

# THE NORTHSIDE ASK

The Northside AMERICAN RESCUE PLAN ACT ( ARPA ) Ask is a result of three community meetings on the Northside of Lafayette. (a ZOOM Call, a Clifton Chenier Town Hall, A Community Conference Call.)

Citizens were educated on the ARPA funds and also heard from a local elected official out of CADD0 Parish. As a result, the following entities have submitted their requests for the councils to consider funding.

Contact information is provided if further information is needed.

Additionally, all of these entities have filled out the Current Newspaper's "ONE BIG PROJECT" profile.

# THE NORTHSIDE ASK

ENTITY

BUDGET REQUEST

SUN CHDO

2,625,000.00

Certified Lafayette Consolidated Government CHDO

BUDGET EXPLANATION

25 PROPERTIES/ CLEAR TITLE	\$5,000	\$125,000.00
25 Single Family Dwellings	\$100,000	\$2,500,000.00
On slab	957 living area	
	82 non living	
	1032 Total	
TOTAL BUDGET REQUEST		\$2,625,000.00

CONTACT PERSON- Christopher Williams, PhD  
PHONE NUMBER - 337-501-7617  
EMAIL - [CJWILLIAMSPHD@GMAIL.COM](mailto:CJWILLIAMSPHD@GMAIL.COM)

# THE NORTHSIDE ASK

ENTITY

NORTHSIDE INNOVATION AND BUSINESS HUB

BUDGET REQUEST

\$1,500.000

CONTACT PERSON -

Tina Shelvin-Bingham

Phone Number -

337-400-7224

Email -

[tina@habitatlafayette.org](mailto:tina@habitatlafayette.org)

# THE NORTHSIDE ASK

ENTITY

SIVARCO

See attached

CONTACT PERSON – Ravis K. Martinez  
Phone Number – 337-366-03372  
Email – sivarco@gmail.com





## The Northside Lafayette Cares Fund (NLCF) Executive Summary

The Black community across Louisiana is in the midst of two pandemics. First is the 400 years of racial inequities and strategic divestment from the Black community with intentional policy and practice. Second is the COVID-19 pandemic that is widening socio-economic and health disparities which exacerbate the disadvantages in the Black Louisiana communities. This gap can begin to be narrowed through targeted economic investments for Black people, Black-owned businesses, and Black led and/or community-based organizations.

The Northside Lafayette Cares Fund (NLCF)[BOOST Lafayette ©], a 1-3 million dollar targeted investment in Lafayette's Black community, derived from the American Rescue Plan Act (ARPA) funds, serves as the beginning steps to equitably addressing the systemic disadvantages experienced by the Black community. This funding will provide economic relief for individuals and small businesses to meet the pressing economic needs to stabilize and generate growth to support an ecosystem:

Specifically, providing:

- Start of a targeted revolving loan fund (750k-2M)
- Permanent management and technical assistance support for minority businesses (250K)
- Conduit to attract additional aid and relief within the private and public sectors

The Northside Lafayette Cares Fund will be managed and distributed to businesses, individuals, and community-based organizations by the partnership created through Lafayette Consolidated Government, Sivarco Group, with alignment with entities such as Lafayette Neighborhoods' Economic Development Corporation (LNEDC), or other respected community-focused partners.

The extrapolation of national, historic, and current local data presents the evidence that Black Louisianan's are faring much worse in this pandemic than white Louisianan's. More granular data is needed to know the extent to which the COVID-19 pandemic has disproportionately affected Black Louisiana. To put it simply, the State has never prioritized the policies, practices, or systems required to hold itself accountable to providing equitable services and resources. At this critical juncture, by targeting investments in the Black community, Lafayette has an opportunity to protect the health and wellbeing of all its citizens. If decisive action is not taken and these investments are not made, Black Lafayette will experience even greater gaps in socio-economic inequity, requiring more costly remedies for years to come.

