.201(j)		0	0	0											0	0	####	M				
10 Removal of Architectural Barriers 570.201(k)		0	0	0	1		1		1		1		1		5	0	0%	H	$500k			CDBG
11 Privately Owned Utilities 570.201(l)		0	0	0											0	0	####	L				
12 Construction of Housing 570.201(m)		0	0	0	6										6	0	0%	L	$50k			CDBG
13 Direct Homeownership Assistance 570.201(n)		0	0	0											0	0	####	H				
	14A Rehab; Single-Unit Residential 570.202	0	0	0	2										2	0	0%	M	$50k			CDBG
	14B Rehab; Multi-Unit Residential 570.202	0	0	0											0	0	####	M				
	14C Public Housing Modernization 570.202	0	0	0	1				1				1		3	0	0%	H	$300k			CDBG
	14D Rehab; Other Publicly-Owned Residential Buildings 570.202	0	0	0											0	0	####	L				
	14E Rehab; Publicly or Privately-Owned Commercial/Indu 570.202	0	0	0											0	0	####	L				
	14F Energy Efficiency Improvements 570.202	0	0	0											0	0	####	M				
	14G Acquisition - for Rehabilitation 570.202	0	0	0											0	0	####	M				
	14H Rehabilitation Administration 570.202	0	0	0											0	0	####	M				
	14I Lead-Based/Lead Hazard Test/Abate 570.202	0	0	0											0	0	####	H				
15 Code Enforcement 570.202(c)		0	0	0											0	0	####	M				
16A Residential Historic Preservation 570.202(d)		0	0	0											0	0	####	M				
16B Non-Residential Historic Preservation 570.202(d)		0	0	0											0	0	####	M				
	17A CI Land Acquisition/Disposition 570.203(a)	0	0	0											0	0	####	M				
	17B CI Infrastructure Development 570.203(a)	0	0	0											0	0	####	M				
	17C CI Building Acquisition, Construction, Rehabilitat 570.203(a)	0	0	0											0	0	####	M				
	17D Other Commercial/Industrial Improvements 570.203(a)	0	0	0											0	0	####	L				
	18A ED Direct Financial Assistance to For-Profits 570.203(b)	0	0	0											0	0	####	M				
	18B ED Technical Assistance 570.203(b)	0	0	0											0	0	####	M				
	18C Micro-Enterprise Assistance	0	0	0											0	0	####	M				
	19A HOME Admin/Planning Costs of PJ (not part of 5% Ad	0	0	0											0	0	####	N/A				
	19B HOME CHDO Operating Costs (not part of 5% Admin ca	0	0	0											0	0	####	N/A				
	19C CDBG Non-profit Organization Capacity Building	0	0	0											0	0	####	H				
	19D CDBG Assistance to Institutes of Higher Education	0	0	0											0	0	####	L				
	19E CDBG Operation and Repair of Foreclosed Property	0	0	0											0	0	####	H				
	19F Planned Repayment of Section 108 Loan Principal	0	0	0											0	0	####	H				
	19G Unplanned Repayment of Section 108 Loan Principal	0	0	0											0	0	####	H				
	19H State CDBG Technical Assistance to Grantees	0	0	0											0	0	####	N/A				
20 Planning 570.205		0	0	0											0	0	####	H				
	21A General Program Administration 570.206	0	0	0	1		1		1		1		1		5	0	0%	H	$425k			CDBG
	21B Indirect Costs 570.206	0	0	0											0	0	####	L				
	21D Fair Housing Activities (subject to 20% Admin cap) 570.206	0	0	0											0	0	####	H				
	21E Submissions or Applications for Federal Programs 570.206	0	0	0											0	0	####	M				
	21F HOME Rental Subsidy Payments (subject to 5% cap)	0	0	0											0	0	####	N/A				
	21G HOME Security Deposits (subject to 5% cap)	0	0	0											0	0	####	N/A				
	21H HOME Admin/Planning Costs of PJ (subject to 5% cap	0	0	0											0	0	####	N/A				
	21I HOME CHDO Operating Expenses (subject to 5% cap)	0	0	0											0	0	####	N/A				
22 Unprogrammed Funds		0	0	0											0	0	####	M				
HOPWA	31J Facility based housing – development	0	0	0											0	0	####	N/A				
	31K Facility based housing - operations	0	0	0											0	0	####	N/A				
	31G Short term rent mortgage utility payments	0	0	0											0	0	####	N/A				
	31F Tenant based rental assistance	0	0	0											0	0	####	N/A				
	31E Supportive service	0	0	0											0	0	####	N/A				
	31I Housing information services	0	0	0											0	0	####	N/A				
	31H Resource identification	0	0	0											0	0	####	N/A				
	31B Administration - grantee	0	0	0											0	0	####	N/A				
	31D Administration - project sponsor	0	0	0											0	0	####	N/A				
HOME	Acquisition of existing rental units	0	0	0											0	0	####	L				
	Production of new rental units	0	0	0											0	0	####	M				
	Rehabilitation of existing rental units	0	0	0											0	0	####	M				