Red Beans & Ricely Yours,

Ravis K. Martinez  
Sivarco Group, LLC

A VETERAN OWNED & OPERATED FIRM

# THE NORTHSIDE ASK

ENTITY

SUN WELLNESS CENTER

See attached

BUDGET REQUEST

\$400,000

Contact Name – Marja Broussard  
Phone Number – 337-704-8884  
Email – BROUSSARDMARJA@GMAIL.COM

**Community Development Block Grant-CV**  
**Activities to Support Coronavirus and Other Infectious Disease Response**

**Type of Submittal:** New Public Service  Expanded Public Service  Assistance to Businesses   
Buildings and Improvements, Including Public Facilities

**Date Submitted:** January 12, 2021 **Amount Requested:** \$400,000.00

Will funds requested herein be used for a grant match: Yes  No

If yes, for which grant(s): N/A

Describe all funding currently available to fund this project.

Source(s) & Amount(s) In kind services provided by SUN CHDO

**Applicant Information:**

Agency Name: SUN CHDO

Authorized Contact Person (Name/Title): Chris Williams CEO

Signature of Authorized Contact Person: \_\_\_\_\_ Date signed: \_\_\_\_\_

Address: 113 Alfred St Lafayette, LA 70501

Email: cjwilliamsphd@gmail.com

Federal ID No.: 83-0967326 Phone No.: 337-258-0000 Fax No.: \_\_\_\_\_

**Type of Organizations:** (select one)

Community Based Non-Profit  Public Entity  Other Private Non-Profit Entity

Other (describe) \_\_\_\_\_

**Address/Location of Proposed Project/Activity:** \_\_\_\_\_

**Project Start Date:** \_\_\_\_\_ **Project Completion Date:** \_\_\_\_\_

**Type of Program/Activity:** Describe in one sentence.

**Provide centralized preventative resource center to disseminate information on, but not limited to mental health, wellness, recovery, research, nutrition, disease prevention, early intervention, crisis intervention, individual and group therapy, health education classes, gardening workshop and vision of wellness.**

**High Priority Community Disease Response Need Being Addressed:** Describe in one sentence.

**This preventative initiative will address the disparities of citizens impacted by COVID 19, infectious diseases, and other underlying conditions.**

**How Does Project Benefit Activities to Support Coronavirus and Other Infectious Disease Response:**

What is (are) the goal(s) of this project?

**SUN Wellness Center will provide services within the jurisdiction of Lafayette Consolidated Government. SUN Wellness Center is a centralized preventative resource center designed to address underlying health issues via early intervention, information dissemination, prevention, chronic disease therapy, vision of wellness, exercise, and behavioral health. The goal is to reduce the number of citizens hospitalized and increase the number of clients who have a medical plan**

**What are the expected outcomes/benefits?** (Specify number of clients and service(s) to be provided.)

SUN Wellness Center will provide preventative services to 1000 clients each year. Clients will have access on-site and thru outreach areas within the jurisdiction of Lafayette Consolidated Government to the following preventive services: addressing underlying health issues early intervention, referral to community clinic and physicians, substance abuse and mental health referrals, nutritional information and workshop, i.e., cooking classes, community gardening workshops.

# Assurances

PY 2020/2021

**The applicant assures that:**

1. All activities will be conducted in compliance with Titles I and II of the Cranston-Gonzales National Affordable Housing Act, as applicable;
2. If funded, all expenditure of funds will be for the purpose stated in the proposal;
3. Any funds received under this program will be used as stated in the approved budget;
4. It will keep complete and accurate records, specifically certain demographic information on homeowners, tenants, or clients. It will provide such information to Lafayette City-Parish Consolidated Government for fiscal and programmatic evaluation purposes as may be required under the federal funding regulations;
5. It will cooperate with and assist Lafayette City-Parish Consolidated Government in completing the necessary environmental review paperwork before beginning any work on the proposed project;
6. It is a non-profit, 501 (c)(3) organization (as defined by law or regulation) at the time of application;
7. Funds will not be used to supplant or replace other federal, state or local funds;
8. It has sufficient funds budgeted to adequately carry out the proposed project, and can provide evidence of such funds, upon request; and
9. It will adhere to all federal, state and local regulations, laws and ordinances in the implementation of all of its programs.

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Organization Name (typed or printed)

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Name/Title of Authorized Representative  
(typed or printed)

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Date

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Signature of Authorized Representative



## **Brief History of Your Organization**

**SUN CHDO mission is to build communities through affordable housing and health programing which will uplift individuals and families. SUN CHDO is an IRS 501©3 organization designed to provide affordable, safe and energy efficent housing in our communities. In doing so, health care is essential to addressing overall quality of life. SUN CHDO pledges to work with communities on improving housing referrals, health care, youth programs, and health and wellness.**

**SUN CHDO was establish in 2018 to empower and negotiate with community driven organizations to provide solutions, to community leaders, local govenments and residents. SUN provides neighborhood solutions which includes but is not limited to the following: Home Ownership, Health and Wellness, Housing Development, Opportunity Zones, Disaster Relief and Community Development. SUN CHDO is committed to making our community better, particularly in underserved areas.**

## Program Description

**Need:** Describe why CDBG funds are needed. Detail COVID-19 related issues that would be addressed with this project. Include health or safety issues and any additional actions taken to try to resolve the problem. (BE SPECIFIC)

SUN Wellness Center is designed to provide our community with information, resources and referrals necessary to address health unlying issues. Our program will partner with health professional and community groups to get much needed information to "others" who are offer left out to medical solutions and suffer greater medical as a result of this neglect.

**Solution:** Describe the project and how it will address the needs identified.

SUN Wellness Center will operate a full service facility design to provide services necessary to curb underlying health issues in the LCG CDBG service delivery areas. Training will be held in the following areas: COVID 19, Cancer, Nutrition, Diet, Exercise, Youth Health, Diabetes, Cooking, Enviromental Contaminants, High Blood Pressure, Mental Health, and Self Care.

The Wellness Center will be strategically located at the corner of S. Pierce St. and Willow (Dr. Martin Luther King, Jr. Memorial Parkway) to provide information, workshop, and outreach seminars to marginilized communities. There is currently a void of centers designed to address underlying health issues in economically distressed neighborhoods.

**Outcomes:** What are the COVID related economic, social and/or educational benefits that are expected to accrue to the low- and moderate-income citizens of the jurisdiction of Lafayette Consolidated Government? How Does Project Benefit Activities to Support Coronavirus and Other Infectious Disease Response? Describe the measurable outcomes and how your proposed solution is the most effective at achieving those outcomes.

The SUN Wellness Center will provide citizens with COVID 19 related information to reduce the spread of the virus to low to moderate income citizens. The center will provide plethora of resources and information designed to reduce the impact of COVID 19 , in addition to other infectious diseases and underlying health conditions. The outcomes will be measured by quantitative information provided by LDH, Region 4 office. The decline of infectious disease rates and mortality rates will be utilized to measurment outcomes and effectiveness. Early detection of pre-existing conditons is key to attaining successful health outcomes. Referrals to community clinics and health care providers will provide citizens with solutions to underlying health conditions.

**Capacity:** Describe your agency's capacity to perform the services described in this application and experience carrying out similar activities with federal funding.

The staff will have extensive experience in the healthcare industry and community outreach. It is our belief staff should be from the community being served to address our expected outcomes. We are confident our center will be ablet to service 1000 citizens during this grant period. The facility (formally Pride Plaza) provided medical services for many years to residents on the Northside of Lafayette. It has been vacant for several years and it will be a familiar and welcomed facility to the people who will utilize it's services.

**Timeline:** Describe your agency's plan in regard to the tasks and timeframe of the project and service delivery. Be specific and include items such as hiring of new staff, training, and acquisition of supplies.