NEW Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-1	**Availability/Accessibility of Decent Housing**						
DH-1 (1)	Specific Objective: Increase the supply of quality, affordable rental housing in the City.	Source of Funds #1 CDBG	Performance Indicator #1 The number of affordable rental units created through rehabilitation	2008	0		#DIV/0!
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective: Create new rental housing units through rehabilitation of vacant units or the construction of new units.	Source of Funds #1 CDBG	Performance Indicator #2 The number of new affordable rental units constructed	2008	0		#DIV/0!
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

CDB(	Rental assistance	0	0	0										0	0	####	L				
	Acquisition of existing owner units	0	0	0										0	0	####	L				
	Production of new owner units	0	0	0										0	0	####	M				
	Rehabilitation of existing owner units	0	0	0										0	0	####	M				
	Homeownership assistance	0	0	0										0	0	####	H				
HOME	Acquisition of existing rental units	0	0	0										0	0	####	N/A				
	Production of new rental units	0	0	0										0	0	####	N/A				
	Rehabilitation of existing rental units	0	0	0										0	0	####	N/A				
	Rental assistance	0	0	0										0	0	####	N/A				
	Acquisition of existing owner units	0	0	0										0	0	####	N/A				
	Production of new owner units	0	0	0										0	0	####	N/A				
	Rehabilitation of existing owner units	0	0	0										0	0	####	N/A				
	Homeownership assistance	0	0	0										0	0	####	N/A				
	Totals	0	0	0	21	0	11	0	13	0	12	0	13	0	70	0	####		$3.52m		

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-1	**Availability/Accessibility of Decent Housing**						
DH-1 (2)	Specific Objective: Create affordable homeownership opportunities for first time homebuyers in the City.	Source of Funds #1 CDBG	Performance Indicator #1 The number of affordable owner occupied units created through rehabilitation	2008	0		#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2 The number of new affordable homeownership units constructed	2008	0		#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
	Specific Annual Objective Produce affordable homeownership housing units for occupancy	Source of Funds #1	Performance Indicator #2 The number of first time homebuyers assisted	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-1	Availability/Accessibility of Decent Housing						
DH-1 (3)	Specific Objective Provide access to supportive, transitional and permanent housing opportunities for persons with special housing needs.	Source of Funds #1 Other	Performance Indicator #1 Number of supportive housing facilities created	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of housing units created	2008	6		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

NEW Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-1	**Availability/Accessibility of Decent Housing**						
DH-1 (4)	Specific Objective Provide the resources necessary to ensure homeless families and individuals and those at risk of homelessness have the shelter and services they need to move from temporary to permanent housing.	Source of Funds #1 CDBG	Performance Indicator #1 Number of persons assisted	2008	180	✓	0%
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2 The number of households assisted	2008	15	✓	0%
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-2	**Affordability of Decent Housing**						
DH-2 (1)	Specific Objective Provide security deposit and/or downpayment assistance as needed to make decent housing affordable to low and moderate income homeowners or renters.	Source of Funds #1 CDBG	Performance Indicator #1 Number of households assisted	2008	15		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-3	**Sustainability of Decent Housing**						
DH-3 (1)	Specific Objective: Maintain decent, affordable rental housing opportunities for renters through rehabilitation.	Source of Funds #1: CDBG	Performance Indicator #1: Number of housing units rehabilitated	2008	345		0%
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
DH-3	**Sustainability of Decent Housing**						
DH-3 (2)	Specific Objective Preserve housing ownership through rehabilitation and improving the availability of supportive services to homeowners.	Source of Funds #1 CDBG	Performance Indicator #1 Number of housing units rehabilitated	2008	0		#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of homeowners assisted	2008	0		#DIV/0!
				2009			#DIV/0!
	Specific Annual Objective	Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	**Availability/Accessibility of Suitable Living Environment**						
SL-1 (1)	Specific Objective Maintain and improve existing public facilities and encourage the development of upgraded facilities.	Source of Funds #1 CDBG	Performance Indicator #1 Number of facilities improved	2008	1		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of new facilities developed	2008	0		#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	**Availability/Accessibility of Suitable Living Environment**						
SL-1 (2)	Specific Objective Expand existing efforts to meet the needs of the City's physically handicapped population by supporting projects designed to make current facilities accessible or to provide new accessible facilities or equipment.	Source of Funds #1 CDBG	Performance Indicator #1 Number of facility improvements made	2008	2		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of housing units made accessible	2008	2		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