The SUM Wellness Center is ready implement a full service facility immediately

- ~ The staff will be hire within 30 days
- ~ Training within 30 days
- ~ Facility readiness within 30 days
- ~ Materials / Resources Supplies within 60 day
- ~ Operational within 60 days

**Equity:** Describe your agency's commitment to equity and how you plan to put that commitment into practice if awarded this funding.

SUN Wellness Center advisory board is made up of community represenatives who have given of themselves and reconizes the need for this type of facility during this COVID 19 crisis. They represent a cross-section of the community and are dedicated to fairness and equity. We are dedicated to not only identify in the challenges of COVID 19 and underlying health issues , but openingly addressing the inequities taking place in the delivery of medical services.



## Public Services Specific Section

**Populations Served:** Who is your target population? What percentage of the households you plan to serve will be a special needs population?

(Special Needs Populations: Veterans, Domestic Violence Survivors, Senior Citizens, Disabled, Chronically Homeless, Illiterate adults, or Migrant Farm Workers.)

The target population of the proposed SUN Wellness Center are LCG Citizens who resides in the service delivery area and would benefit from the health information and training. We anticipate 50% of households served will be from the special needs populations. Additionally, our targete population will include citizens who reside in economically distress census track.

**Management:** Describe the management structure and staffing of your program. Include how staff will be trained to effectively deliver evidence-based practices. Describe your experience providing similar program models.

The staff will have extensive knowledge and experience in the healthcare field . The Exeuctive will implement the day to day activities and engage the staff, consults, advisory board and program partners. A standard operating procedure manuel will be approved and implemented by the Executive Director. The Outreach Coornidator will work internally and in the field to ensure citizens have access to services and resources provided by the center. The Administrative Staff will ensure all services internal and extenal are implemented to the specification of the grant agreement and the standard operation procedures manuel.

**Coordination:** Is your program coordinated with other services (ex: housing assistance, counseling, employment, credit repair)? Describe the role of other partners that will provide services to assist clients. Provide MOU, if available.

SUN CHDO will collabrate with our current CHDO partners which includes but not limited the following: Business Planning, Credit Repair, Dietitian, The American Cancer Society, etc. A MOU will be develop specifically for this program.

## Economic Development Specific Section

**Low & Moderate Income Benefit:** How will you identify and prioritize business applicants? How will you market the program and monitor for compliance with regulations?

N/A

**Management:** Describe the management structure and staffing of your program. Include how staff will be trained to effectively deliver evidence-based practices. Describe your experience providing similar program models.

N/A

**Coordination:** Is your program coordinated with other services (ex: technical assistance, credit repair)? How is this proposal coordinated with other community services (ex: financing, job training, education)? Describe the role of other partners that will provide services to assist small businesses. Provide MOU, if available.

N/A

## **Buildings and Improvements, including Public Facilities Specific Section**

**Coordination:** How is this proposal coordinated with other community activities? Describe the role of other entities and/or individuals who have provided input for this project and any additional dollars leveraged for funding.

N/A

**Project Management:** Describe the tasks and timeframe of the project. Discuss project readiness to proceed, environmental review status, last dollar funding and possible delays (waiting for other funding, weather, right-of-way, etc.)

N/A

**O&M:** How will the facility be maintained over its useful life? Specify ownership and legal responsibility. Describe O&M including staffing and financing.

N/A

## Funding Sources for Your Organization Received and/or Pending

Note: Agencies must list **all** funding and/or in-house assistance they are currently receiving from Lafayette Consolidated Government or other sources and any pending assistance from Lafayette Consolidated Government or any other source (applied for, but not yet received).

Funding Source	Amount	Use & Status of Funds
SUN CHDO LHC	\$300,000 \$675,000	Duplex / No Decision Housing Rehab / Being implemented now

## Funding Sources for Your Organization Eliminated or Reduced

Note: Agencies must list **all** funding and/or in-house assistance which has been eliminated or reduced within the past 12 months. Describe the funding source, amount of prior allocation, use of funds and reason for elimination or reduction of funding.

Funding Source	Amount	Use of Funds	Reason for Elimination/Reduction
N/A	N/A	N/A	N/A



## INSTRUCTIONS FOR COMPLETING THE BUDGET

Fill out all applicable expenditure categories. If an expense does not fit any one category, please list it under "Other Expenses." A supplementary budget schedule is not required for every expenditure category. However, if your category requires further explanation (as does "Salaries," for example), the supplementary budget schedule must be prepared showing a breakdown of the expense classification. The total dollar amount budgeted on the supplementary budget schedule **must** equal the dollar amount for that expense classification as reported on the proposed budget summary page. Lafayette Consolidated Government may ask for clarification on any expenditure category, possibly requesting additional supplementary budget schedules.

**NOTE:** Only costs incurred after the signing of the grant agreement will be considered for reimbursement. Additionally, items whose costs are considered excessive by Community Development staff will not be reimbursed.

Please note the following in preparing the Supplementary Budget Schedules:

### **01 Salaries & Employee Benefits**

For this classification, please complete a Supplementary Budget Schedule. Show the total amount of salaries, wages, etc. to be paid to permanent and temporary personnel who will be paid with federal funds through this application. List name and/or title of employee(s) and indicate the type of employment, length of time to be paid and the rate of pay. Be specific. Describe the employee benefits as well, showing the total amount of appropriate fringe benefits for proposed program personnel. Fringe benefits budgeted must be consistent with organizational policy and consistent with those budgeted for personnel not funded herein, and may include social security, workers compensation, unemployment compensation, retirement and health insurance. Fringe benefits must be subdivided by type (i.e., Social Security, insurance, etc.) for each employee.

### **02 Transportation**

This includes routine local and in-state travel by program employees which is necessary to carry out eligible activities. Mileage records will be required for reimbursement.

### **03 Supplies and Materials**

Show a breakdown of all construction materials, informational/instructional materials and office supplies of an expendable nature necessary and appropriate for carrying out eligible activities.

### **04 Utilities**

This includes utility expenses which are necessary and appropriate in order to carry out eligible activities.

**05 Rent**

This includes the rental of office space necessary and appropriate in order to carry out eligible activities.

**06 Contractual Services**

Show the amount for services to be rendered by organizations or personnel not on payroll, including all related expenses covered by the contract. This includes services which by nature can be performed only by persons or firms with specialized skills and knowledge. This includes professional services, contracted and paid consultants, speakers, auditors and others. Audit expenses, if required, must be budgeted under contracted services.

**07 Equipment/Maintenance**

This includes the purchase or rental of equipment valued in excess of \$200.00 and/or equipment with a useful life in excess of one (1) year. This also includes maintenance of equipment owned by a subrecipient which is to be used for eligible activities.

**08 Insurance**

This includes insurance expenses necessary and appropriate in order to conduct eligible activities.

**09 Real Property**

This includes purchase and/or improvements to real property to be used for CDBG, HOME or ESG-eligible activities.

**10 Other Expenses**

This includes any amounts paid for goods or services not otherwise classified in categories 01 through 09. Fully describe each item.

# Proposed Budget Summary

for CDBG-CV

FY 2020/2021

Expenditure Category	Budget Total
01 Salaries & Employee Benefits	\$137,940.00
02 Transportation	\$7,500.00
03 Supplies and Materials	\$15,000.00
04 Utilities	\$14,400.00
05 Rent	\$120,000.00
06 Contractual Services	\$86,500.00
07 Equipment/Maintenance	\$9,500.00
08 Insurance	\$7,500.00
09 Real Property	
10 Other Expenses	\$1,660.00
Total Other Expenses	
<b>GRAND TOTAL</b>	<b>\$400,000.00</b>