NEW SPECIFIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	**Availability/Accessibility of Suitable Living Environment**						
SL-1 (3)	Specific Objective Continue and/or expand existing public service programs	Source of Funds #1 CDBG	Performance Indicator #1 Number of Public Service Programs supported	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2 Number of Persons or Households benefiting	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	Availability/Accessibility of Suitable Living Environment						
SL-1 (4)	Specific Objective: Promote and encourage the continued operation of existing senior programs and services	Source of Funds #1 CDBG	Performance Indicator #1 Number of programs/services offered.	2008	2		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of persons assisted	2008	100		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
	Specific Annual Objective Offer programs and services to the senior population that promote independence and well-being.	Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-1	Availability/Accessibility of Suitable Living Environment						
SL-1 (5)	Specific Objective Promote the development of supportive programs/services for youth.	Source of Funds #1 CDBG	Performance Indicator #1 Number of programs/services offered	2008	1		0%
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of youth served.	2008	200		0%
		Source of Funds #2		2009			#DIV/0!
	Specific Annual Objective			2010			#DIV/0!
		Source of Funds #3		2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-2	**Affordability of Suitable Living Environment**						
SL-2 (1)	Specific Objective	Source of Funds #1	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-3	Sustainability of Suitable Living Environment						
SL-3 (1)	Specific Objective Encourage the continued maintenance and improvement of the City's infrastructure	Source of Funds #1 CDBG	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
SL-3	Sustainability of Suitable Living Environment						
SL-3 (2)	Specific Objective Enhance and expand community development efforts relating to structural rehabilitation and revitalization particularly with regard to lead-based paint remediation /education and code enforcement activities.	Source of Funds #1 CDBG	Performance Indicator #1 Number of housing units inspected	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of units remediated	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

NEW SPECIFIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective / Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
EO-1	**Availability/Accessibility of Economic Opportunity**						
EO-1 (1)	Specific Objective Enhance and expand existing economic development efforts, particularly with regard to the rehabilitation of commercial/industrial structures, improvement of infrastructure to benefit businesses, micro-business development and the provision of technical assistance to new and established businesses.	Source of Funds #1 CDBG	Performance Indicator #1 Number of businesses assisted	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
				2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2 Number of jobs created or retained	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
EO-2	**Affordability of Economic Opportunity**						
EO-2 (1)	Specific Objective	Source of Funds #1	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
EO-3	Sustainability of Economic Opportunity						
EO-3 (1)	Specific Objective	Source of Funds #1	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective / Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
NR-1	**Neighborhood Revitalization**						
NR-1 (1)	Specific Objective	Source of Funds #1	Performance Indicator #1	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
O-1	**Other**						
O-1 (1)	Specific Objective Increase the level and delivery of support services to the homeless and those at-risk of becoming homeless.	Source of Funds #1 CDBG	Performance Indicator #1 Number of persons served	2008	100		0%
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
	Specific Annual Objective	Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
		Source of Funds #2		2009			#DIV/0!
		Source of Funds #3		2010			#DIV/0!
				2011			#DIV/0!
				2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

NEW SPECIFIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
O-1	Other						
O-1 (2)	Specific Objective Support and promote supportive housing services for persons with special needs which would help them to overcome or live more easily with their special need.	Source of Funds #1 CDBG	Performance Indicator #1 Number of persons or households served	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			0	#DIV/0!

NEW SPECIFIC OBJECTIVE

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
O-1	**Other**						
O-1 (3)	Specific Objective Continue the support of anti-crime programs in cooperation with the City of Danbury Police Department	Source of Funds #1	Performance Indicator #1 Number of persons or households served	2008	0		#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
	Specific Annual Objective			2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

New Specific Objective

Summary of Specific Annual Objectives

Specific Obj. #	Outcome/Objective Specific Annual Objectives	Sources of Funds	Performance Indicators	Year	Expected Number	Actual Number	Percent Completed
O-1	Other						
O-1 (4)	Specific Objective: Continue existing administrative and planning activities necessary for the implementation of the objectives, actions and programs of the Consolidated Plan Strategic Plan	Source of Funds #1	Performance Indicator #1	2008	1		0%
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #2	2008			#DIV/0!
				2009			#DIV/0!
	Specific Annual Objective	Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!
		Source of Funds #1	Performance Indicator #3	2008			#DIV/0!
				2009			#DIV/0!
		Source of Funds #2		2010			#DIV/0!
				2011			#DIV/0!
		Source of Funds #3		2012			#DIV/0!
			MULTI-YEAR GOAL			**0**	#DIV/0!

Total Expenditures..... $618,682

Admin..... $85,000

Denominator.....$534,682

Amount Spent on Non-housing.....$534,682 (100%)

All of the money for Danbury PY-34 grant will be spent on non-housing activities. Which means Danbury will be spending 100% of CDBG funds will be spent on LMI.