Chris Williama

Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date Submitted



**Supplementary Budget Schedule  
to accompany  
Proposed Budget Summary**

**Expense Classification:** 08 Insurance

<b>Name &amp; Title or Item</b>	<b>Project Time Full or Part-time</b>	<b>Rate or Quantity</b>	<b>Salary or Unit Cost</b>	<b>Budgeted Amount</b>
General Liability Policy	1 year	\$7,500.00		\$7,500.00



# THE NORTHSIDE ASK

ENTITY

BUDGET REQUEST

ALL 4 ONE FOUNDATION

\$500,000

THE ELDERLY HOUSING AND BEAUTIFICATION PROJECT

Professional Painter/ Prep

Volunteer Painters

Professional 25 x \$4,000

\$100,000

Prep fee, Paint, Supplies

Year 2022, 2023, 2024, 2025, 2026

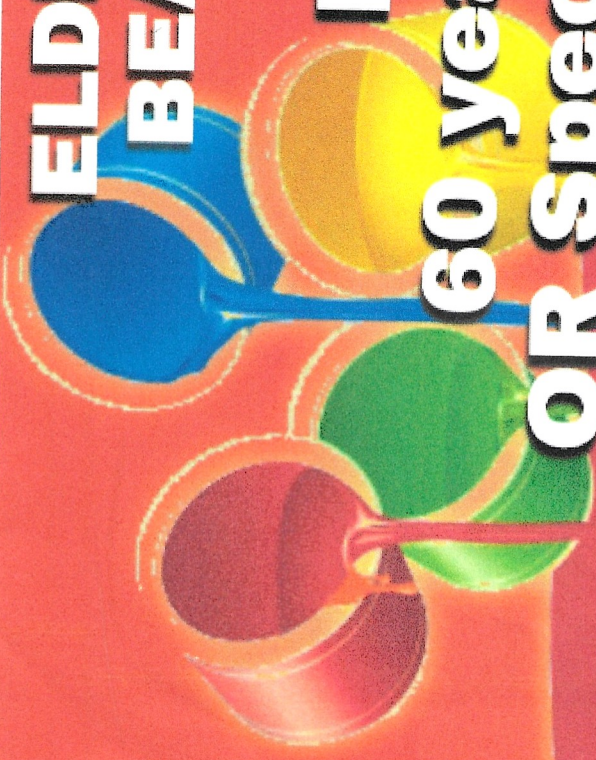
\$500,000

Contact Person – Josh Edmonds

Phone Number – 337-296-9377

Email – [All4onefound@gmail.co](mailto:All4onefound@gmail.co)





# ELDERLY HOUSING BEAUTIFICATION PROJECT

## Eligibility:

**60 years old & older**

**OR Special Needs Citizen**

Founded by Janelle' Chargois, Josh Edmond, & Donald Griffin, this initiative is designed to assist the Elderly in Southwest, LA with exterior painting, minor repairs & roof replacement.

**TO APPLY CALL 337-501-7617**



Sun Community Housing  
Development Organization

**A4ONE**  
FOUNDATION





# THE NORTHSIDE ASK

ENTITY

BUDGET REQUEST

THE McCOMB DUPLEX (SUNCHDO)

\$350,00

Land Acquisition

10,000

Duplex

340,000

SEE ATTACHED

Contact Person – Sharon Patterson  
Phone Number – 337-501-7617  
Email – SHARONLP@LIVE.COM

# THE NORTHSIDE ASK

## ENTITY

THE SIMCOE STREET CORRIDOR PROJECT

Engineered/ Designed by LCG

This project is already designed by LCG

Improvements to Simcoe, street, lighting, sidewalks, pocket Park, signage, intersections

We are requesting the funding of the Simcoe Street Corridor Project as engineered and designed by LCG.

## BUDGET REQUEST

BUDGET TBD

Contact Person – LCG

Phone Number – 337-291-8800

Email –